

**CLINICAL PSYCHOLOGISTS AND CLASS:**

A SYSTEMATIC REVIEW OF HOW PSYCHOLOGICAL PROFESSIONALS WORK  
WITH CLASS AND AN INTERPRETIVE PHENOMENOLOGICAL ANALYSIS OF  
WHAT IT'S LIKE TO BE A CLINICAL PSYCHOLOGIST FROM A WORKING CLASS  
BACKGROUND

by

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## **Thesis Overview**

This thesis is submitted by Chloe Slater in partial fulfilment of the degree of Doctor of Clinical Psychology at the University of Birmingham. This thesis contains four chapters. Chapter 1 is a systematic review of the qualitative literature concerning how psychological professionals hold in mind and work with class in therapeutic work. The review compares and contrasts 9 papers from the UK, USA and Honduras and finds mixed practice across the papers. Chapter 2 is an interpretive phenomenological analysis (IPA) of 9 interviews with UK based clinical psychologists from a working class background. The interviews explored what it's like to be in the role with a working class background, themes considered: feelings of otherness and liminality; facing classism and difficulties talking about class; and recognising their strengths and how these strengths influenced their practice. Both the systematic review and IPA paper have clinical implications for how clinical psychologists work with and think about social class. Chapter 3 contains a press release written for a lay audience explaining the review from chapter 1. Likewise, chapter 4 contains a press release concerning the IPA paper.

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# **Chapter 1: How Do Psychological Professionals Consider and Work with Class? A Systematic Review**

## **Abstract**

### ***Introduction***

Many modern psychological therapy approaches emphasize therapists understanding their cultural identity to work sensitively with differences. The impact of social class on mental health is established, with recent reviews showing fewer benefits for working-class individuals in mental health interventions. Psychology is perceived as a predominantly middle-class profession, with rising efforts towards class equity from governing bodies. How psychological professionals currently address class in therapy is not understood, leading to this review on the qualitative literature.

### ***Methods***

A systematic search was conducted in May 2024 using Ovid (APA PsycInfo, Medline, Embase), CINAHL Plus, Web of Science (Core Collection), Scopus, ProQuest (Social Science Premium Collection, ProQuest central, Nursing & Allied health). This yielded 4686 unique results with 9 of these meeting the inclusion criteria for review.

### ***Results***

Therapists emphasized the importance of recognizing social context and systemic barriers faced by clients. While some struggled to address social class, those who did found it beneficial in their work. Some described challenges with their usual techniques and difficult emotional experiences in working with these clients. Developing a deeper understanding of privilege and marginalization was seen as helpful.

### ***Discussion***

Although differences emerged in practice, participants who advocated for considering and talking about class appear aligned with the experiences of clients. Incorporating cultural humility into training programs may support practice with this group. Future research may explore barriers and facilitators of talking about class in

therapy, or understanding the relationship between social class differences and similarities and the effectiveness of therapy.

## Introduction

Many contemporary approaches in psychological therapy today emphasise the importance of therapists understanding their own cultural identity. Broadly speaking, these models suggest that by becoming aware of their own assumptions and biases on a cultural and systemic level, therapists can work more sensitively and helpfully with difference. This can be seen in the 'Social Graces' tool (Burnham, 1992) and the concepts of cultural competence (Betancourt et al., 2003) and cultural humility (Lekas et al., 2020; Mosher et al., 2017; Tervalon & Murray-García, 1998). The move from cultural competence to cultural humility focusses less on having knowledge about different cultural backgrounds clients may come from and moves towards being continuously self-reflexive, open to seeing and learning from clients as experts of their own lives, and centring intersectionality (Lekas et al., 2020). Cultural humility and the 'Social Graces' tool both facilitate a focus on social class within therapeutic relationships. While the social graces is seeing a rise in popularity primarily using a systemic orientation (Birdsey & Kustner, 2021), cultural humility is a process-oriented model that sits alongside a therapeutic modality or healthcare profession, for example in DBT (Pierson et al., 2022), psychodynamic psychotherapy (Dixon et al., 2022), in social work (Gottlieb, 2021), and occupational therapy (Agner, 2020). While these tools and approaches could all be used for working with social class differences and disadvantage, it is unclear whether this is currently happening in the work of psychological professionals, with the existing literature on working therapeutically with social class fragmented. Research papers in the area use different terms for defining their participants and the clients they work with and different terms to describe social class and/or socioeconomic status.

The British Psychological Society's (BPS) recent report on the psychology of class-based inequalities defines social class as "a category into which people are socialised, which affords particular amounts of economic, cultural, and social capital" (Rickett et al., 2022, p. 11). The authors detail that whilst socioeconomic status (SES) is sometimes considered in psychological research and practice, this usually refers to economic capital (access to financial resources). Cultural (access to knowledge about the dominant culture in a society, e.g. art, history, language) and social capital (helpful relationships and support from others) are less well

considered. Despite these identified limitations in the literature, the authors present evidence for the impact of class upon mental health.

Recent systematic reviews of quantitative literature have concluded that working class people have less access to and reduced benefit from a broad range of mental health interventions (Barnett et al., 2023). Unpublished work, considering psychological interventions in particular, concludes a similar disadvantage for working class people, who were less likely to use therapy services, attend therapy appointments and more likely to drop out of therapy services (Place, 2023).

Explanations for this disadvantage range from cultural stereotypes about working class people and their contextual difficulties, to more individual considerations such as attitudes towards therapy. However, Firth and colleagues' (2022) meta-analytic work concluded that evidence does not currently support therapy drop-out as a meaningful factor affecting people of a low SES in accessing therapy, and they acknowledged a poor quality of evidence overall, with only 5 English language papers available.

Several differences between working and middle class psychologies are claimed in the evidence base. For example, there is suggestion that working class people experience lowered perceived and actual control over their environments, which is managed through present-oriented behaviour (Pepper & Nettle, 2017). This means that working class people could be more likely to choose strategies with short term benefits to manage their day to day lives. Belmi et al., 2020 suggest that middle class people comparatively appear over-confident in their abilities at work due to a stronger desire for a higher social rank (where overconfidence refers to “the extent to which people hold inaccurate and overly positive perceptions of themselves, beyond what reality can justify”, Belmi et al., 2020, p. 2). Kraus and colleagues (2010), claim that working class people were more likely to make accurate empathic judgements of others' emotions compared to middle class people (Kraus et al., 2010). Such differences span many areas of life and culture, and it therefore seems plausible that these differences will manifest in the therapy room.

In the UK, clinical psychology doctoral courses appear to admit proportionally more applicants from the highest SES backgrounds (Clearing House for Postgraduate Courses in Clinical Psychology, 2022). However, there is currently a lack of data

around the class backgrounds or identities of the psychological professional workforce. Given the inequalities in admission to training on one salaried route to becoming a psychologist, the high costs of training for many other professional groups, along with general systemic disadvantages for working class people that affect education (see Bromley, 2023 for an overview), it seems appropriate to anticipate that psychology can be described as a majority middle class profession. Whilst psychological professionals are becoming more aware of the need to explicitly work with differences between them and their clients, it may be difficult for clinicians with similar cultural backgrounds working in homogenous teams or locations to identify areas of practice where growth could be helpful.

Currently, many of the governing and professional bodies of psychological professionals are considering class equity. The UK Association of Clinical Psychologists (ACP) recently included class in their equity, diversity and inclusion policy (Association of Clinical Psychologists, 2022), while the BPS campaigned for class to become a protected characteristic (Rhodes, 2022). In this professional and social context, it is important to understand psychological professionals' current clinical practice around class. Understanding what clinicians are doing in practice and how they experience that practice is more likely to be possible from qualitative research than quantitative, where studies would be more likely to focus on testing a specific method. Therefore, this review aims to identify and summarise the qualitative literature concerning how professionals hold in mind and work therapeutically with class issues and with clients from the lower classes. It is anticipated that literature concerning working class clients alone would be limited due to the variation in how class is described and considered by different people, therefore a broad approach will be used to identify the views of professionals working with people in class groups that are less privileged than middle class clients.

## **Methods**

### ***Identifying Primary Studies***

#### **Search of Electronic Databases.**

A systematic search was carried out in May 2024 using Ovid (APA PsycInfo, Medline, Embase), CINAHL Plus, Web of Science (Core Collection), Scopus, ProQuest (Social Science Premium Collection, ProQuest central, Nursing & Allied

health). The search was constructed to obtain a comprehensive overview of the literature concerning how class is held in mind and worked with in therapy with clients from lower classes, from the perspectives of psychological professionals. A PICO(SS) framework (Richardson et al., 1995) was used to support in the development of search terms, which are detailed below. Search terms for the population focussed on client characteristics due to the wide range of professional titles that could be in use internationally.

**Table 1.**

*PICO(SS) Framework*

	Definition	Search Terms
Population	Interventions with clients from the lower classes	"working class"OR"socioeconomic status"OR"SES"OR"economic status"OR"social class"OR"social status"OR"social rank"OR"social group"OR"social inequ*"OR"social depriv*"OR"economic depriv*"OR"education* depriv*"OR"low* wage"OR"low* income"OR"low* salar*"OR"unemploy*"OR"lower class"OR"poverty"
Intervention	Any psychological therapy for mental health difficulties	<b>"psychotherap*"OR"psychological therap*"OR"psychological treatment"OR"talking therap*"OR"psychoeducat*"OR"psychological intervention"OR"brief psychological intervention"OR"adult mental health"OR"IAPT"OR"improving access to psychological therap*"</b>
Comparator	No comparison group	
Outcomes	No outcomes investigated	
Setting	Any setting	
Study	Qualitative study that	"Interview*"OR"case stud*"OR"observ*"OR"view*"OR"experien*"OR"attit

	investigates the experiences and views of therapists	ude"OR"belie*"OR"feel*"OR"perce*"OR"understand*"OR"opinion*"OR"interpret*"OR"ethnograph*"OR"qualitative"OR"phenomenolog*"OR"grounded theory"OR"purposive sampl*"OR"content analysis"OR"thematic analysis"OR"constant compar*"OR"field stud*"OR"theoretical sampl*"OR"discourse analy*"OR"focus group*"OR"hermeneutic*"OR"heidegger*"OR"colaizi*"OR"husserl*"OR"narrative analy*"OR"mixed methods"
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### **Inclusion Criteria.**

Papers were included in the review if they used a qualitative analysis technique, participants spoke about class in the intervention process or therapeutic relationship, and the intervention work took place with a psychologically trained professional. Additionally, papers needed to be published in English to be included. The review considered qualitative research as the question related to the experiences of psychological professionals and clients regarding the discussion of class in therapy and intervention. Papers were included if participants experience of class being considered in intervention was a main focus of the results, even if the original research question was broader in focus. Research concerning interventions with any type of psychological professional was considered including different orientations of psychologist, counsellors, psychotherapists, and allied health professionals trained in therapy.

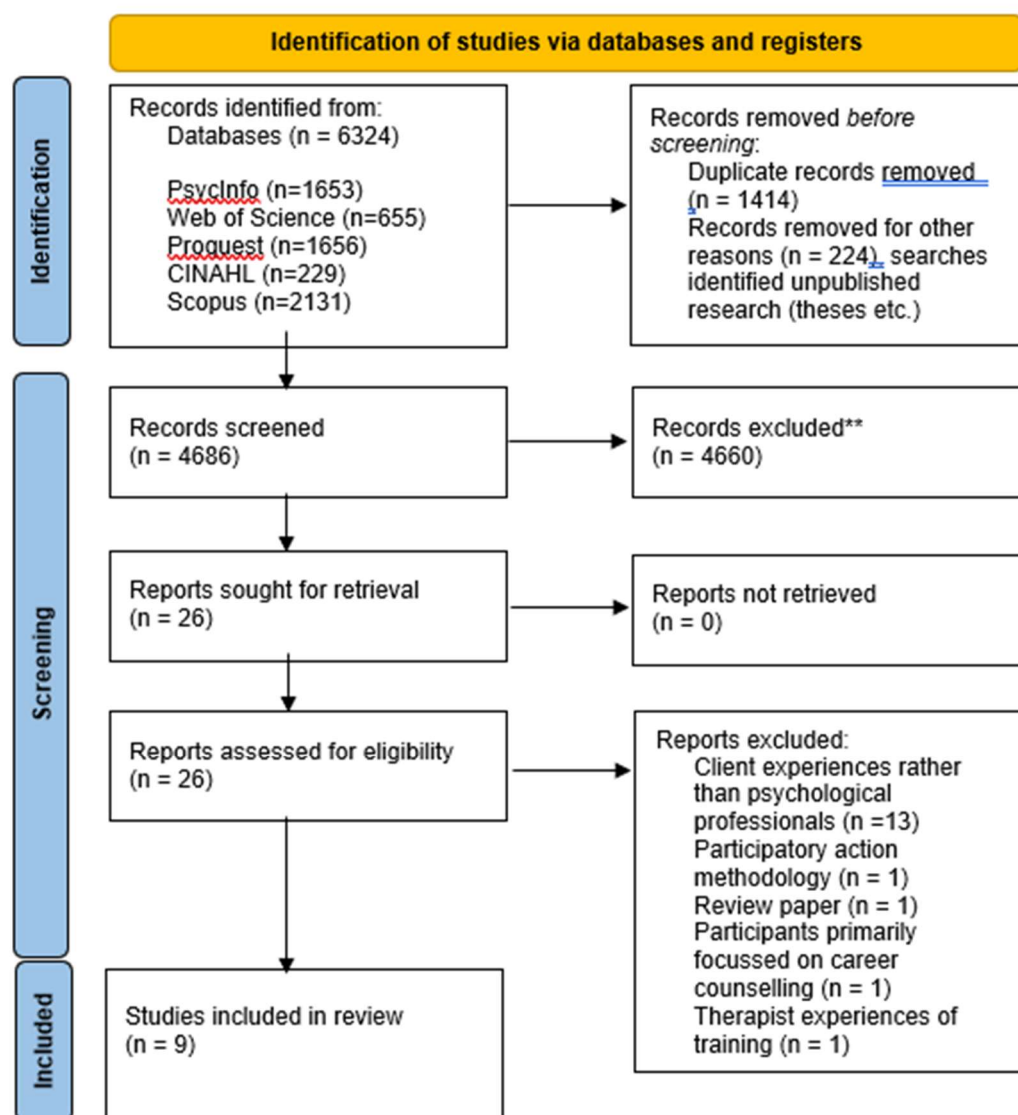
Systematic search results are outlined in Figure 1. The search resulted in 6324 articles, with 4686 left after the removal of duplicates. Screening removed 4660 articles. Of the remaining 26 articles 13 were removed due to a focus on client experiences rather than the experiences of psychological professionals, 1 was removed due to using a participatory action methodology, 1 was removed due to focussing on career counselling, 1 was removed for being a review paper rather than original research and 1 was removed due to focussing on professionals' experiences of training rather than therapy. This left 9 papers to be reviewed. The reference lists



of included papers were reviewed to retrieve any papers not picked up by the systematic search, though no further papers were found.

**Figure 1.**

*PRISMA Diagram.*



### **Data Extraction**

A table was constructed including authors, year of publication, study aim and setting, method of data collection and analysis, sample characteristics and recruitment strategy, see table 2.

**Table 2.**  
*Summary characteristics of included studies.*

Author, Country	Aims	Professional Group and Setting	Sample, Class, Age, Gender	Methods	Theoretical Approach/Analysis	Results and Themes
Ryan, 2006	How do class and class difference enter into and contribute to the structuring of the transference-countertransference matrix, and how this is perceived, thought about and worked with by the interviewees?	Psychoanalytic Psychotherapists	n=13	Semi-structured Interviews	Grounded Theory Analysis	Separated into WC/LMC therapists with MC patients and MC therapists with WC/LMC patients. Themes for WC therapists were negative transference (contempt, disparagement, arrogance), and attacks, or 'being put in your place'. Themes from MC therapists were feeling stuck in attempting to address class dynamics, and sense of guilt and fear of attack.
UK		Public Sector, Voluntary, and Private Practice	6 WC, 2 LMC, 5 MC (inc. UMC); 8 women, 5 men	Topic guidelines sent beforehand		
Sells et al., 2007	Explores how the process and profession of counselling is conducted in a cultural setting that is different from that of the researchers?	Psychologists, Psychiatrists, Rural Community Developers, Professor	n=13	Face to face interviews with topic guide	Grounded Theory Analysis	Poverty impacts counselling practice in Honduras through: the mental health profession is structured and paid differently; Education and training is difficult to access and less rich than the US context; Mental health needs are better supported with
Honduras			Mean age 44; 8 men, 5 women	Spanish translator present for every interview though some		

				took place in English	community empowerment interventions .
Smith et al., 2013	What light can be shed on these issues by mental health practitioners currently offering psychotherapy in settings that serve poor clients? How well prepared do these practitioners feel for this work, and what innovations have they developed in order to work most effectively with their clients? What has working with people in poverty meant for these clinicians, and what can our profession learn from their experiences?	Mental health professionals who had received graduate level psychotherapeutic training	n=10	Interviews following a protocol	Researchers developed 11 domains: 1 Early Impressions of People in Poverty; 2 Participants' Current Agency Context; 3 Shifting Views; 4 Issues and Obstacles for Clients Living in Poverty; 5 Clinicians' Attributions for Clients' Poverty; 6 Multicultural Intersections; 7 Counselling Interventions and Outcomes; 8 Personal Challenges in Working with Clients in Poverty; 9 Sources of Support for Clinicians; 10 Why Do It? Motivations and Rewards; 11 Observations of Public Attitudes Towards the Poor
USA		Multiservice community based agencies	1 WC, 7 MC, 2 UMC; 8 females, 2 males	Consensual Qualitative Research	

Friedlander et al., 2014		Psychologists, Social Workers, Counsellors	n=8	Focus group with semi- structured protocol		Researchers developed 6 domains with following categories in parentheses: 1 Patient Characteristics (Diagnoses/level of functioning); 2 Contributing Factors (Stressors); 3 Barriers to Termination (Within Patient, Within Psychotherapist, Contextual); 4 Recognition of the Need for Indefinite Treatment (Psychotherapists Expectations, Patient Factors, Treatment Factors); 5 Psychotherapy Description (Nature of Goals, Negotiation of Goals, Interventions); 6 Systemic Context (Colleagues, Providers Across Disciplines, Hospital Resources, Systemic Barriers)
USA	To understand how the psychotherapists in one community mental health centre for primarily low-income people work therapeutically with patients who are expected to remain in treatment throughout their lifetime.	One hospital based community mental health clinic	Age ranging 30-60; 7 women, 1 man	Participant feedback session with initial domains	Consensual Qualitative Research, modified for focus group methodology	

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Thompson et al., 2015	To extend previous research by gaining a more in-depth and nuanced understanding of the experiences of mental health practitioners who are working with clients from low-income backgrounds within and outside the psychotherapy room.	Clinical Psychologists, Counselling Psychologists, Social Workers, Counsellors, Marriage and Family Therapists	n=9	Semi-structured Interviews	Grounded Theory Analysis with a Constructivist Lens	Researchers developed 2 themes with several subthemes: Therapists' Personal Experiences and Countertransference (Therapists' own Economic Context, Emotional Reactions, Therapist Challenges and Gains); Experiences Within, and Reactions to, the Mental Health System (The System is Flawed, Future of Mental Healthcare)
USA		Community, Third Sector, Primary Care, Outpatient Mental Health, Student Support	1 WC, 1 LMC, 5 MC, 2UMC; Aged 25-62; 6 women and 3 men			
Borges & Goodman, 2020	How do mental health providers work with low-income clients, and how does the experience of poverty enter the room and shape the therapy and the therapeutic relationship?	Psychologists	n=12	Semi-structured Interviews	Qualitative Description	Researchers developed 3 clusters each with several categories: Unique Practice for Addressing Power Dynamics with Clients in Poverty (Recognising and Addressing Class-based Power Dynamics); Unique Practices for Negotiating Boundaries with Clients in Poverty (Considering Verbal Self-Disclosure, Modifying Time Boundaries, Offering Food, Giving Money, Breaking Rules);
USA		Community or hospital based outpatient clinic	1 poor, 3 mixed class, 3 WC/LMC, 1 MC, 4 UMC; 8 women, 4 men		Qualitative Content Analysis	

						Unique Practices for Working with the Relationship between Intrapsychic and Contextual Poverty-Related Stressors (Maintaining Awareness of the Relationship Between Intrapsychic Issues and Poverty-Related Stressors, Maintaining Flexibility in the Therapy Hour, Conceptualising and Interpreting the Therapy Process, Acting on Awareness of the Relationship Between intrapsychic Issues and Poverty-Related Stressors
Fleming, 2020	What fantasies do Child Psychotherapists have about working with difference?	Child Psychotherapists	n=8	'Open' Interview	Thematic Analysis	TA: Difference as Dangerous (Sex, Violence, and Disability; Neglect and Child Abuse; Cheating, Dishonesty, and Secrets); A Profession in Peril (Eroding Clinical Practice; Coping with Difference in the Profession; Being 'out-of-
UK		Private Practice & Third Sector, all with NHS experience	5 female, 3 male		Discourse Analysis (refrains & stanzas, Burck, 2005)	

						touch'). DA: Neutrality of the Therapist ('Being on neutral ground', 'The neutral therapist', 'In the neutral position'); The Location of Difference ('I used to be different', 'I am not different now')
McEvoy et al., 2021	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.	Psychotherapists, Counsellors, and Counselling or Clinical Psychologists, including trainees	n=87	Online Qualitative Survey	Thematic Discourse Analysis	Two themes, each with two subthemes were developed by researchers: The Relationship Between Social Class and Mental Health (Individualising and Psychologising Mental Health, Contextualising Mental Health); Class Differences Can/Cannot be Transcended by the Therapeutic Relationship (Class Differences Can and Must be Overcome in Therapy, Class Differences Cannot be Escaped in Therapy)
UK		Mostly NHS or Third sector (64/87)	Aged 26-55; 68 female, 19 male			

Tanner, 2023	Did therapists-in-training acknowledge, understand, or express differences in SES between them and their patients? How did personal histories or self-perceptions influence these choices? Did therapists-in-training incorporate SES into case conceptualizations? How did they perceive their patients to address SES or not?	Clinical Psychologists in Training	n=5	Unstructured Online Interview		4 themes were developed by the researcher: Markers of a Patients' SES Made Therapists-in-training Consider Their Abilities; Therapists-in-training Did Not Address Their Patients' SES Directly; Therapists-in-training Made No Self-Disclosures to Patients About Their Own SES; Therapists-in-training Struggled to Incorporate SES Fantasies Into Discussions of Patient Transference
USA		All participants from the same Clinical Psychology Training Program	2 Lower Class, 1 LMC, 2 MC; Aged 25-33; 5 females		Reflexive Thematic Analysis	

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Definitions: WC: working class, LMC: lower middle class, MC: middle class, UMC: upper middle class.



## ***Critical Appraisal***

Studies were compared to the Critical Appraisal Skills Programme (CASP, 2018) checklist for qualitative research. The CASP checklist is a commonly used tool for assessing qualitative evidence and is recommended in recent methodology papers (Flemming & Noyes, 2021). It has nine scored criteria which were applied to included studies. This paper followed standard scoring practice of assigning each study one point if it met quality criteria and half a point if it partially met a criterion (e.g. Field et al., 2024; Graham et al., 2020). The CASP was completed for each article by the author to support meaningful interpretation of each article in the review.

## **Results**

### ***Characteristics of the Included Studies***

Nine qualitative studies were identified through the systematic search. Sample sizes ranged from 5 to 87, with only one study exceeding 13 participants. The median number of participants was 10. Slightly over half of the studies reflected US based clinicians (n=5), 3 represented UK clinicians, and one team interviewed clinicians in Honduras. Most of the projects used one to one interviews with an element of structure (protocol based interview, semi-structured interviews or used topic guides; n=5). Two papers described open or unstructured one to one interview methods. One paper described a focus group methodology and the paper with the largest sample size used an online qualitative survey. The papers were published between 2006 and 2023. The professionals involved in each study were from a variety of groups including adult and child psychotherapists, clinical psychologists, counselling psychologists, counsellors, therapeutically trained social workers, family therapists, psychiatrists, community developers, and respective trainees.

The papers included used different terms to refer to their client groups. Some spoke of working class people, some low-income people, and some referred to people in poverty. These terms were all included in the review due to the lack of literature in any one area and the differences in how clients from the lower classes are referred to internationally. The terms used in each paper will be used in their summaries, though the review will continue to use the term clients from the lower classes more

generally, with an awareness of the homogenisation being used, for simplicity and in the absence of a widely accepted unifying term.

### ***Quality Appraisal***

Using the scoring outlined above, CASP overall scores range from 0-9 points, with a higher rating representing a more trustworthy paper. The scores of the included studies are presented in Table 3. Studies included in this review received scores between 3.5 and 9. Studies with lower quality appraisal scores tended to have a less rigorous analysis with less transparent consideration of reflexivity and a lack of clarity in reporting of the results. They also tended to not clearly report ethical approval procedures. No studies were excluded from the review, however the contributions of Ryan (2006) whose paper scored 3.5 and Tanner (2023) who scored 4.5 in particular will be reported with caution.

**Table 3.**  
*Quality Appraisal Scores of Included Papers*

Study Author and Date	Was there a clear statement of the aims of the research?	Is a qualitative methodology appropriate?	Was the research design appropriate to address the aims of the research?	Was the recruitment strategy appropriate to the aims of the research?	Was the data collected in a way that addressed the research issue?	Has the relationship between researcher and participants been adequately considered?	Have ethical issues been taken into consideration?	Was the data analysis sufficiently rigorous?	Is there a clear statement of findings?	Total Score
Ryan, 2006	1	1	1	0.5	0.5	0	0.5	0	0	4.5
Sells et al., 2007	1	1	1	1	1	0.5	0.5	0.5	1	7.5
Smith et al., 2013	1	1	1	1	1	0.5	1	1	1	8.5
Friedlander et al., 2014	1	1	1	0.5	1	1	0.5	1	1	8
Thompson et al., 2015	1	1	1	1	1	1	0.5	1	1	8.5
Borges & Goodman, 2020	1	1	1	1	1	1	0.5	1	1	8.5
Fleming, 2020	0.5	1	1	0.5	0.5	0	1	0.5	1	6
McEvoy et al., 2021	1	1	1	1	1	1	1	1	1	9
Tanner, 2023	1	1	0.5	1	0	0	1	0	0	3.5
Note. Scores are colour coded for quality, 1 = green, 0.5 = amber, 0 = red.										

## **Research Summary**

The reviewed papers covered some similar and some distinct areas of clinical practice. Some papers also contained themes outside of the remit of this project, for example, themes about patient characteristics in long term therapy (Friedlander et al., 2014) or education and training issues (Sells et al., 2007). The data relating to these themes will not be discussed in the following summary. The literature is summarised across four key areas: considerations of the social context, therapeutic relationship, therapeutic technique, and personal factors for psychological clinicians.

### **Social Context.**

Four papers described themes related to the social context of organisations, poverty and social class (Friedlander et al., 2014; McEvoy et al., 2021; Smith et al., 2013; Thompson et al., 2015). Friedlander and colleagues (2014) found that the context of the organisation, including strong links with partner organisations and being connected to the local community was important (theme: 'Systemic context'). This allowed practitioners to feel that they were delivering more supportive and comprehensive care. They valued the support they offered not being reliant upon payment, which clinicians were averse to. They also noted systemic barriers in the care of their clients, describing how the low-income, long-term client group they saw were often engaged with multiple agencies and different providers, causing difficulty in care planning. One participant described it: *"And sometimes it's real difficult to coordinate all the different pieces, all the different agencies and entities that are involved in that client's care"* (Friedlander et al., 2014, p. 590)

A second theme from the same paper discussed factors clinicians saw as contributing to their low-income patients' need for long term therapy (theme: 'Contributing factors'). They described their patients having a lack of social, financial, academic, and practical resources that resulted in a feeling of hopelessness. This seemed to connect to both patients' hopelessness and a hopelessness on the part of the clinicians that their patients' lives could improve: *"You know, there's motivation to not really look hard [for a job]. Some*

*people don't have that motivation because 'If I get less depressed, I'm gonna work. Where? Where am I going to work?'"* (Friedlander et al., 2014, p. 588).

Similarly to Friedlander and colleagues (2014), Smith and colleagues (2013) found that participants valued being able to work in a service that offered more holistic care, including physical health services. Work with low-income clients gave them a supportive work environment where they could practice in an empowering and culturally aware way (theme: 'Participants' current agency context'). This paper also detailed a theme 'Issues and obstacles for clients living in poverty', which focussed on struggles with meeting basic needs, psychological (such as self-blame and low self-esteem) and social issues (such as access to resources, racism, and stereotyping). The authors describe a cycle connecting these issues: *"There is a stigma to being poor that causes a lot of self-hate and self-blame, and it deepens the cycle of problems clients deal with"* (Smith et al., 2013, p. 143).

'Observations of public attitudes towards the poor' was a theme that describes the participants' awareness of stereotypes and social stigma that affect their low-income clients, and a culture which misunderstands this group and blames them for the issues that arise through poverty (Smith et al., 2013). Participants describe the impact of this on them as clinicians, including this work being less well remunerated and viewed indifferently by their social circle. Participants in Thompson and colleagues work shared this view, with one participant sharing that *"if you choose to work with poor people, then you get treated like a second class professional"* (2015, p. 1683). In the theme 'multicultural intersections' the authors describe how discrimination against clients based on other sociocultural identities such as race or HIV-status in addition to SES can layer intersectionally and affect clients' wellbeing along with access and experience of treatment (Smith et al., 2013).

Concerns about the equity of mental healthcare for low-income clients were echoed in Thompson and colleagues' (2015) US-based work (theme: 'Experiences within, and reactions to, the mental health system'). Participants shared a sense that the healthcare system is not accessible to low-income clients, and long waiting lists for accessible services leave clients with a sense

that they are not as worthy of care: *“I think there are all these messages that they are getting—like I’m not as good as someone else, I can’t participate in the good stuff, I sort of get the scraps”* (Thompson et al., 2015, p. 1682). The participants in this study were much less satisfied with their agency context than the participants in the previous two studies (Friedlander et al., 2014; Smith et al., 2013). The participants also shared their view that their professional groups are showing a lack of commitment to working with low-income clients and this causes them to worry for the future of this client group’s care (Thompson et al., 2015). They described training programs in their fields declining to train clinicians in working with low-income clients.

McEvoy and colleagues (2021) describe many of their participants viewing mental health as able to be separated from a socioeconomic context, which they refer to as individualising and psychologising mental health (‘The relationship between social class and mental health’). One participant gave an example of formulating a client’s emotional response to being working class as, instead, a response to her father’s illegal activity alone: *“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”* (McEvoy et al., 2021, p. 329). The authors argue that this allows the issue to fit within traditional therapy paradigms, rather than the context being considered in addition to this. A smaller number of their participants discussed how they incorporated classed identity and experiences into how they made sense of their client work. These therapists connected the privilege (or lack thereof) held by clients to their experiences of the world and to their wellbeing. This contrast in the participants responses represents a variation in how, and whether, these UK based clinicians worked with class.

US based clinicians seemed, overall, to more readily accept the impact of class, income, and resources on their clients’ wellbeing and mental health. However, the UK based study that described themes relating to social context had many more participants and possibly accessed a wider range of opinions. The US

studies that considered social context (Friedlander et al., 2014; Smith et al., 2013; Thompson et al., 2015) interviewed clinicians who work in services that primarily work with low-income clients, whereas the UK professionals (McEvoy et al., 2021) worked in a variety of settings including the NHS where a diverse range of clients would be seen. Quality scores for studies reported in this section were 8 or higher, meaning it is likely that these results are of a high enough quality to be trustworthy and reflective of these participants experiences overall.

In summary, many of the papers reviewed identified that the social context of therapy was particularly important to therapy with working class clients. They described therapists having to be aware of the structural and systemic barriers working class clients face. These participants also valued being part of holistic care for their clients that considers all of their needs simultaneously. Strong organisational support for their role with working class clients was valued by clinicians.

### **Therapeutic Relationship.**

The themes from 3 papers commented on class in the therapeutic relationship. Work by Fleming (2020) and Ryan (2006) had themes considering this issue. A subtheme from Thompson and colleagues (2015) was also relevant to this topic.

Ryan (2006) interviewed psychotherapists about their transference and countertransference experiences while working with clients from a different class background to themselves. Working class therapists reported feeling 'being put in your place' by middle class clients, which evoked strong reactions in therapists: *"It was awful, it felt like she's got right under my skin.... It set off these feelings of 'am I good enough?' . . . 'can I be a good therapist because I don't speak in the right way?' and a sort of anger towards her, I thought 'who does she think she is?' I'm very, very aware that I mustn't retaliate, but what I felt then was 'I've got to work harder to show her I'm good'"* (Ryan, 2006, p. 53). These therapists also described transference in the form of contempt and disparagement which were sometimes felt by the therapists themselves to be

linked to class. Middle class therapists, on the other hand, experienced a feeling of stuckness around how to address class dynamics with working class clients in therapy, described by one therapist as so: *"It is difficult to challenge him, because of the sense that he would perceive it as dismissing his realities"* (Ryan, 2006, p. 58). They also shared feelings of guilt and a fear of attack from working class clients. Ryan described how a middle class therapist who was from a racialised minoritised group recognised that they felt better able to work with transferences relating to social power, including class, due to having an intimate understanding of the interaction between cultural realities faced by clients and their wellbeing and mental health.

Fleming (2020) described a theme of the 'Location of difference' in their interviews with therapists. Where there were cultural differences (including but not limited to class) between a therapist participant and a client, difference was spoken about as being positioned within one person. This quality of difference was assigned to the therapist and the client at different times but was never spoken about as a shared quality between people. Fleming (2020) reflects on the discomfort of having to own being different and describes this as unpleasant.

Thompson and colleagues (2015) described a subtheme of 'Emotional reactions'. This aligned with Fleming's (2020) description of difference, though participants in Thompson and colleagues' (2020) paper describe trying to reject seeing clients as different: *"I also think it's a good reality check to not to look at low-income clients as 'the other'"* (Thompson et al., 2015, p. 1681). This was described as at times a struggle for some participants. These clinicians also described making comparisons between themselves clients in receipt of financial aid who can purchase high value items, and difficulty in resisting judgements and stereotyping of clients.

Importantly, the two papers that had themes relating to the therapeutic relationship were less robust in terms of quality, with Ryan (2006) scoring a 4.5 and Fleming (2020) scoring a 6 out of a possible 9. Both papers lacked considerations around the relationship between the researcher and participants. Work by Thompson and colleagues (2015) was deemed to be of a higher



quality (8.5) but only one subtheme is considered in this section. Therefore, these findings should be considered tentatively.

In summary, several papers examined how class was judged to affect the therapeutic relationship. Unpleasant emotional experiences (such as guilt and judgement) appeared as affecting the therapeutic relationships in all papers. The differences discussed affect the relational experiences of the therapists, and they describe a struggle in the relationships of who is perceived as holding the difference. Understanding their own intersectional experiences of privilege and marginalisation supported therapists in their management of this in one paper.

### **Therapeutic Technique.**

Many papers identified aspects of therapeutic technique in their themes, with 6 of the 9 papers contributing to this section (Borges & Goodman, 2020; Fleming, 2020; McEvoy et al., 2021; Sells et al., 2007; Smith et al., 2013; Tanner, 2023). Fleming (2020) described participants views of neutrality in working with clients who were different to them. Participants indicated taking a neutral stance in the work, which one participant also linked to being in the 'majority position'. Fleming suggests that taking and valuing a neutral stance is associated with the tendency (discussed earlier) of the therapists to position difference as being a quality within their patient rather than themselves (2020). Positioning difference as being held by the client then leaves the therapist free to be unchallenged in their neutrality.

Tanner (2023) describes participants being reluctant to address their patient's SES in therapy and not making disclosures to patients about their SES in a way that seemed markedly different to how they would work with other characteristics such as race or gender. One participant described it as: *"As I'm talking, I'm sort of realizing I don't really think about it that much. Yeah, I don't know, I feel like money is like, in a way, it's the most taboo thing in our culture. You know, we can talk about race, gender, sex, or we can talk about, you know, any religion, but we can't talk about money"* (Tanner, 2023, p. 269). Tanner concludes that therapists' potential to move between class groups through

higher earnings in the profession makes the patient's SES difficult to discuss (2023). Participants shared a reluctance to discuss their own SES that often was at odds with recognised practice within the therapeutic model they were working from. Most of the participants in this study explained that their reasons for this were around power, shame and inequality (Tanner, 2023).

McEvoy and colleagues (2021) described 'Class differences can/cannot be transcended by the therapeutic relationship'. Participants contributed to either a subtheme of 'class differences can and must be overcome in therapy' or that they 'cannot be escaped in therapy'. Most clinicians believed that class differences were a barrier to a good therapeutic relationship which must be overcome. One participant shared: *"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"* (McEvoy et al., 2021, p. 330). Participants who described working with class this way seemed to aim for therapy being an apolitical environment where difference and power is not important. Alternatively, a smaller group of participants described the view that it was impossible to be neutral to class due to the variety of both obvious and subtle signifiers of class. They described clients as bringing their classed histories into the therapy room, and, as a result, they felt they had to work to achieve and maintain positive regard and a nonjudgemental stance in order to not exert power over their clients (McEvoy et al., 2021). Similarly to Tanner's (2023) participants, most of the participants in this work were reluctant to discuss class with their clients.

Tanner's (2023) final theme described how participants 'Struggled to incorporate SES fantasies into discussions of patient transference'. This captured participants feeling unable to use the usual therapeutic technique of exploring a fantasy to further understand the clients' reality. Feeling that they would be interpreted as 'overly powerful' based on their social identity and recognising a disparity between them and their client was linked to participants expressing reluctance to explore fantasies in therapy. Trainee psychologists instead corrected their patient's assumption. Tanner notes: "One lower-SES

patient misidentified an article of clothing Therapist C was wearing as name brand. Therapist C corrected the patient and informed her that the clothing was from a discount department store” (2023, p. 272). This may speak to a similar experience as McEvoy’s (2021) participants, who describe having ‘overcome’ class in therapy. They seem to worry that by addressing class differences in a piece of work, a therapist is exerting power over their clients. This view may lead to a reluctance to acknowledge, explore, and work with class. Tanner (2023) highlighted that these instances did not seem to be discussed effectively in supervision.

Sells and colleagues (2007) describe a theme of the ‘impact of poverty on client need and counsellor intervention’. This research took place in Honduras, where psychological professionals work very differently to Western countries. The participants identified that working in areas with high levels of poverty meant that they favoured community work and accessible practices. One participant shared: *“My heart has been set on community work, because one of my critiques to the traditional counselling model is that it is too individualistic”* (Sells et al., 2007, p.438). They discussed working collaboratively and feeling as though there was no power difference between themselves and their clients. Participants were less focussed on maintaining professional boundaries (e.g. session times, lengths, locations) due to the structure of their role and attended more closely to the relationship they had with their clients.

Smith and colleagues (2013) also found themes of how interventions were different for low-income clients in the US. The participants felt that multiple co-occurring interventions were needed to support their low-income clients. These included medication referrals, life skills training, and relaxation skills. Some participants shared that issues of poverty, race, and culture must be considered alongside mental health needs in order to be supportive. They discussed modifying traditional practices to work for their clients with a recognition of the limits of their context. For example: *“We talk about the death of your mother. And then we start talking about your early childhood and so on, and it can go on and on and on. That’s the analytic model, that’s okay, but we don’t do that here. In the poverty community, you don’t have that luxury. If you have 10 patients*

*who cannot even survive a few more days... you don't*" (Smith et al., 2013, p. 144). They also discussed empowering clients and sharing their respect for clients. One participant named this as *"honor[ing] somebody that society doesn't honor"* (Smith et al., 2013, p.144). Participants described themselves as taking on extra work in order to work in these ways. Despite the cultural differences, this shares commonalities with Sells and colleagues (2007) work in that broader interventions are chosen and there is a focus on respect and empowerment.

Borges and Goodman (2020) described several unique practices of participants who worked clinically with clients who were in poverty, with some being similar to those described in Sells and colleagues' work (2007). Most participants described using 'Unique practices for addressing power dynamics'. Participants shared a perception that power must be addressed in therapy with such clients, and that it must be addressed directly. One participant explained: *"there was a whole complicated thing with her housing, and she managed to get a lawyer to help her . . . And then she. . .didn't like the lawyer . . . and when I would suggest things like "Well, maybe you could talk to her about what, what you feel" (laughs), she'd look at me like, disbelieving and . . .say 'You could talk to her 'cause she'd take you seriously, you don't come from my background, she'd listen to you'. She was right. She was absolutely right. So we spent a lot of time talking about that, like. . .how do you work from a position of powerlessness? How do you, what could she do to get her way? And she's taught me a lot about that"* (Borges & Goodman, 2020, p. 500). Some participants described an awareness of the impact that their own social identities had on the perceptions clients held of power in therapy. For example, clients being aware of their clinicians as middle class, white, or educated could, depending on their own social identity, lead to them feeling as though they held less power in comparison.

Borges and Goodman had a second theme 'Unique practices for negotiating boundaries with clients in poverty', where participants shared many areas in which they might hold different boundaries when compared to more conventional therapeutic work (Borges & Goodman, 2020). This included

practices around verbal self-disclosure, time, offering food, giving money, and breaking rules. There appeared to be variation in how clinicians felt about different kinds of boundaries and in which circumstances boundaries would be different. This was further complicated by different institutional policies and practices that meant some participants began with a different set of practices to conventional therapy in the first place. Participants' reasons for renegotiating boundaries included compassion, an identification with clients' experiences, their own emotional suffering, and working from a place of culturally informed practice. Participants who described not practicing flexibly described wanting to inspire and maintain trust, avoid paternalism, and believing that it would be clinically unhelpful to be more flexible.

The third theme from Borges and Goodman concerned 'Practices for working with the relationship between intrapsychic and contextual poverty-related stressors'. In this theme, participants described being aware of the links between poverty and mental health, using this knowledge in formulation, and acting on these integrated understandings of the client's situation. This was described as including practical support and advocacy, and that flexibility in the focus of therapy sessions was helpful.

Six papers contributed to this section of the review, with a range in quality scores from 3.5-9. Four of the 6 were rated 7.5 or above. While there are some less robust papers in this section, the quality is generally high. The noted themes of one of the lower quality papers (Tanner, 2023) are in opposition to some of the higher quality papers (Borges & Goodman, 2020; Smith et al., 2013). However, this difference is more likely to be reflective of the participant group, with Tanner (2023) interviewing therapists-in-training and the higher quality papers with similar themes interviewing more experienced clinicians who have specialised in the field (Borges & Goodman, 2020; Smith et al., 2013).

Overall, in terms of therapeutic practices, a difference emerged between participants who talked about class with their clients and participants who did not. Participants also described struggling with or indeed not using their usual therapeutic techniques when it came to working with class. Some participants

described using different techniques with working class clients, favouring community work, empowerment, and flexibility with boundaries.

### **Personal Factors for Clinicians.**

Four papers had themes that considered clinician factors for working with working class clients (Fleming, 2020; Smith et al., 2013; Tanner, 2023; Thompson et al., 2015). Thompson and colleagues (2015) describe a theme of ‘Therapists’ personal experiences and countertransference’ (one subtheme has already been discussed in 4.3.2 Therapeutic relationship). Therapists described using their own experiences of class and economic resources to better understand their clients’ resilience and skills. One clinician described how their personal experiences supported their work: *“That experience I think helped me—helps me to fill in pieces and know what it’s like to be the patient in the room so I’m not assuming things that I shouldn’t be assuming”* (Thompson et al., 2015, p. 1680). Participants in this study also described work with low income clients to have particular challenges for them as therapists. This included intellectual and emotional labour as well as priming them towards political considerations affecting their clients’ lives. The authors noted that participants appeared to feel responsibility towards their clients in a way that they did not experience with other client groups. The participants in this study described being frustrated with the perception of colleagues in other areas that working with low-income clients is particularly difficult in comparison with other client groups.

Tanner (2023) interviewed trainee clinical psychologists in the USA about their clinical practice around class and proposed a theme ‘Markers of patients’ SES made therapists-in-training consider their abilities’. The participants who identified themselves as coming from more privileged backgrounds experienced anxiety about whether they would be able to understand their low-income clients enough to offer helpful therapy. Participants from less financially privileged backgrounds were identified by Tanner as struggling more with their belief in their therapeutic capabilities (2023). These anxieties were particularly present in conversations with clients about setting a fee for their sessions – this

discussion appeared to evoke consciousness of the client's financial situation and of their own competence.

Fleming (2020) shares two themes relating to the therapist participants – 'A profession in peril' and 'Difference as dangerous'. The clinicians in this study were reported to associate difference with immoral and dangerous behaviours including various types of abuse. It should be noted that the quotes Fleming (2020) uses to support this section seem particularly linked to immigrant and racially minoritised clients and this may be more reflective of racialised issues than classed ones, though race and class intersect for clients in different ways, for example: *"I'm supervising or keeping an eye on work with somebody from I think [Country 3] [mispronounces] at the moment where there's a, erm, a marriage which has produced two hugely handicapped children ... How did it happen? Was she knocked about?"* (Fleming, 2020, p. 175). One participant describes the lack of acceptance of difference in the field more broadly: *"I think that the profession is burdened by not being able to accept different ways of thinking, generally speaking"* (Fleming, 2020, p. 177). In the theme of 'A profession in peril', participants expressed an idea of inclusive practice leading to a deterioration of their practice. One participant described this as: *"with cultural differences come different ways of doing things and that maybe that can dilute and can modify a way of doing, a way of working as a child psychotherapist"* (Fleming, 2020, p. 177). There appeared to be an acknowledgement by the participants that their current ways of working are not inclusive of clients who do not fit the category of white, British, and middle-class. This was combined with a view that to become inclusive would be moving away from 'pure' or 'real' psychotherapy.

Smith and colleagues (2013) identified several domains contributing to personal factors for clinicians in working with poverty. Three of these domains considered different aspects of how clinicians viewed their clients ('Early impressions of people in poverty', 'Shifting views', 'Clinicians attributions for clients' poverty'). The majority of the participants described initially negative impressions of poor people and avoided them prior to working with them as a client group. Hands on work experience in the area caused a change in these views and a motivation

to raise awareness of the difficulties and risks of poverty. One clinician noted beginning to see his clients' behaviour as a "*reasonable response to constant degradation*" (Smith et al., 2013). Participants described many explanations for why their clients were living in poverty, including systemic discrimination, lack of access to employment and resources, not being able to meet their basic needs and not being able to make good decisions. The clinicians interviewed appeared to go through a personal journey of increasing understanding and personal views about people living in poverty.

Smith and colleagues also identified theme domains around the benefits and challenges for clinicians working in the area, along with what support they found useful ('Personal challenges in working with clients in poverty', 'Sources of support for clinicians', 'Why do it? Rewards and motivations'). Participants described significant emotional challenges in working with people in poverty, which was described as 'overwhelming'. They felt strongly that integrating their understanding of clients' difficulties including both their mental health and their social situation was necessary while also challenging for them as clinicians. This US-based study is again in contrast to the UK-based clinicians' description of trying to separate a clients' mental health difficulties from their class experiences (McEvoy et al., 2021). These clinicians also described finding themselves making comparisons between themselves and their clients, as in the work from Thompson and colleagues (2015). Other similarities to this work included clinicians discussing helpful support, although the participants in Smith and colleagues (2013) work also focussed on personal support, coping strategies, and spirituality. For example: "*I think one thing that has been really important for me is having a sense of not otherness from my clients. And I think that's because I see myself as a struggling human being also. That comes for me from Buddhist study*" (Smith et al., 2013, p. 145). Most clinicians interviewed in this work described client success stories as a significant source of motivation, along with enjoying their work, learning from their clients, and finding meaning in working to change the systems around them for their clients' benefit.

The quality scores for papers in this section ranged from 3.5-8.5, with Tanner (2023) at the lower end and both Smith and colleagues (2013) and Thompson



and colleagues (2015) scoring 8.5. The papers with the highest quality scores had similar methodologies and similar findings. There are, again, clear differences in the approaches of US and UK clinicians in the published literature in this area. US-based clinicians being more open to integrated understandings of mental health and social context as important and UK-based clinicians seemingly experiencing threat in relation to working with difference.

Personal factors for therapists that affected their work with working class clients included emotional challenge, feelings of responsibility, and a motivation to be politically active to support their clients' wellbeing. Using their own classed experiences in their work may also have contributed to the emotional experiences participants shared. Clients being working class appeared to lead participants to doubt their own abilities at times, and for some participants this involved feeling like they couldn't do the job they had been trained to do due to a clients' class identity (Fleming, 2020). Their own ways of coping and the social support in their organisational context and personal relationships were important in doing effective work. However, stereotypes and views of poverty also impacted work with clients, sometimes in a more negative way.

## **Discussion**

In summary, many therapists shared that being aware of the social context of clients from the lower classes and the systemic barriers they face was important to therapeutic work. Directly addressing social class was described as difficult for many therapists, but in the papers where more therapists did so, they also discussed sharing an integrated understanding of their client's difficulties that incorporated their classed experiences alongside mental health difficulties. The reasons for this are unclear but may relate to the level of experience the therapist has with the client group or the country's professional culture relating to this as there seem to be differences between the USA and the UK from the papers reviewed. Future research developing our understanding of the barriers and facilitators of therapists talking about class would be useful in building more effective practice.

Some therapists struggled to use their usual techniques, or indeed doubted the usefulness of them without adjustment, in therapy with clients from the lower classes. There was also report of unpleasant emotional experiences in therapy work where there were class differences. A deeper (or more personal) understanding of privilege and marginalisation supported therapists to work with clients who were different to them. On the other hand, therapists' unexplored stereotypes about people from lower classes and poverty were understood to negatively impact their work and some therapists described these views changing over time. Good social and organisational support was important to clinicians in working alongside clients from lower classes. Some participants felt their work was most meaningful when they took an empowering stance and worked flexibly to deliver holistic care.

### ***Findings in Context***

In the reviewed papers, clinicians who specialised in working with clients from lower classes seemed to be more comfortable directly speaking about and considering class in their formulations, therapeutic technique and the therapeutic relationship. It would be useful to further understand if and how clinicians develop competence in working with class difference and disadvantage in less segregated systems, such as the NHS in the UK. Whilst this impression is notable upon reading the literature, the limited nature of the research at present and the non-generalisable methodologies suggest caution in coming to a conclusion.

Clinicians described difficulty in directly discussing social class with their clients from lower classes. However, research investigating clients perspectives suggests that these discussions are key to effective therapy. Trott and Reeves (2018) asked therapists about their experiences as clients in therapy and found that where there was a class difference in a therapeutic relationship, explicit and direct recognition of this difference had a positive impact on the client and the therapeutic relationship. Participants who felt class was relevant to their therapy work reported that where their therapists lacked class-consciousness, they inadvertently behaved in classist or oppressive ways (Trott & Reeves, 2018). Patients report that integrating class into treatment, explicitly acknowledging

class, and understanding class related complexities contributed to a sense of safety, the development of trusting relationships, and positive outcomes in therapy (Thompson et al., 2012). Similarly, Pugach and Goodman (2015) found that low-income women had better and more effective experiences of therapy when therapists showed an understanding of their experiences with poverty, were non-judgemental, and tried to share power with them. In the context of understanding client's experiences, it seems important for psychological professionals to be able to develop these skills more widely and consistently than currently seems to be the case, particularly in the UK.

This difficulty in achieving competence working with class has potential to affect clients' access to, and outcomes of, therapeutic services. In Poleshuck and colleagues' (2013) investigation of why underserved women have a low uptake of psychotherapy, participants told researchers that they found therapeutic relationships threatening. They described experiences of therapists taking a controlling, dismissive or judgemental stance, finding it difficult to hold their boundaries with therapists' invasive questioning. Participants also reported significant mental and physical health barriers to attending sessions (Poleshuck et al., 2013), which links to the finding that social class is a determinant of mental and physical health (Adler et al., 1994; Dougall et al., 2024). Several papers in the review highlighted therapists struggles with integrating class into their understanding of clients and feeling that class was irrelevant to the therapeutic environment, which may offer some explanation as to why clients from the lower classes may describe less than positive experiences of therapy.

Although not the focus of this review, many of the included papers discussed the training of clinicians to work with working class clients. Borges & Goodman (2020) reflect on implications for training such as developing clinicians' class competence; increasing their ability to work flexibly; and providing education around the intersection of poverty and mental health. Fleming (2020) notes the lack of attention to culture in child psychotherapists' training and calls for education on cultural diversity to be integrated into programs. McEvoy and colleagues (2021) argue that counselling and psychotherapy training has been shaped by middle class values and advocate for training that encourages a

prioritisation of models that take account of socio-cultural factors and instil class-conscious working. Ryan (2006) suggests that therapists could be educated around managing class-based transferences to ensure that this avoidance does not contribute to discriminatory ideas of working class clients in the psychoanalytic profession. Tanner (2023) discussed participants' description of training as not equipping them to work with these clients and suggested that having discussions about class grounded in personal experiences during training would have been helpful. Most of their participants in Smith and colleagues' (2013) paper believed clinicians working in the area should receive specific training in class-related self- and cultural-awareness, with many believing it should be a standard part of their training. Training was also included in the themes of Thompson and colleagues (2015) work, with participants highlighting that they received little to no training in working with class and felt ill-prepared to do so initially. They recommend that training courses include teaching or supervision on working with this client group and encouraging trainees to understand the socioeconomic system clients from the lower classes approach therapy from. Integrating the cultural humility approach in the training of healthcare professionals may be a way to address these concerns. The increased opportunities to develop reflexivity around class and ability to address power dynamics in therapy desired by participants would be supported through the development of cultural humility (Tervalon & Murray-García, 1998). This could be beneficial to therapists and their clients with numerous other identities and their intersections, such as race, disability, immigration, and religion.

### ***Strengths and Limitations***

This is the first known attempt to integrate the current literature on how psychological professionals work with class difference and disadvantage. The systematic nature of the review and the number of databases searched allows it to be comprehensive and summarise the experiences of therapists across several contexts, including different psychological professions and countries.

The papers are from 3 different countries where aspects of therapeutic practice and the context of services differ. For example, Sells and colleagues (2007)

work covers a mostly voluntary setting in Honduras, papers based in the UK relate mostly to practitioners working in the National Health Service, and US papers are varied between health insurance funded practices and not-for-profit organisations. This diversity of countries and settings means that the contextual issues across the papers are varied. As such, this aspect of the summary may be less useful to clinicians in comparison to their own context. Despite this, papers in both the US and the UK identified themes relating to the context of the work, and this may be a useful topic for clinicians to reflect on in connection to their own practice.

The systematic search utilised only identified qualitative papers concerning psychological professional's experiences of working with class difference and disadvantage conducted in 3 countries. However, the search results included quantitative work that considered class as a variable from many countries. For example: Australia (Toohill et al., 2019); Brazil (Ribeiro Lima et al., 2021; Scazufca et al., 2022); Canada (Ovenell et al., 2022); Chile (Rojas et al., 2007; Salinas-Onate et al., 2022); China & Hong Kong (Ding et al., 2022; Fu et al., 2021; Warner et al., 2023); India (Patel et al., 2010; Patidar et al., 2023); Romania (Rada, 2020); Sierra Leone (Pitillas et al., 2021); South Africa (Waumsley & Swartz, 2011); and Turkey (Yalvac et al., 2015). This would suggest a lack of qualitative literature from these countries that has been published in English, rather than an issue of search terms.

The reviewed papers also differed in their approach to the client group. Some referred to people in poverty, some to low-income clients, and some to working class clients. While there are differences between these groups, the literature is limited by lack of agreement in definitions, and so at present so they were treated homogenously in this work. It would be beneficial for future research that includes both therapists and clients self-definitions and a variety of measures of class (see Kraus & Stephens, 2012 for an overview).

Understanding the relationships between therapists' and clients' class identity or background, socioeconomic status, and the effectiveness of therapy and therapeutic relationships would support clinicians to ensure equal access and outcomes across class groups.

The literature in this area varied widely in terms of quality. Areas of weakness for the field were a lack of consideration of the relationship between the researcher and the participants and the lack of reporting of ethical considerations. Over half of the papers scored less than a 1 in these areas. Future work in this area should ensure that these areas are addressed to increase the quality of information in the field.

### ***Conclusion***

Most psychological professionals interviewed in qualitative projects about working with class described it influencing therapeutic work. An awareness of a client's social context, the effects of class on ways of working, and class influences on therapeutic relationships were all described in the literature. Psychological professionals and their clients may benefit from clinician reflexivity around class and building an awareness of how social class affects people's lives. Incorporating a cultural humility approach into training programs may support developing professionals practice with this group. Future research exploring barriers and facilitators of psychological professionals talking about class with their clients and understanding the relationship between client and therapist social class and any impact on therapy effectiveness would be beneficial.

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## **Chapter 2: “Yes! Another commoner!”: An Interpretive Phenomenological Analysis of What it’s Like to be a Clinical Psychologist from a Working Class Background**

### **Abstract**

#### ***Introduction***

Social class has been established as a meaningful concept that affects lived experience. Clinical psychologists from a working class background might experience discomfort or anxiety when entering a profession that is established as middle class. This project aims to understand the experiences of people who do so.

#### ***Method***

Interpretive Phenomenological Analysis was used to analyse online interviews with 9 UK based clinical psychologists who come from a working class background.

#### ***Results***

Three themes were developed from the data. Finding Community in a Liminal Space refers to participants feeling in between or outside of conventional identities and finding support from others who experience the same. Traversing the Shifting Sands of Class and Classism describes the difficulties participants reported in painful experiences and speaking about class. Finding Our Own Way Forward encapsulates the advantages they shared that they had gained from their backgrounds, and the ways they incorporate these skills and qualities into their work.

#### ***Discussion***

Clinical psychologists from a working class background appear to experience their roles as liminal, or being in between established positions. Epistemic injustice may be a useful framework for understanding their difficulties in talking about class. Future research may build on this work by broadening understandings of the population of working class clinical psychologists,

investigating the intersections of class and other marginalised identities, and understanding the perspectives of middle and upper class colleagues on class.

## Introduction

Sociologists have been attempting to categorise and understand class for centuries, with many theories emerging. Currently there is no singularly accepted way to define class, either nationally or globally (Wright, 2005). In Britain, class emerged as a concept in the 18<sup>th</sup> century as the manufacturing and trade advances of first industrial revolution changed relationships to wealth and status. This meant that day to day life was less focussed on small scale farming for sustenance (food could be stored and transported) and towards wage labour and capitalism. In this context class became something that could change with industry and earnings, as opposed to having an ascribed status from birth such as in nobility (Corfield, 1987). Early attempts to categorise class focussed on the context of industrialisation and proposed that class was determined by relationship to the means of production, i.e. whether someone owned a factory or worked in it (Marx, 1887). Bourdieu later expanded on this economic positioning of class, arguing that it is also both a social and cultural position (Bourdieu, 1987). The rise of neoliberalism in British politics from the 1970's (Mathieu, 2022) paved the way for a different political understanding of class. In 1997, soon to be deputy prime minister John Prescott announced, "we are all middle class now" (BBC News, 2007, paragraph 4), referencing ideas at the time that class difference had been negated in Britain through increasing wealth and equality of opportunity. Despite a continuation of neoliberal policy (Mathieu, 2022) 52% of the British population self-identified as working class in 2021, and proportions of people identifying themselves as middle class or working class have remained relatively constant since the 1980's (Heath & Bennett, 2023).

Research has demonstrated the significance of class in our lived experiences of the world (Day et al., 2017; Kraus & Stephens, 2012). Reay and colleagues studied the experiences of British undergraduate students from working class backgrounds and describe them as being "engaged in a constant fashioning and refashioning of the self" (2009, p.1111). They propose that this refashioning reflects an adjustment to the students' habitus. Using Bourdieu's (1987) theory of class, habitus refers to the socially acquired ways of thinking, doing, and

being that are incorporated into someone's disposition (Reay et al., 2009). If someone's habitus is aligned with a particular 'field' (a field is a specific social context), this is likely to result in comfort and ease. If their habitus is aligned with a different field, for example, a student with a working class habitus entering a middle class educational institution, this is likely to result in anxiety and uncertainty (Reay et al., 2005). Reay and colleagues (2009) consider the concept of a reflexive habitus (Sweetman, 2003) as an explanation for the changes students experience, which theoretically allows for their participants' remaining conceptualisation of working class fields as normal life.

The experience of University lecturers from working class backgrounds has also been analysed. A recent thematic analysis of published biographical essays from working class academics identified themes of: perceptions of university institutions; perceptions of self in the university; the influence of class on academic careers; and experiences of liminality (Pifer et al., 2023). Liminality in this context is defined as being in between conventional roles or identities (Ibarra & Obodaru, 2016). The authors describe institutionalised liminal experiences (between roles/identities with a fixed outcome, such as aging from a child to an adult) as offering different experiences to under-institutionalised liminal experiences where an outcome is not fixed and in some cases may not be easily achieved or possible (Ibarra & Obodaru, 2016).

Investigations have been undertaken with psychological professionals on understanding the impact of class on the practice of therapy. A review of qualitative work in this area (see chapter 1 of this thesis) identifies that therapists sometimes avoid talking about social class with their clients and in their clinical work (McEvoy et al., 2021; Tanner, 2023). However, psychological professionals who were able to talk about it found that this was helpful to their work (Smith et al., 2013; Thompson et al., 2015). The therapists' views indicated that many saw an in-depth understanding of marginalisation as beneficial to their work (Borges & Goodman, 2020; Smith et al., 2013). Some therapists experienced doubts that they could use their usual therapeutic techniques with working class clients (Ryan, 2006). Ballinger & Wright (2007) conducted a participatory action project to understand their own experiences as

counsellors from a working class background. They share a multitude of ways in which class is felt to affect their professional roles and identities, though note significant variation in the group. Of particular relevance they note: an absence of class in their professional training, a shifting sense of class identity; and strong emotional responses to class-based topics (Ballinger & Wright, 2007). These works suggest that class is relevant to the practice of psychological professionals. It is therefore also likely to be relevant to the work of clinical psychologists.

Social class in psychology has been understudied and not typically included as a variable of study in empirical work (Lott, 2012; Walkerdine, 1996). The class status of clinical psychology in particular, as a career and as a professional community, has been referenced more frequently in recent years (Ahsan, 2020). This is reflected in the data for applications to clinical psychology training. While 27.7% of applicants from the highest quintile on a measure of socioeconomic background were accepted onto clinical psychology training courses in 2022, only 6.8% of applicants from the lowest quintile were successful (Clearing House for Postgraduate Courses in Clinical Psychology, 2022). No published research has explored the impact of such disadvantage for people entering the profession, from any methodological perspective. Informed by sociological research into social class, a growing interest in diversity within clinical psychology, and their own career experiences, there is burgeoning interest amongst clinical psychology trainees about the role of social class in their profession (Lovick, 2023; Place, 2023). Two previous theses included a consideration of class in Clinical Psychology training, using Reflexive Thematic Analysis. Place (2023) questioned UK working class trainee clinical psychologists about acculturation and Lovick (2023) interviewed both trainee and qualified clinical psychologists from different countries about their career journeys and hope for the future. Lovick's (2023) analysis identified key themes including uncertain and limited resources, an unplanned career journey, the consideration of the impact of working classness on their careers, being unsure how to refer to their class now, clinical psychology not being good at talking about difference, and feeling different. Place's analysis (2023) used frameworks from both Bourdieu and Yosso's (2005) Cultural Wealth Model to illuminate how

acculturation impacts trainee clinical psychologists from a working class background. They suggest trainees experience a non-linear trajectory of acculturation that is altered by their intersecting social identities. Whether class is made visible or invisible by trainee's contexts impacted their experiences of acculturation. Having a more invisible class identity seemed to be associated with shame and a changing class identity. When class identity was experienced as more visible this seemed to be associated with pride and integration of selves.

UK-based psychologists from a working class background are beginning to organise around the impact of class upon them in their careers, often relying on personal experiences in the absence of peer-reviewed literature (Goddard et al., 2021). Additionally, Class is being attended to more visibly by professional organisations for psychologists in the UK. In 2022, the British Psychological Society campaigned (as of yet unsuccessfully) to add social class to the characteristics protected from discrimination by UK law (Rickett et al., 2022). The Association for Clinical Psychologists' newest Equity, Diversity and Inclusion strategy recognises class as an aspect of difference and that clinical psychologists in the UK may be discriminated against on the basis of class (Association of Clinical Psychologists, 2022). The lack of research on the role of class in professional training, and specifically Clinical Psychology, highlights the need to develop an understanding of this area.

### ***Defining Class for the Present Project***

One of the barriers to psychological research on class is the complexity of measurement. Whilst socioeconomic status is more easily measured, social class and socioeconomic status are distinct concepts. Where socioeconomic status communicates current socioeconomic positioning, class refers to a person's sociocultural background and changes less easily (Rubin et al., 2014). Kraus & Stephens (2012) detail contemporary objective and subjective measures of social class. Objective measures usually relate to income, occupation, and educational attainment. Whilst Kraus & Stephens present clear evidence that these variables are associated with the advantages of middle class life (e.g. access to material goods, higher subjective wellbeing, and

autonomy at work) these variables measure socioeconomic status rather than social class. They are also of limited usefulness when considering qualified clinical psychologists. All UK trained clinical psychologists have the same occupation and educational attainment (doctorate). Salary for those working in the NHS is linked to the national pay scale and is therefore similar. Little variation, aside from intersections with other aspects of identity and role (e.g. parents and carers who work part time), would be seen in this group on existing measures of socioeconomic status. Subjective measures of social class have involved ranking oneself against the population and, similarly to objective measures, focus on socioeconomic status (e.g. MacArthur Scale of Subjective Socioeconomic Status; Adler et al., 2000). Despite difficulties with definition and measurement, social class persists as a salient social concept with an embodied sense remaining (Walkerdine & Jimenez, 2012). Recent psychological research on the experience of class has successfully used self-definition, recognising this, alongside the complexity of class in the current capitalist and neoliberal economic system (Rickett & Morris, 2021).

### **Objective**

This project aims to understand the experience of being a clinical psychologist from a working class background. The project will use an idiographic approach to facilitate detailed information about individual experiences, while developing themes across a small homogenous group of participants to develop an understanding about key experiential phenomena. Their insights on what the experience is like will be supportive of ongoing conversations about difference within the profession of clinical psychology (Benuto et al., 2020; McIntosh et al., 2019; Randall, 2021).

### **Method**

Interpretive Phenomenological Analysis (IPA) aims to specifically explore how people make sense of their experiences. It draws from phenomenology and hermeneutic approaches to analysis, meaning that the researcher makes sense of how the participants make sense of their world and particular experiences (Smith et al., 2022). As this project aimed to investigate how people made

sense of their own experiences of being a clinical psychologist from a working class background, IPA was deemed the most helpful methodology to answer the question.

### ***Ethical Approval***

Approval was given by the University of Birmingham Science Technology, Engineering and Medicine Ethics committee (Appendix A). All participant data was stored on the University of Birmingham BEAR research data store, following a data management plan (Appendix B). Participant pseudonyms allowed for protection of confidentiality and anonymity. Additionally, no specific information will be given about the participants (i.e. exact age, location, area of work, exact length of time qualified) as the intended audience of this work may be colleagues of the participants who could identify them. Care has also been taken to avoid identifiable information in the quotes used.

### ***Recruitment***

Purposive sampling was used to recruit 9 clinical psychologists who self-identified as having a working class background. Participants were required to have completed a doctorate in clinical psychology in the UK after 1995 and currently work as a clinical psychologist in the UK. Clinical psychology training was reorganised in the UK from 1995 onwards to require completion of a doctoral degree (previously master's level training). It is possible that this could impact on the experience of training for people from a working class background due to length of study and acquiring a doctor title, so this exclusion criteria was used to ensure a homogenous group. Participants were excluded if they had a pre-existing relationship with the researcher. An advert for the study was distributed on Twitter between June and November 2023 and was sent to the mailing list of the group #ClassClinPsych Collective in October 2023 (Appendix C). Six participants volunteered from Twitter and they were interviewed chronologically. Nineteen people contacted the researcher after receiving an email from the #ClassClinPsych Collective and 3 were interviewed. Men who responded to this advert were contacted first due to having less men in the sample at that point – of these three, two participants were men and one



was a woman. Participants were sent an information sheet and consent form upon volunteering (appendices D and E). Notably, no participants dropped out after contacting the researcher about participation.

### ***Data Collection***

A semi-structured interview schedule (Appendix F) was developed to investigate the experiences of the participants focussing on their reasons for taking part in the project, their personal and professional history, and experiences of class throughout their life. The interview schedule was presented to a group of people with lived experience from the #ClassClinPsych Collective prior to use, who offered feedback regarding the validity and scope of the questions. The #ClassClinPsych Collective are a working group with members who self-identify as being from a working class background. Members of the group have presented at conferences, held webinars, and contributed to policy for professional bodies in psychology on the topic of class. Interviews were conducted in video calls using Zoom. Online interviews facilitated representation from psychologists across the UK and were easier to schedule. All interviews were conducted by the same researcher with the same schedule, though semi-structured interviews allowed for each conversation to attend to the content each participant chose to discuss in more detail. Semi-structured interviews are particularly useful for IPA as they allow researchers to respond to the participant's recollections as they are discussed and to follow up on any experiences that may not have been identified during schedule development (Pietkiewicz & Smith, 2014). As such, the order of topics varied with the flow of conversation and follow-up questions were asked about key experiences. Experiential follow-up questions were asked regularly, such as "what was that like for you?". The interviews were recorded and transcribed by the researcher, removing identifying details during transcription.

### ***Data Analysis***

The data was analysed using IPA (Smith et al., 2022), with stages described in table 1. Examples of the IPA process in this project can be found in the appendices, including:

- Transcript excerpt detailing stages 2 (exploratory noting) and 3 (experiential statements), see appendix G.
- Photographs of process for stage 4 (searching for connections across experiential statements), see appendix H.
- Photographs and working of stage 7 (developing group experiential themes), see appendix I.

**Table 1**

*Stages of Interpretive Phenomenological Analysis (IPA, Smith et al., 2022)*

1. Reading and re-reading	Each transcript was read several times before later stages of analysis were begun in order to familiarise oneself with the data.
2. Exploratory noting	Detailed noting about the transcript was conducted with an open mind.
3. Constructing Experiential Statements	Succinct statements were constructed from the exploratory notes which were intended to encapsulate details of the transcript and experience whilst lessening the volume of data.
4. Searching for connections across Experiential Statements	Experiential Statements were printed out and mixed randomly before being spread across a table. Different connections between the statements were considered.
5. Naming and organising the Personal Experiential Themes	The final clusters of Experiential Statements are organised to represent the Personal Experiential Themes. These themes are then named and a table is created for the transcript.
6. Continuing individual analysis of each case	Steps 1-5 are repeated for each transcript.
7. Developing Group Experiential Themes	Experiential Themes at a Group level were constructed by organising Personal Experiential Themes from each participant into clusters and naming them. This stage was completed using Microsoft Excel.

## ***Reflexivity & Positioning***

I kept a reflective log throughout the process of interviewing, transcribing, and analysing this project. This supported me to ensure analysis stuck closely to the data and participants' experiences, and also facilitated reflective awareness of my own assumptions and biases as part of the reflexivity process for qualitative research (Smith et al., 2022). I am a trainee clinical psychologist who identifies as coming from a working-class background and was in the first generation of my family to attend university. I have since lived and worked in areas with variable levels of affluence, both of which have inspired my interest in the study of class. I aimed to focus on participants experiences in the interviews conducted, though it is possible that my own background and views may have influenced the rapport built with participants and therefore information shared by them. For example, I asked participants follow up questions about how they felt about particular experiences while actively recognising (and attempting to 'bracket') my own knowledge of other participants' feelings in response to similar phenomena as well as my own.

## ***Participants***

Due to the participants being part of a relatively small professional group, where the professional group is also the likely audience, it was deemed most ethically rigorous not to share details of the participants to maintain confidentiality. Six women and 3 men were interviewed, with both represented at each career stage. Participants are recorded as in their early careers if they were up to two years post-qualifying at the time of the interview. Mid-career psychologists were classed as 2-15 years qualified and later career psychologists had over 15 years qualified experience. The project was open to participants who trained and work in the UK, however no participants interviewed represented Scotland or Northern Ireland. Whilst it was not an exclusion criterion, all participants discussed being in the first generation of their families to attend university.

## **Table 2**

*Participant demographics – career stages*

Participant Pseudonym	Career Stage
Abigail	Later
Aisha	Early
Dylan	Mid
Jude	Early
Louise	Later
Megan	Mid
Nathan	Mid
Olivia	Later
Robert	Later

## Results

Three superordinate themes were developed, each with two subthemes (see table 3). All participants contributed to each theme, but not to each subtheme within (see table 4). Theme 1 represents participants' experiences of feeling like an outsider and finding community and solidarity helpful within this space.

Theme 2 represents participants experiences of a changeable sense of class and of classism (bias against them on the basis of class). Themes 1 and 2 encapsulate distinct yet similarly difficult emotional experiences alongside some responses to these. Theme 3 represents participants ideas of who they are as clinical psychologists and the skills they bring. Some of these differences are described by the participants as existing because of the experiences in the first two themes.

**Table 3**

*Themes and contained subthemes identified in analysis.*

Theme 1: Finding Community in a Liminal Space	Theme 2: Traversing the Shifting Sands of Class and Classism	Theme 3: Finding Our Own Way Forward
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1.1 Being on the Outside	2.1 Managing Incongruence of Class	3.1 Recognising the Advantages of a Working Class Background in Clinical Psychology
1.2 Relying on Community and Solidarity	2.2 Facing Classism, Feeling Frustrated and Ashamed	3.2 Different Clinical Psychologists Moving Towards a Different Profession

**Table 4**

*Subthemes with which participants contributed to them.*

Theme	Finding Community in a Liminal Space		Traversing the Shifting Sands of Class and Classism		Finding Our Own Way Forward	
Subtheme	1.1	1.2	2.1	2.2	3.1	3.2
Participants	All except Jude & Louise	All except Aisha & Olivia	All	All except Olivia	All	All except Dylan

### ***Theme 1: Finding Community in a Liminal Space***

Many participants described a feeling of disconnection from both middle class clinical psychology and working class roots. This leaves them feeling like outsiders, neither a 'normal' person nor a stereotypical clinical psychologist. This neither/nor place, or liminal space, did not seem to have a resolution for participants; people later in their careers described similar feelings to those in earlier stages. Building solidarity with others who felt a similar disconnection from the profession, whether based on class or other intersections of social identity such as being part of a minoritised group, appeared to support participants to feel less alone. They also described enjoying being part of multi-

disciplinary teams and recognising the support from their families and communities.

### **Subtheme 1.1: Being On the Outside.**

Participants described feeling involved and included at university studying their undergraduate degrees. However, many described developing a feeling of being on the outside early on in their careers:

*"it's been pretty horrible, really. I think, throughout my journey, even before I qualified... Being an assistant was fine. It was when clinical training started that I started to have this feeling of otherness" Abigail, L20-24*

*"I think clinical psychology just feels like, I feel like it's completely the course, the course environment feels like it's completely out of touch with the real world." Dylan, L335-339*

This feeling of otherness was linked by participants to the clinical psychology profession. Participants described a general feeling or atmosphere of the 'middle classness' of clinical psychology.

*"I still feel I very much sort of like occupy two worlds. So I live in a working class area where I live, and I work in a working class area with my clinic, at the same time being mindful that I do... [long pause] which I guess without argument, would be what's defined as a middle class job" Abigail, L742-746*

*"when I'd go to meetings where um, it was all like clinical psychologists. It just felt like a, like this Waitrose John Lewis gathering, and I shop in those two as well as Lidl and Aldi's. But it had, it just had this whole middle classy kind of feel, and you, you know, there were just a vibe to it" Robert, L231-235*

Robert took care to describe this as the feeling within a group of clinical psychologists, whereas he did not feel like this in wider NHS meetings with senior professionals from multi-disciplinary groups. He shared that *"a proportion time you like feel the outsider"* (Robert, L271-272) suggesting that this feeling is

not constant. Abigail's use of the phrase 'two worlds' mirrors Dylan's earlier metaphor of clinical psychology being 'out of touch with the real world'. This shared sense of clinical psychology as a separate world is common, and seems to emphasise the separation between them and the profession they are in.

The participants shared a feeling that the profession of clinical psychology on the whole is not willing to acknowledge or engage with working classness, which seems to enhance their feeling of unbelonging. Some participants shared a feeling of reluctance to speak about working classness, with one sharing a worry that their colleagues would re-interpret the meaning of what they shared.

*"I guess it just put more of a boundary between me and her in the sense that I had to keep, like, everything professional, like in the sense that, never make any person reflections because she could just. I don't know, interpret it in her own way. So it just felt like an unsafe place to be" Aisha, L475-479*

*"[working class] is a culture. It's a way of living. It's a way of life, it's a way of being. We, um... [pause] I mean it really pisses me off. Or it has pissed me off, it still does piss me off, pisses me off. It's really upsetting to me and disappointing that... [pause] I guess the profession as it currently is, I don't know, the training course I was on, the, maybe the profession more generally is seemingly unwilling to engage with that." Dylan, L678-684*

The participants seem to describe seeing clinical psychology as being blind to working class cultural experiences. This seems to provoke feelings of frustration, sadness, and distrust. They appear to describe feeling that their class background disconnects them from a profession that does not wish to engage with their experiences.

*"it's like this disconnect. So you don't really feel, you don't really feel connected to any place, you know... Deeply unsettling." Dylan, L599-602*

Two participants spoke about experiencing a type of 'survivor's guilt' owing to seeing the difference between their socioeconomic position now compared to their childhood friends.

*"it feels a little bit like um, like a survivors guilt... As though I feel a little bit kind of guilty for knowing, like people I know, have grown up with in school from the same place, but then... suddenly I've ended up somewhere quite different, um, to where they are, and I'm not completely comfortable with it, like I'm not. It just makes me uncomfortable" Megan, L775-782*

*"there's guilt about like I'm living a life now, that my family don't live, and it's not like I'm a millionaire so I can't give them loads of money... friends, I grew up with that, I know will probably never live a life that I'm going to live now. My trajectory is completely different. Um, and, I guess for that reason and kind of feel- like when I'm thinking of you know treating myself, um, perhaps not deserving of it" Dylan, L532-541*

While this sense of survivor's guilt was not shared by all participants, it appeared to be a strong feeling that these particular participants struggled with. The guilt they discuss feeling is attributed to being on a trajectory that involves less difficulty than their families and friends might face. Walkerdine (2003) described women who had moved into a more middle class socioeconomic position experiencing 'survival guilt' which was attributed to it being "not acceptable for them to have survived and prospered when their families... had to live in poverty, illness, doing without" (page 243). The participants discuss being relatively more privileged but not so privileged that they can effectively support others. It is possible that this contributes to a sense of disconnection that the participants feel from both their home communities and their new profession.

The participants shared a sense of being on the outside of both their home communities and their profession, leaving them in a liminal, 'between' place, or frequently travelling between the two. They shared that their breadth of cultural



experience did not seem to be accepted or engaged with by their profession, and some described their change in circumstances leaving them feeling different to their families with a feeling of guilt for this difference occurring.

### **Subtheme 1.2: Relying on Community and Solidarity.**

Participants described finding community with others who shared the liminal space on the outside of the clinical psychology profession. Finding community and sharing solidarity with people who had similar experiences seemed to allow them to feel more comfortable with their position. They shared experiences of learning about what might be possible for them through recognising other psychologists as being from working class backgrounds. Participants also described support from their home communities being important to them.

Eight out of the 9 participants spoke about building community with others who are marginalised within clinical psychology and contextualised class difference as one of many sources of injustice, including that of racism and racial injustice in the profession.

*"I was fortunate in a sense of, I had close relationships with a couple of the other trainees who were also from working class backgrounds before training. And that made a real difference for me, having those relationships, and I think that really helped me get through. If it wasn't for that I think I probably would have felt quite alone and isolated with it all. And that would have made a big difference in terms of my decision to continue." Nathan, L351-359*

*"you find people with common experiences or people who might be outsiders for other reasons. So maybe people who are from ethnic minorities, you know, rather than people from sort of the main stream, white middle class clinical psychology, um grouping." Robert, L272-276*

The participants felt that this sense of being on the outside was shared by marginalised clinical psychologists with different intersecting identities. Building relationships with other marginalised psychologists seemed to bring a sense of solidarity that was important for them in their work.

*"she just felt in a lot like, alliance, allegiance, would you say it? What's the word? You know that, that kind of connection with them, yes, and it, you know, another commoner. But it wasn't kind of insulting at all, it was really friendly," Megan, L538-542*

Recognising each other's outsider social identity within clinical psychology seems to have been important for these connections. Conversations about outsider identities were described as playful or humorous when they happened between people who were recognised as outsiders. This humour appeared to emerge with a sense of relief as difference and marginalisation were spoken about between people who experience it. This relief and connection building appeared to be experienced by the participants as validating.

*"class definitely has featured [in experiences of being a clinical psychologist]. And I think it's been helpful to know that it has done for a lot of other people, because I've often felt like it shouldn't have for me, even though that was my lived experience" Abigail, L447-450*

Abigail describes having a sense that her lived experience was wrong somehow before she shared experiences with working class clinical psychologists. She shared that this validation and connection lead to her feeling more confident and capable at work. Later in the interview she describes this leading her to applying for a promotion, which she did not feel able to do previously.

Participants spoke of valuable learning about themselves and their profession through other working class clinical psychologists. Megan described a deepening commitment to being proud of her working class background in conversation with a peer who was more ashamed of it.

*"that's kind of like a sad for him, that he would feel that way. Um, but then I guess it also makes me feel like, yeah, quite like I wouldn't want to hide it, you know I wouldn't, I'm, I'm yeah, proud of my, my roots. So I'm not gonna drink something posh just for the sake of it" Megan, L1020-1024*

Learning in a professional context was expressed by Louise, who experienced lecturers from a working class background speaking more about therapy approaches that *"cut through culture"* and positioned the psychologist as a

collaborator rather than an expert (Louise, L509-604). Participants discussed learning things more in line with their own values from the people in their own communities and felt more connected to these learning experiences.

Some participants also described external support early on in their careers being vital to get to where they are today. This included both family and community support along with changing national policy that encouraged university attendance for young people in working class communities.

*"it's a source of like, great pride, like, it's a source of lots of fighting, not just from me, but like to like everyone around me as well." Jude, L617-L619*

*"[I] remember at secondary school we had a session where we were looking at Universities, and I think I was in the year group where it was just starting to be really pushed" Nathan, L272-275*

Jude discusses needing to fight to be where she is today and being supported in that struggle by her family and friends. She does not articulate being as disconnected from this community as much as some of the other participants did, and it may be that the experience of others as being alongside her may have contributed to this. Several participants spoke of learning to be hard workers from their working class parents and described appreciating this quality in themselves and others.

Sharing support with other outsiders to the profession seemed to support participants' views of themselves and their abilities. They described community and solidarity as supportive and helpful in maintaining their progression when circumstances were difficult. This appeared to be particularly important to the participants in the context of feeling stuck in between different groups. Some described changes in their experience of otherness that linked to finding community with others who shared their experience. Finding a sense of community while in this between, or liminal, place seemed to be a salient experience for clinical psychologists from a working class background.

## ***Theme 2: Traversing the Shifting Sands of Class and Classism***

Participants described class as a social identity that means different things in different contexts. Most of the participants shared uncertainty about how they described themselves and shared different class labels they would apply to themselves or their classed experiences. This uncertainty also seemed to extend to thinking about how to respond to class bias. They appeared to describe experiencing an incongruent sense of class between their experiences at different points in time and place. All of the participants shared experiences of times when people had insulted, othered, or discriminated against them or clients on the basis of their class background, which will be referred to as classism. When participants described these experiences of being insulted, othered, or discriminated against, they shared a range of emotions, but most consistently anger and shame. While participants described class as shifting and changing, they also described times where they had experienced painful emotions based on how they were treated based on their class belonging or identity.

### **Subtheme 2.1: Managing Incongruence of Class.**

Of the 9 psychologists interviewed, none described themselves as having transitioned to a middle class social identity. This experience appeared to be characterised by internal conflict for most.

*"What like I'm middle class like? And I, I was mortified actually, it isn't something I wanted to be." Megan, L725-727*

*"it is, such a middle-class profession... I don't know what it means to own being middle class, but maybe just acknowledging that, you know, I can't really also say that I'm, you know, working class because of the job that I'm doing and the income that I'm earning... it feels really uncomfortable." Aisha, L607-614*

They described discomfort around class labels and used language connoting painful emotions when thinking about describing themselves as middle class. Some also felt discomfort in continuing to describe themselves as working class given their change in economic and cultural capital. Participants described a sense of incongruence in how they made sense of class within their own lives.

Participants described class identity feeling different, or more or less salient, due to context.

*"I actually, when I was younger, I would not have said I was working class like I wouldn't have noticed class like we were from an estate. So but that was all I knew, like over all my mates were from like similar places" Jude, L178-182*

*"I mean I was a student then and I don't think I really recognised [class]... thinking about the people I'm friends with, did, came from different backgrounds. Um, maybe not quite as working class as my family were. Um. but I don't remember it being significant. It is more becoming a clinical psychologist and going into clinical psychology, I think." Olivia, L759-767*

Olivia goes on to say that her background "became more noticeable" (L771) when she entered the profession. Becoming involved in clinical psychology seemed to lead to a shift in their understanding of what class was and how they related to it. In this way and perhaps expectedly, their experiences of work and class seem to be interlinked. They described being perceived differently by people in their lives due to their jobs and accents.

*"I'm the proudest person from [city often considered working class] you'll ever meet. I do feel a bit like a nomad. Sometimes I go home, my mum thinks I'm well posh. I'm down here, people think I'm scum. Do you know, like it's kind of all keeping me on my toes" Jude, L475-479*

Most participants shared that they noticed a change in classed experiences in the process of becoming a clinical psychologist. Robert was an exception to this. He described a distaste of others who, he felt, had intentionally changed accents or mannerisms that were read by others as working class.

*"you could say I could have done the same to get on more, but at the same time I find it actually sort of distasteful... it would be like a low level of disgust. That they're doing that. Not heavily disgust... like hypocritical, you know" Robert, L122-128*

Robert seems to share a view that changing these mannerisms and behaviours is an intentional choice. Those who do this, in his view, are driven by a wish for success. However, when other participants discussed this phenomenon, they

described it occurring as a separation of who they are at work compared to day-to-day life. This was linked to professionalism by some.

*"I don't think I had to change, I probably just didn't show the other side of me... So maybe the real me wasn't- that is more professional. Than personal. I mean my personality was still there. Probably the real root of, of who I am probably wasn't... So I think we sometimes put on a different face for work than we might at home, or with family, so they would have seen that bit of me rather than the other aspect which was probably more working class" Olivia, L778-789*

Olivia seems to share that suppressing working class parts of herself came across to others as more professional. Olivia elsewhere describes these changes as something she felt she had to do, rather than something she chose. Dylan also shares that he presents himself differently at work – *"I speak very differently to my family and friends compared to how I speak in the workplace, and how I present myself is very different. And, yeah, it's quite tricky to feel like you're being authentic."* (L645-648). The participants seem to share a sense that showing working classness in clinical psychology leads to being seen as less professional, leading to less success, or being less 'correct'. This seems to represent another point of change in how the participants relate to the idea of class – after becoming aware of themselves as being from a different class group to most other aspiring or qualified clinical psychologists, they then seem to somehow acquire an understanding of what behaviours and mannerisms linked to class are appropriate for a clinical psychologist to possess. Being working class and being a clinical psychologist seem to be experienced as separate or contradictory for many of the participants. Nathan describes this incongruence as so:

*"I still feel that when I'm out of work I'm working class, but I can't detach that from, from the job, somehow. It's really hard to see myself as a working class clinical psychologist. I just feel like the, the phrases don't match up somehow" Nathan, L678-682*

Most participants referred to class as being difficult to speak about in clinical psychology spaces. Knowing when and how to talk about class in professional spaces was a difficulty noted by most participants.

*"So it's trying to be in places where you can actually... talk about it, but that that relies on, because as I say that my last job... it wasn't a psychologically safe place to talk about anything, really, you know, and therefore class things would be included within [topics that required psychological safety]. "* Robert, L499-503

*"that's what I wrestle with in my mind is how often to speak up... it takes a toll. It feels like it's kind of laborious to, to go into that with people who aren't necessarily going to be receptive to it. Which then, kind of makes me feel silenced, but also adds to those layers of shame because I feel like, well, I should be speaking up"* Nathan, L524-530

Participants seemed to share that speaking about class was considered unsafe until proven otherwise. The participants shared that these difficulties speaking about class stretched across different parts of their professional roles. Olivia shares that class *"has not probably been discussed, I wouldn't have said"* (L577-581) in her supervision, even when class has impacted on her work. On the other hand, beginning to talk about class professionally felt good for participants – for some this came in the form of developing community links with others who shared their experiences (see theme 1). Nathan shares how speaking about the intersection of class and his profession feels for him:

*"and just to sort of be open with that now is, is quite healing. But at the time it felt like sort of... being inside a locked box that I couldn't get out of"* Nathan, L491-493

Speaking about class, while clearly difficult for the participants interviewed, may be supportive in managing this sense of incongruence but is described as requiring psychological safety, which is not always available. It is possible that speaking about class is made more difficult by the somewhat intangible shifts in the participants' understandings and relationships with class throughout their personal and professional lives.

## **Subtheme 2.2: Facing Classism, Feeling Frustrated and Ashamed.**

All participants except Olivia described experiences of class based judgements or insults in their careers. The experiences shared seemed to span the length of participants' careers, with some also discussing their observations of how working class clients were treated by colleagues and systems. Experiencing and witnessing classism appeared to be associated with feelings of anger and sometimes shame. Participants described feeling pushed away from clinical psychology, which links to the subtheme 1.1, Being on the Outside. Feeling like an outsider tended to be described as a general sense throughout career journeys, whereas anger at classism was described in response to particular events. Experiences of classism could be quite particular to participants' circumstances, and as such some will not be discussed due to their potential to identify participants.

Participants' shared examples of times where they faced classism in clinical psychology due to class background. Some described their feelings about comments made by others, which seem to reflect bias against working class people.

*"it was only a bit later on that I kind of... reflected on it... "I haven't got a 'normal' accent, whatever" But since then, through the years where, like things have totted up in terms of people going 'are you really the psychologist? Are you not a support worker? You're a client!' " Robert, L354-361*

*"I think it felt like I was shut down very early on and I think that just reinforced a lot of the things that had been said to me. All these negative comments that had been made to me, I guess, in a way, almost retraumatised me" Abigail, L325-329*

Participants understandably shared emotional reactions to these difficult experiences. Where Abigail references trauma in such events, others share anger and shame.



*"I was like, I just wanna tell them to fuck off. She's like you can't tell them to fuck off [both laugh]. It's like, I know but you want- I just wanna tell them what's what. I didn't thankfully" Dylan, L291-293*

*"why not own that background and say, 'yes, I am from a working class background'? I think my worry is that it's almost like you're going to be looked, judged by your colleagues as less than." Aisha, L565-568*

Participants tended to describe reactions to discrimination that left them feeling different to their colleagues, linking to theme 1.1. Despite these experiences, some shared a difficulty in feeling certain that these experiences linked to class.

*"you wonder, you know, you're like, okay, how much of this is a class issue? How much of this is like a me issue? How much of this is just experiences that other people have, anyway, um, regardless of class?" Dylan, L163-166*

Jude describes a conversation where a psychology colleague shared a view that middle class people deserved better therapists, assuming that their financial privilege was a result of working harder than working class people.

*"I was like, 'Oh, do you know what? I'll get our [dad] down and you can say that to his face' I was like, 'if you can say that to mine, you can tell my dad that he didn't deserve the best therapist because he didn't work hard? Is that your summary?'" Jude, L820-825*

Jude appears to express anger and shock towards her colleague's view, particularly that they would believe this group do not deserve equally high quality care. She appears to try to combat this assertion through encouraging her colleague to consider what it might be like for a working class person to hear this, implying it would be unpleasant through use of the term 'say that to his face'.

Traversing the Shifting Sands of Class and Classism describes how participants have difficulty navigating both the experience of shifting class labels and

classism. Incongruence in their understandings of their own classed identity fluctuated based on contexts. These fluctuations seemed directly linked to a career in clinical psychology. Participants shared different views about change within themselves, but all seemed to share that their background and current role did not fit together comfortably. Speaking about class at work felt unsafe but was also considered helpful when possible. Interpersonal experiences of discrimination were discussed, understandably leading to an experience of painful emotions. Additionally, participants shared a sense of clinical psychology as indifferent to talking about class, which links with experiences of speaking about class feeling unsafe in 2.1.

### ***Theme 3: Finding Our Own Way Forward***

All participants spoke positively, to differing extents, about being a different type of clinical psychologist compared with how they viewed their profession. Many felt strongly that their clinical skills were enhanced by their background, particularly alongside working class clients. They regarded themselves as better able to appreciate the workings of power and privilege in their own and their clients' lives due to classed experiences. They described using empathy to extrapolate these experiences across areas of difference. They spoke passionately about wanting a change in clinical psychology as a profession towards accepting and nurturing difference in the workforce. They also described wanting to see change towards more active professional discussion about the impact of power in working class clients' lives and their experience of services.

#### **Subtheme 3.1: Recognising the Advantages of a Working Class Background in Clinical Psychology.**

Participants shared the many advantages they felt their background gives them in their work. This included deeper relational connections with working class clients, providing more open and authentic therapeutic spaces, and putting people at ease. These advantages were often discussed in comparison to

middle class clinical psychology. Participants discussed being able to use working class communication styles authentically and believably with working class clients in a way that they felt made therapy more accessible. They also shared that they saw a role for themselves in advocating for clients' needs.

Strengths in relationship building with diverse clients were discussed by several participants. These skills were linked to their working class backgrounds.

*"there's lots of advantages to being working class as a clinical psychologist. And I suppose to some extent I'd taken those for granted because they weren't problematic. So clinical work going well, being able to engage with clients from different backgrounds, going really well" Abigail, L842-844*

*"I think [her working class background] makes me who I am. I know when I think about my skills, I think I do have good verbal skills in a way of talking to people. But, but I think that's just been heightened by the different exposures of experiences that I've had. Um, yeah. And I think I can **just** relate" Olivia, L271-276*

Participants also linked their different styles of language and communication with their backgrounds.

*"my sense of humour is the same as a lot, as lots of [working class clients]. The kind of... there's like a loving banter that takes place that I can get involved with that people, that I understand, and the other people understand, and that, that some of that feels like it's quite closely tied with class" Dylan, L391-397*

*"all that really happened differently was, with me was, I guess I removed some of the jargon that when I first started getting into psychology I didn't know what it meant" Abigail, L177-179*

Speaking differently with clients in the therapeutic space seems to lead to a therapeutic relationship that feels situated in working classness to the

participants. They spoke of an understanding that clients were often not expecting to meet with a working class clinician.

*"people would be like, once they met me they'd be like, "Oh! You're not what I expected", or they will like put at ease, because I think if you see, like, you know. Let's say an appointment with like a doctor on the title. People are quite intimidated, or they, you know, they expect people to be a certain way." Megan, L890-895*

This subversion of expectations puts people at ease, in Megan's experience, and encourages a more authentic engagement. Several participants shared their emotional experiences of these connections:

*"it's quite emotive, when you're meeting with other human beings that have been through those experiences, and even when you don't have to find the words to describe it, there's just something quite connecting about that. So, you know, in that sense I'm quite grateful to be from the background that I'm from" Nathan, L507-513*

*"Painful sometimes, 'cause it takes me back to some uncomfortable places, some scary places in my memory that are not nice, um, but I think it's helpful to have had... a toe in that, to be able to kind of recognize that" Louise, L232-236*

The participants propose that this sense of real emotional connection with working class clients' experiences is somehow felt by the clients themselves, and this is helpful in the therapeutic relationship.

Some described using their backgrounds to position themselves as advocates for working class clients:

*"it's more about making sure that you know, that inability to maybe advocate for themselves is not something that I abuse or take advantage of as a clinician... how can I make sure that you know I am really fighting for their, you know, care*

*and making sure that they are not being disadvantaged because of not maybe knowing their rights in the system" Aisha, L170-178*

*"maybe giving people a voice is a bit more... you know, trying to give people a voice or let their, explain their needs to parents. Perhaps it's what I enjoy"*  
*Olivia, L439-441*

Overall, participants spoke about how their backgrounds equipped them with a particular mindfulness of the voices of working class clients. They described how they were able to use this awareness to build relationships and also to try to support clients while advocating for them in the health system. They shared a sense that the skills and abilities resulting from their working class backgrounds equipped them well for therapeutic work with working class clients. Bearing themes 1 and 2 in mind, this appears to be a deviation from their expectations of other clinical psychologists more generally.

### **Subtheme 3.2: Different Clinical Psychologists Moving Towards a Different Profession.**

The participants described feeling that the skills they developed from their backgrounds allow them to practice differently to their middle class colleagues. They expressed disappointment in their profession's lack of consideration of class both at an individual and structural level. They described a desire to be use their clinical psychology skillset differently and wanted to be a part of moving the profession forward to a more comprehensive consideration of justice. They described these changes as positive for both clients and for clinical psychologists with marginalised identities. They also shared their hopes for the future of clinical psychology, which included increasing diversity within the profession, supporting more working class people into clinical psychology, and free therapy for trainees being more broadly available.

Many participants described their class background as integral to the kind of practitioner they have developed into.

*"But I do think class has been fundamental to the type of psychologist I am, and the hopeful influence, even if it's just like [to help] people at the start of their [career] journeys" Jude, L1052-1058*

The participants discussed a perception of difference between themselves and their colleagues in terms of a commitment to being aware of class in their clinical work. They discussed wanting to take the impact of class into account in this work.

*"[class] didn't really matter to others in the same way that it probably matters to me. And that, all that I could do was just make sure that you know I am more mind- you know, mindful of things in my clinical work." Aisha, L160-163*

*"but I think it's easier to, when you haven't walked in the shoes, it's easier to judge, or I think that's what some people do, use a quicker solution than actually understand what's going on." Olivia, L885-888*

This richer understanding they claim is then, in the participants accounts, used to inform how they apply their clinical psychology skills with clients, in addition to how they make sense of people's problems as described by Olivia above.

*"also just really sad that the system was, I guess, quite strict in terms of... if that client maybe had had a few more sessions they would have been able to see that psychological mindedness is something that you can help build and help, you know, clients get a shared understanding of the work you're doing together" Abigail, L181-186*

*"clinicians choose nice middle class people to work with... you know, it's like you've got to make it open to people who are, fit kitchens, or whatever, or work down the tills, or are cleaners, or whatever you know, 'cause there's no reason why they can't do psychological therapy." Robert, L153-158*

The participants regard psychological intervention as not being constructed for working class clients and describe having developed successful ways of adapting their work in practice. At a more structural level, some describe a bias on the part of clinical psychologists towards working with middle class clients. These participants suggest that using psychological jargon (such as 'psychological mindedness') enables clinicians to equivocate in their acceptance or denial of referrals, which the participants view as disadvantaging working class clients.

The participants also share a desire to advocate towards a change in systems in addition to at an individual client level described in subtheme 3.1. This work towards systems change was generally described as concerning justice for both clients and for their colleagues.

*"I'd been quite vocal about, um, exploitations in assistant psychology positions. I've always been quite vocal." Jude, L45-47*

*"So that made me think if anything, I absolutely should be doing this job just to challenge some of the unhelpful systems in place" Abigail, L362-364*

They viewed themselves as well positioned within their teams to create inclusive change. They also described support from others, including their middle class colleagues, in creating change, which aligns with subtheme 1.2 (Relying on Community and Solidarity). Jude shares how her experiences of solidarity against classism from middle class colleagues have reinforced to her the importance of being an ally to others:

*"I always hope I would be like this anyway, but it taught me to be alongside anyone that experiences any discrimination of any kind " Jude, L554-559*

Experiences of classism (see subtheme 2.2) are referred to as being transformed into a learning opportunity to deepen understandings of discrimination in general. These experiences speak to participants feeling as

though they have a different understanding of class, and discrimination, when they compare themselves with colleagues who have more privileged identities.

Participants also described their resistance to the stereotypes that other professional groups hold about clinical psychologists and their training.

*"[respected MDT member] said to me "don't change, will you? Because, the first thing they teach you on that course is Yoga, so you can bend over and stick your head up your ass [laughs]... I was really shocked" Megan, L417-422*

Megan referred to this experience as an example of the kind of psychologist she did not wish to be: disconnected from the real world, with connotations of self-interest, and behaving in a way that is unhelpful to the work of a team.

Participants described their hopes for the future of clinical psychology. Several described hoping for a more diverse profession. Some shared beneficial experiences of free therapy whilst training that they hoped would be more broadly available to future trainees. Participants also shared a hope that more could be done to encourage people from working class backgrounds to become psychologists.

*"there needs to be people from all different backgrounds working, you know, with people who present at services. So there definitely needs to be... a range of like just a higher diversity, I guess, in terms of people who train, because of the populations we serve, like a lot of them, you know. Yeah, it's just to be relatable, yeah?" Megan, L910-915*

*"what was interesting for me coming into the profession was that therapy wasn't a compulsory part of training. And I, I think this is a bit of a minefield, really, because there's, there's one thing about access, but I'm now of the view that I think it should be" Nathan, L762-766*



*"And I do offer to give people a bit of careers advice to kind of steer them in that direction but if there was something organized where people got to go and talk in schools or something. I would absolutely do that." Louise, L946-949*

The participants expressed that they felt their psychological practice was different to colleagues who had not had first hand experience of a working class background. They described adjusting their work and avoiding practices that may exclude working class clients. They shared a desire to advocate for justice within the profession and within their teams. They discussed hopes for the future that aligned with their work of challenging unhelpful systems and practices.

The strengths participants shared in subtheme 3.1 seemed to come together with a description of a different, more class-aware, usage of their skills as a clinical psychologist to allow them to work differently to clinical psychologists without working class backgrounds. It seems that their skills in therapeutic work may allow for inclusive practices with a wider client group and a recognition of when this is failing to happen in the teams they work in. However, when considered alongside theme 2, it is possible that these observations and practices may be difficult to share with others.

## **Discussion**

This project explored nine UK clinical psychologists sense-making of being from a working-class background in their profession. Interpretive Phenomenological Analysis developed an understanding of these experiences centring on: a feeling of liminality and gaining support from others in similar situations; difficulties facing changeable experiences of class and classism throughout their careers; and finding a way to recognise strengths offered by their backgrounds to practice in a personally meaningful way. Three group experiential themes were extracted from the data: Finding Community in a Liminal Space; Traversing the Shifting Sands of Class and Classism; and Finding Our Own Way Forward.

## ***Findings in Context***

Many of the experiences discussed by participants are similar to previous unpublished research (Lovick, 2023; Place, 2023). This project builds on this work to offer an in depth analysis of what it is like to be a clinical psychologist from a working class background for these participants.

### **Bourdieu's Class Theory (1987).**

Contrary to previous research (Reay et al., 2009) the participants did not report experiencing difficulties relating to their comfort or belonging in their undergraduate degrees. However, many of the participants described attending previous polytechnic or post-1992 universities for their undergraduate degrees, and these institutions may have felt different for the participants than 'elite' universities may have. The habitus clash Reay and colleagues (2009) described in their participant accounts did not seem to arrive for the participants in this study until entering a clinical psychology career. Similarly to Place (2023), it appears that most of the participants in this work have adopted a reflexive habitus (Sweetman, 2003) to manage the clash they experience. Traversing the Shifting Sands of Class and Classism (theme 2), and specifically the phenomenon of being unsure about how they relate to the concept of class, may speak to a reflexive habitus (Sweetman, 2003) having developed. Abrahams & Ingram (2013) describe a similar concept, the 'chameleon habitus', and propose the strengths of this position as enabling people to see the social fields they enter in a different, novel way. They also argue that this position can be emotionally painful and leave people in a space that is "neither the one nor the other" (Abrahams & Ingram, 2013, p. 11). This appears to have been reflected by the participants in the first theme, Finding Community in a Liminal Space.

The participants frequently described themselves as different to middle class clinical psychologists and being particularly good at supporting working class clients. Drawing from Bourdieu's (1987) concept of fields as environments in

which power operates between members of different class groups, therapy can be described as a social field. Therapy is typically a field dominated by those with highly valued cultural, social and economic capital. When a working class psychologist and a working class client are alone in the 'field', without the influence of the higher classes being physically present, it seems possible that a temporary suspension of the usual rules may occur. The established order of which capital counts in the particular social field (in this case, middle and upper class capital in therapy) may be temporarily lifted. Therapy, then, becomes a space where more working class types of cultural capital are acceptable and valued (viewing cultural capital as specific to a cultural group e.g. France et al., 2013; Yosso, 2005). Working class clients are then potentially freer to express themselves in authentic ways while still being understood, and a working class clinical psychologist can work effectively with and value this communication. The therapist is possibly freed up to embody aspects of their own working class habitus alongside their psychological training. For example, Dylan refers to "*a loving banter... that feels like it's quite closely tied with class*" with working class clients. This could be perceived as a route to more authentic practice, and represents the ideas expressed in Finding Our Own Way Forward.

### **Epistemic Injustice.**

Miranda Fricker introduced the concept of epistemic injustice in 2007, which refers to an attack on a person or group based on a denial of their ability to have knowledge about themselves and their experiences. For example, men frequently denied women's abuse narratives of repeated unwanted sexual advances prior to the concept of sexual harassment becoming understood more widely (Fricker, 2007). Fricker discusses two types of epistemic injustice: testimonial injustice, where peoples' stories of their own experiences are rejected due to an inability and lack of motivation to understand them on the part of a more powerful group; and hermeneutical injustice, which refers to a group's difficulty in understanding their own experiences due to explanatory concepts or frameworks being unavailable in dominant discourses. These concepts seem particularly relevant when considering the theme of Traversing

the Shifting Sands of Class and Classism. Many participants spoke of finding it impossible to know how to name their experiences of class. No framework seems to be available to the participants to understand their classed experiences, which could in turn link to their difficulties expressing these experiences to others. Indeed, it is significant to note that none of the participants used the word classism to describe their own experiences. This may be taken to indicate a hermeneutical injustice. Additionally, many participants described discussing experiences of direct and indirect classism with colleagues, managers or peers, only for this experience to be in some way negated. This constitutes a testimonial injustice under Fricker's (2007) framework, possibly resulting from the unavailability of discourses around classism in clinical psychology.

### **Liminality.**

Finding Community in a Liminal Space discusses participants seeing themselves as having in-between and confusing identities and finding support from others with similar experiences important. Ibarra & Obodaru (2016) describe the construct of liminality, defined as being in between conventional social roles or identities. Pifer and colleagues (2023) apply this concept to the identities of working class academics, demonstrating its usefulness in understanding experiential accounts. Ibarra & Obodaru (2016) argue that liminality is more likely to be felt in under-institutionalised experiences, which they propose is a spectrum defined by four elements: lasting for unspecified or unknown duration; a lack of available elder and community guidance; a lack of culturally legitimate narratives to describe the experience; and the lack of a known role or identity with which the liminal experience will end. The experiences of the participants would suggest that coming from a working class background into clinical psychology could be categorised as an under-institutionalised experience: there is no expected end point to the experience; little widely available knowledge of others' experiences; the participants did not frequently reference established cultural narratives; and a confusion in defining a new identity that would end the liminal experience. Ibarra & Obodaru (2016)

argue that under-institutionalised liminal experiences are subjectively more difficult but open more potential for creativity and identity growth. Clinical psychologists from middle class backgrounds may experience training and subsequent careers as more institutionalised due to their aligned economic, social, and cultural capital. Being in a liminal position as a working class clinical psychologist potentially leaves participants without an expected path. Therefore, they may be more likely to generate work creatively, which links to Finding Own Way Forward. In alignment with the participants' hopes for the future of clinical psychology, Melton (2018) discusses the contemporary call for psychologists to move between ally, advocate, and activist positions. It seems possible that experiencing a liminality gives working class clinical psychologists the freedom in professional identity development to more comfortably adopt these positions. The participants discussed being advocates in theme 3. This may represent a strength of clinical psychologists from a working class background.

### ***Strengths and Limitations***

This study is likely to have reached a broader sample by recruiting and interviewing participants online. However, online interviews only capture the head and shoulders of a participant and reading visual cues is more difficult (Thunberg & Arnell, 2022). Although participants from a wider geographical were included through online interviews, this was still limited to people who trained or practice in England and Wales. Clinical psychology in these countries may be different to the rest of the UK and is certainly different from countries outside the UK.

Purposive sampling in this study is possibly subject to sampling bias. There were no participants in the study who shared that they had transitioned to a middle class identity. This may represent a bias in the sample, as participants who see their working class background as a less salient aspect of their social identity may not have volunteered to be interviewed. The participants who chose to complete the interview may have had particular personal opinions which they hoped to communicate rather than these being a common aspect of

working class clinical psychologists' experience. Additionally, IPA methodology allows for a rich understanding of a specific homogenous group, at the time they were interviewed. The understanding gained is rich and detailed, but this knowledge cannot be assumed to be transferable to other groups.

With reference to Nizza and colleagues' (2021) markers of quality in IPA, it is hoped that this study shows a good level of quality in consideration of converging and diverging experiences. Both have been attended to in the development of the themes. On the other hand, while a close analytic reading of participants' words was conducted in the analysis of the interviews, this has not been carried through into the writing up of the work. Improving the reporting of analysis would improve the quality of this paper.

In the context of race, Lipsitz (2006) argues that attention must also be focussed on those who possess more social power. Understanding their experiences of privileged identities and discrimination may rebalance the power exerted by examination. Sommerfeld (2014) has also proposed that class cannot be fully understood without understanding middle class identity and experiences. This project does not consider majority experiences in the field and is therefore limited in its understanding of class at large.

### ***Clinical Implications***

The knowledge produced by this project suggests that clinical psychologists from a working class background might have a particular set of experiences in their career journeys that can be painful as well as allow for growth. 'Finding Community in a Liminal Space' and 'Traversing the Shifting Sands of Class and Classism' suggest that presently, working class clinical psychologists experience discrimination and othering, along with a sense that their profession as a whole is indifferent to thinking about classed experiences. Whilst it is clear that these participants developed helpful ways of managing these difficulties independently, these experiences suggest that clinical psychologists as a group (including training courses) would benefit from developing a deeper

understanding of social class. Alongside better supporting clinical psychologists from a working class background, this would also support clients from a working class background, who describe clinicians speaking about class improving rapport (Trott & Reeves, 2018) and feeling safer (Poleshuck E.L. et al., 2013).

‘Finding Our Own Way Forward’ suggests that this group of psychologists used their personal qualities and skills (linked to their backgrounds) to adjust their practice in meaningful ways for clients with a shared background. These adjustments were felt to better benefit clients from a similar background. There is a growing recognition that psychological models were developed with white, educated, industrialised, rich, and democratic clients in mind (Oliveira & Baggs, 2023; Terjesen et al., 2022). Tapping into the knowledge clinical psychologists from different backgrounds have been able to integrate with their professional skills, and testing it empirically, may support the to work in more person-centred way. Working class clinical psychologists may have important practice based evidence to share with their colleagues about how this is achieved. This also has implications for supervision, where clinical supervisors may wish to explore whether differences in practice are considered to be ‘therapist drift’ (Waller & Turner, 2016) or culturally aligned practices on a case by case basis and to holistically consider the benefits or drawbacks for particular clients.

### ***Future Research***

Further investigations of the experiences of being working class in clinical psychology using an epistemic injustice framework may be useful in developing a deeper understanding of how this may manifest for the professional group, using a qualitative or quantitative methodology. Understanding how modern clinical psychology, and psychological professionals at large, construct class in their work would be a beneficial contribution to both understanding difference within the profession and understanding the experiences of working class clients, with a broader aim of equitable practice. Additionally, further understanding of the intersections of class with other aspects of lived

experience such as race and disability (and other domains) in the experiences of psychological professionals and their clients would be helpful.

From a wider perspective, a more detailed understanding of how many clinical psychologists are from working class backgrounds would be useful.

Professional bodies such as the British Psychological Society and Association of Clinical Psychologists may support this process by routinely collecting such information. Furthermore, they could survey their members to understand how if class experiences may be affecting them as people and as professionals, and how best to offer any support where needed.

Finally, investigations into how clinical psychologists from middle and upper class backgrounds consider social class and think about working class clients would address the limitations of this study, in line with the arguments of Lipsitz (2006) and Sommerfeld (2014).

## **Conclusion**

The experience of being a working class clinical psychologist for these participants is characterised by Finding Community in a Liminal Space, Traversing the Shifting Sands of Class and Classism, and Finding Our Own Way Forward. Future research may build on this work by broadening understandings of the population of working class clinical psychologists as a whole, investigating the intersections of class and other marginalised identities, and understanding the perspectives of middle and upper class colleagues on class.



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### **Chapter 3: Press Release for the Literature Review**

#### **Psychological Professionals Struggle to Talk About Social Class**

In a review of evidence, a researcher at the University of Birmingham finds no consensus between therapists on when and how they talk about social class in therapy.

Social class affects our day to day lives, with 52% of the British population self-identified as working class in 2021 (Mathieu, 2022). Research also suggests that there are fewer benefits to therapy for working-class people (Barnett et al., 2023) but it's not clear why. Therapy is becoming easier to try out for many people, but can our therapists talk about social class with us?

Researchers completed a detailed search and found 9 academic papers from the UK, USA, and Honduras. Therapists who were interviewed in these reports said different things about how they work with social class. Some said that it was important to recognise the impact of social class and to talk about it with patients – the ones who did found it helped their patients. Others said they struggled to talk about class and felt like they weren't doing 'real' therapy if they spoke about it. The therapists who shared their views in these papers seemed to think that understanding how marginalisation affects people on a deeper level meant they did a better job. This wasn't something they got to understand in their training to become a therapist.

Some of these differences seemed to be linked to the country the research took place in. UK therapists seemed to find it harder to talk about social class than Americans. This might mean that it's harder for working class people in the UK to feel like their therapists understand their lives. Training therapists in 'cultural humility', which is a useful way of not making assumptions about people's differences, might help to change this in the future.

## **Chapter 4: Press Release for the Empirical Research Paper**

### **Study Finds Clinical Psychologists from a Working Class Background are Oothered by Peers but Find Creative Ways to Work with Clients**

In the face of classism and a profession that doesn't talk about class, psychologists find ways to be themselves and use skills gained from working class backgrounds.

People who grow up working class and then enter jobs usually described as middle class, like university lecturers and psychologists, can feel out of place in their new roles. A researcher at the University of Birmingham wanted to know more about what psychologists experience. She interviewed 9 UK based clinical psychologists who said that they came from a working class background.

Most of the psychologists interviewed talked about feeling 'in between' their working class roots and middle class careers. Getting support from others who were in similar positions helped them with this feeling. Many also shared that they had had painful experiences where other people had looked down on them because of their background. They seemed to find this more difficult to talk about at work because we don't have the language to talk about these experiences culturally. They often said they felt like calling themselves middle class didn't really fit but they didn't want to call themselves working class and feel like they weren't being honest about the differences in their lives now. They shared that they had gained lots of skills and qualities that they appreciated from their working class backgrounds. They spoke about these skills making it easier to work well with patients from working class backgrounds.

The researcher concluded that although it is difficult for them, these psychologists feeling like they were 'in-between' might have made it easier for them to use the skills gained from their backgrounds. She also suggested that finding some common language to talk about what they experience, including the discrimination they've faced, might help all psychologists to understand this better.

## B. Appendices

### Appendix A: Ethical Approval



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Dear Dr Andrew Fox and Chloe Slater

RE: Exploring Experiences of Working Class Clinical Psychologists Using IPA

**Application for Ethical Amendment:** ERN\_0507-Sep2023

Thank you for your application for amendment to the above project, which was reviewed by the Science, Technology, Engineering and Mathematics committee.

On behalf of the Committee, I confirm that this amendment has full ethical approval.

Any adverse events occurring during the study should be promptly brought to the Committee's attention by the Principal Investigator and may necessitate further ethical review.

Please ensure that the relevant requirements within the University's Code of Practice for Research and the information and guidance provided on the University's ethics webpages (available at <https://intranet.birmingham.ac.uk/finance/accounting/Research-Support-Group/Research-Ethics/Links-and-Resources.aspx>) are adhered to.

Please be aware that whilst Health and Safety (H&S) issues may be considered during the ethical review process, you are still required to follow the University's guidance on H&S and to ensure that H&S risk assessments have been carried out as appropriate. For further information about this, please contact your School H&S representative or the University's H&S Unit at [healthandsafety@contacts.bham.ac.uk](mailto:healthandsafety@contacts.bham.ac.uk).

Kind regards,

The Co-Chairs of the Science, Technology, Engineering and Mathematics Committee

E-mail: [ethics-queries@contacts.bham.ac.uk](mailto:ethics-queries@contacts.bham.ac.uk)

## Appendix B: Data Management Plan

The University's Data Management Plan (adapted for CAP doctorate trainees)

1. Overview
<b>a. Researcher's Name:</b> Chloe Slater
<b>b. Title of Research Project:</b> Exploring the Experiences of Identity in Clinical Psychologists from a Working Class background
<b>c. Length of Project (incl. Start Date &amp; End Date):</b> August 2022-August 2024
<b>d. A brief statement of the aim(s) of the project:</b> The research aims to explore sense making with the following research question: How do qualified clinical psychologists from a working class background make sense of their identity in personal and professional contexts?

2. About the Project Data
<b>a. Briefly describe the data that you will collect for the project:</b> Semi structured interviews concerning interviewees experience of class background, the decision to become a clinical psychologist, how they experienced training and qualified jobs, and how they experience class now will be conducted over a video call. These interviews will be recorded and stored on the research data store for 2 weeks. Should participants remain consenting to be involved in the study, transcripts of the interviews will be made and the recordings will be deleted. Transcripts will be pseudonymised and stored on the research data store in line with the university's data protection policy. Full recordings will need to be stored until withdrawal date has passed as analysis of data is affected from the point of transcription with IPA methodology.
<b>b. Frequency of new data (how often will you get new data and over what time period?):</b> I will collect data from 8 interviews (recording which will be deleted when transcribed). Data collection is planned to take place between 2022-2023.
<b>c. What format is the data in?</b> Audio recordings which will be transcribed into text files.
<b>d. Could the data be considered high value and/or vulnerable (e.g., is your data likely to attract "hacktivists"?)? How could this be mitigated?</b> No

3. Data Collection and Storage
<b>a. What different versions of the data do you create (e.g., versions of data files)?</b> Original file will be an audio recording which will be deleted once transcribed into a text file, which will be stored on the research data store. Audio will be recorded either through an encrypted Dictaphone to be transferred onto RDS, or through video call platform using only audio recording. A record of an electronic form will be held with a participant identifier in a separate encrypted file in order to be able to check participants have provided consent. Notes will then be made concerning each transcript and stored on the RDS.
<b>b. What additional information is necessary to understand the data (e.g., abbreviations, supplementary notes)?</b> The data will be stored with an attached pseudonym and notes on the data will be made throughout the analysis process. Notes will be saved in text files on the research data store.

<p><b>c. Where will the data be stored?</b> On the university's research data store. Participant identifiers will be stored in a separate encrypted folder on the research data store.</p>
<p><b>d. Describe the system to name and structure any electronic files.</b> Each audio/video file will be named with the participant identifier. Text files of transcripts will be stored with the file name 'Pseudonym – Full Transcript'. Further notes and themes documents will be titled 'Pseudonym – Notes – [Type]' or '[Theme] – Notes – [Type]'.</p>
<p><b>e. Describe the regime for backing up the data.</b> Data will be backed up overnight for each file created that day. Back up files will be kept for 90 days for a maximum of 3 versions. If a file has not been accessed or modified for a certain amount of time it will be migrated onto tape, depending on size (&gt;1Gb backed up onto tape after 10 days, &gt;10Mb backed up onto tape after 90 days).</p>
<p><b>f. Describe the procedure to be used to ensure files can be restored from the backups.</b> If data which has been migrated onto tape is required, the process to recover will be automatic. Requests for restoring user files will be acted upon within 10 working days by the relevant IT team.</p>

4. Data Availability to Others
<p><b>a. Who owns the data?</b> The researcher.</p>
<p><b>b. Are there restrictions on who can use the data, and if so, what are they?</b> The data will only be used by the researcher &amp; research supervisor.</p>
<p><b>c. If the data can be made openly available, at what point can this happen?</b> It cannot be.</p>

5. Archiving (preserving the data for future use)
<p><b>a. What data should be kept beyond the end of the project?</b> Transcriptions of interviews and all notes associated with analysis.</p>
<p><b>b. How long should it be kept?</b> Data stored in the BEAR Archive will be archived to tape and retained for 10 years. After this period the data will be permanently deleted.</p>
<p><b>c. Where will the data be archived?</b> On the university of Birmingham's BEAR Archive system.</p>
<p><b>d. Who will create and maintain the archive of data?</b> The researcher will apply for storage on the archive which will then be managed by the BEAR team.</p>
<p><b>e. Are there restrictions on who can access the archived data?</b> Only the researcher or research supervisor will be able to apply for file recovery.</p>
<p><b>f. What are the likely (estimated) costs of preserving the data?</b></p>

The University provides a standard archive storage allocation for the retention of data associated with the project, however if this project is likely to generate data in excess of the 20TB allocation there will be a charge. It is not expected that more than 20TB of storage is required and therefore no costs incurred.

#### 6. Implementing this Plan

**a. Name of person responsible for implementing this plan:**

Chloe Slater

**b. Frequency of review and/or updates of this plan:**

Monthly in research supervision meetings

**c. Actions required in order to implement this plan:**

Apply for RDS storage for researcher and set up remote access from personal laptop  
Follow the steps outlined

**d. List any further information needed to carry out the actions above:**

**Notes:**

## Appendix C: Advert for Participants

# Calling Clinical Psychologists!

Are you from a working class background?

I'd like to invite you to a 60 minute interview discussing your career journey, some personal and professional experiences, and how you make sense of those experiences. The interview would take place over a video call.

### Eligibility Criteria:

- You self-identify as growing up working class
- You qualified as a clinical psychologist by completing a doctorate after 1995 in the UK
- You currently work as a clinical psychologist in the UK

If you're interested in participating or would like more information, please contact Chloe Slater at:

[Redacted contact information]

Supervised by Dr Andy Fox

[Redacted contact information]  
University of Birmingham STEM Ethics Committee approved

Version 2.0, 28/03/23





## Appendix D: Participant Information Sheet



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### Participant Information Sheet

#### Exploring Experiences of Working Class Clinical Psychologists Using IPA

We would like to invite you to consider taking part in our research study. Participation is entirely voluntary and this sheet will explain the process and purpose of the research to help you decide whether you would like to participate.

At the moment, there is not a lot of information available about what it's like to be from a working class background and to be a clinical psychologist in the UK. The project will hopefully contribute to our understandings of equality and diversity within the professional group.

Approximately 8 people will be interviewed and the project aims to develop an understanding of what this experience is like and how you make sense of it, rather than drawing broad conclusions. The interview data collected will be analysed using a qualitative analysis technique called interpretive phenomenological analysis (IPA), which aims for a detailed examination of lived experience. Interviews will take place over a video call on Zoom and audio recordings will be made through the Zoom platform or through an encrypted Dictaphone placed near the researcher's speaker. Your video will not be recorded, but we ask that you turn it on in the call in order to better facilitate the interview.

To be eligible for the project, there are a few criteria that you would need to fit into:

- ✓ You are a qualified Clinical Psychologist who is currently working in the UK
- ✓ You qualified through a clinical psychology doctoral training course within the UK beginning after 1995
- ✓ You self-identify as coming from a working class background
- ✓ You haven't had prior social or professional contact with the lead researcher who will be conducting interviews (Chloe Slater)

If you choose to take part, you can email the lead researcher to arrange an interview. The interview will last around 60 minutes and you will be asked about your personal and professional experiences of being a clinical psychologist, and how you make sense of them. Interviews will take place between April 2023 and December 2023.

If you choose to consent to an interview, it is up to you what you share. Your data will be stored under a pseudonym and it will not be identifiable to people outside the research team. After the interview, you will have a two week window where you can choose to withdraw your consent and your data will not be used. If you withdraw from the study, any data you have provided to the research team will be destroyed. Due to the analytical technique being used in this study, once the transcription of the interview begins, we are unable to fully withdraw your interview data from analysis.



Audio recordings of interviews will be pseudo-anonymised through being stored under a participant code. Once the two week possible withdrawal period has passed, transcription of the interview will begin. As soon as transcription has been completed for an interview, the audio recording of your interview will be deleted and the transcription will be stored, also pseudo-anonymised under a participant code. All data will be stored on the university Research Data Storage system, in line with departmental policy, and audio recordings will be stored separately in an encrypted folder until they can be deleted after transcription. Only the research team will access this data.

It is hoped that the results of this study will be published in an academic journal. If you wish to receive a description of the outcomes of this project once it has been completed, you will be given the opportunity to leave contact details (post or email) for the researcher to send this to you. The study has received no funding and is being undertaken as part of the lead researcher's doctorate program in clinical psychology at the University of Birmingham. The study has received ethical approval from the University of Birmingham Science, Technology, Engineering and Mathematics Ethics Review Committee.

Should you experience any distress as a result of discussing these topics, we would encourage you to seek support from a relevant helpful place. Depending on your concerns, this may be within clinical or professional supervision structures, with HR colleagues or staff networks at the organisation you work for. As we are recruiting for the project nationwide, we are unable to give details on who this would be for your particular circumstances, though we hope these ideas prove helpful. You may want to reach out to talk to someone at one of the following places.

- Samaritans: 116 123
- NHS Support: call 111 or access online at [111.nhs.uk](https://111.nhs.uk)
- Mind Infoline: 0300 123 3393 (signposting to local services, information on support options)

For further information or to take part, please contact:

Lead researcher:

Chloe Slater, Trainee Clinical Psychologist, School of Psychology, University of Birmingham

[REDACTED]

If you have any concerns or complaints about the study then please contact:

Supervisor: Dr Andy Fox, Assistant Professor of Psychology & Clinical Psychologist, School of Psychology, University of Birmingham,

[REDACTED]

Professor Ed Wilding, Head of School of Psychology, School of Psychology, University of Birmingham, [REDACTED]

## Appendix E: Consent Form



UNIVERSITY OF  
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### CONSENT FORM

Title of Project: Exploring Experiences of Working Class Clinical Psychologists  
Using IPA

Name of Researcher: Chloe Slater

Please  
initial  
box

1. I confirm that I have read the information sheet for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.

☐

2. I understand that my participation is voluntary and that I am free to withdraw up to two weeks after the interview without giving any reason, without any further consequence.

☐

3. I confirm that I meet the eligibility criteria for this project:

☐

- ✓ You are a qualified Clinical Psychologist who is currently working in the UK
- ✓ You qualified through a DClinPsy course within the UK beginning after 1995
- ✓ You self-identify as coming from a working class background
- ✓ You haven't had prior social or professional contact with the lead researcher who will be conducting interviews (Chloe Slater)

4. I understand that the information held and maintained by the University of Birmingham will be stored in line with GDPR and the Data Protection Act.

☐

5. I agree to take part in the above study.

☐

---

Name of Participant

---

Date Completed

---

Digital Signature

---

Name of Person  
seeking consent

---

Date Received

---

Digital Signature

## Appendix F: Interview Schedule

What made you respond to the advert for participants?

Potential prompts

- What ideas or experiences did it bring up for you?

How long have you been a clinical psychologist?

Potential prompts

- When did you qualify? Where did you qualify?
- How many clinical psychology roles have you had?
- Have you always worked for the same organisation?
- Have you had other roles before clinical psychology? E.g. nursing

Can you tell me about how you got into clinical psychology?

Potential prompts

- Why did you want to be a clinical psychologist?
- Can you tell me about your route into clinical psychology? How did you access your course?
- Is your experience of primary and secondary education relevant to making sense of where you are now as a working class clinical psychologist?
- Do you think this pathway is routine for most clinical psychologists? Was it any different for you? Do you think class made a difference?
- Can you tell me about your experience of clinical training? Were there any parts that stood out as significant for you? Do you think class made a difference?

What's it like for you to be a clinical psychologist?

Potential prompts

- How does it feel to be a clinical psychologist?
- Does anything from your background feel important at work?
- What other professionals do you work with? How do you find working with the other professionals? Do you think class makes a difference?
- Can you tell me about your experience of clinical supervision (both receiving and providing)? Do you think class makes a difference?
- Can you tell me about your experience of management as a clinical psychologist (both receiving and providing)? Do you think class made a difference?
- Can you tell me about your experience about working therapeutically with clients (bearing in mind confidentiality)? Do you think class makes a difference?

Can you tell me about how you experience social class now?

Potential prompts

- Has this changed over time?
- Are there ways in which your experience of social class relates to being a clinical psychologist?
- What awareness have you had of your social class in this profession?

Is there anything that feels important to you on the topic of class and being a clinical psychologist that we haven't talked about yet?

Potential prompts

- When/where did you notice this?

## Appendix G: Excerpt of Transcript

	74 people with just research experience, or just with one year of	
	75 clinical experience, and <u>they were very young. So there were, you</u>	
Becoming a CP took her longer than it takes others L75-77	76 <u>know, in their early twenties, with minimal clinical or research</u>	Felt like she had an abnormal journey due to the length of experience before training
	77 <u>experience. So maybe the length was more something that had.</u>	
	78 Yeah, yeah. something that was a bit more variable rather than the	
	79 type of experiences, yeah.	
	80 I: That makes sense. Were there any parts of training that stood	
	81 out for you when it comes to the topics of kind of class and clinical	
	82 psychology?	
	83 R: <u>Yes, how there's little emphasis on class. [laughs] Yeah, it was</u>	DClin course spoke a lot about inequality but never about class
	84 <u>really surprising, because we often spoke about inequalities</u>	
Shocked that her DClin course talked about every type of inequality except class L83-87	85 <u>without really speaking about class. So that was quite shocking and</u>	Silence on class was shocking & disappointing
	86 <u>a bit disappointing. It felt like we were talking about all the social</u>	Talking about every difference except class
	87 <u>graces except class and I mean, I've always said come on, we're</u>	
CPs are unsettled when talking about class and avoid it because they experience a lot of class privilege L87-90	88 <u>not going to talk about class when we have a bunch of middle class</u>	CPs find it too confronting to talk about class because they're MC
	89 <u>people. [laughs] We'll probably make it too confronting. So it was</u>	
	90 <u>funny how that was a topic that was avoided. Because yeah, it's</u>	Class was avoided on training
	91 <u>not something that probably, I guess you don't, I guess you won't</u>	People tend to talk about things that impact [them OR the group?]
	92 <u>really necessarily talk about things that don't impact you and if</u>	
Others don't talk about class if they haven't been negatively impacted by it L91-95	93 <u>class has never impacted you, you know, in a disadvantaged way,</u>	CPs aren't drawn to talk about it because most of them aren't affected by it
	94 <u>then it's probably not one of those you know, social graces that</u>	
	95 <u>you might want to touch upon. Or maybe the people within the</u>	Cohort dynamics affect what is spoken about in training
	96 <u>cohort, the dynamics, you know. Depending on the yeah, the vocal</u>	
	97 <u>ones, for example, if there was more of an emphasis on vocal</u>	Which trainees are vocal in a cohort affects what the cohort reflect on









Feeling Guilty About Finding a Way to Make an Easier Life		No One Understands - Disconnected from Everywhere	
Sub-theme	Quote	Sub-theme	Quote
Life is Good as a Working Class Clinical Psychologist	<i>"I: What does it feel like to be you as a clinical psychologist in day to day, your job, now? Dylan: Okay, so overall, overall great I would say" L390-392 "the people whose opinions I care about understand, like they understand... where it's coming from. It's not made into a big deal. It doesn't need to be. But I, to be honest I just feel like I'm appreciated." L499-503</i>	Clinical Psychology Disconnects You from Real Life	<i>"I think clinical psychology just feels like, I feel like it's completely the course, the course environment feels like it's completely out of touch with the real world, like come to [Dylan's home area, known for deprivation], have a chat with people in [home area], like you're not going to fucking survive there, like if you're getting pissed off about these kind of things [laughs]." L335-341</i>
Finding a Way to Navigate the Practicalities of a Clinical Psychology Career	<i>"I was really fortunate that the place I got a placement at like... I had 4 years funded so it didn't affect that amount of funding I got because I came from a low income background" L74-77</i>	Impossible to Discern the Impact of a Working Class Background	<i>"I think it's difficult to answer, because you wonder, you know, you're like, okay, how much of this is a class issue? How much of this is like a me issue? How much of this is just experiences that other people have, anyway, um, regardless of class?" L162-166</i>
		Pulling Away in Response to Being Treated Badly	<i>"I hold some prejudices about clinical psychology as a profession and clinical psychologists. So when I see the title, clinical psychologist after someone's name. I'm like, there's an 80% chance you're a massive prick." L731-734</i>
Guilty for Getting Out	<i>"there's guilt about like I'm living a life now, that my family don't live, and it's not like I'm a millionaire so I can't give them loads of money... friends, I grew up with that, I know will probably never live a life that I'm going to live now. My trajectory is completely different. Um, and, I guess for that reason and kind of feel- like when I'm thinking of you know treating myself, um, perhaps not deserving of it" L532-541</i>	Betrayed & Misunderstood	<i>"I felt like, completely misunderstood. Completely like, not cared about. Um, and that upsets me because the profession is supposed to be the opposite of that [laughs sadly]." L704-707</i>

## Appendix I: Development of Group Experiential Themes

Finding Community in a Liminal Space		Traversing the Shifting Sands of Class and Classism		Finding Our Own Way Forward	
Being on the Outside		Managing Incongruence of Class		Different Clinical Psychologists Towards a Different Profession	
Feeling Like an Outsider in Middle Class Clinical Psychology		Changing Class		A Higher Awareness of Power Due to Feeling Insecure	Abigail
Feeling Different and Not Fitting In		Making Sense of Class in Real Life is Complicated		Thinking Carefully About Power and Access in Clinical Psychology	Alisha
Feeling Alone Between Two Worlds Due to Class		New Class Experiences Through Becoming a Clinical Psychologist		Attending to Injustice Differently than Middle Class Peers	Dylan
Not Knowing Who You Are and Where You Fit		Not Used to Talking About Class		Changing Clinical Psychology	Jude
No One Understands - Disconnected from Everywhere		Being Proud but Needing to Defend Your Working Classness		Clinical Psychology Isn't What I Expected It to Be	Louise
Made It Despite Disadvantage but Feels Different to Others		Choosing Whether to Speak About Class or Not is Hard Work		Being the Kind of Clinical Psychologist You Want to Be	Megan
Survivor's Guilt		Imagining a Future That Included Psychology Was Hard		Desire to be Different from Clinical Psychologist Stereotype	Nathan
Survivors Guilt		Being Aware of the Wider Political Context		Reducing Disadvantage Wherever You Can	Olivia
Feeling Guilty About Finding a Way to Make an Easier Life		I'm Changed and I Feel Conflicted About It		A WC Background is an Advantage for a Clinical Psychologist	Robert
Community and Solidarity are Relied on		Achievement & Status are Important		Appreciating her Working Class Background	
Community Supports Clients, Yourself, and Future Psychologists		A Clinical Psychology Career is Great		Working Class Background is Mostly Helpful to Your Work	
A Strong Focus on Helping Clients and Team Member's		Enjoying Achievement While Staying Humble		Having to be Aware of Class in Therapy	
Working Class Solidarity Helps You Through Training		Facing Classism, Being Frustrated and Ashamed		Becoming a Great Clinician but Doubting Yourself	
More Difference Would Make Difference Easier for All		Having to Face Direct and Indirect Discrimination at Every Point		Trying to Transform the Injustice You Face into Something Good	
Sharing Experiences with Other Working Class Psychologists		Frustrated by Classism & Class Indifference in Clinical Psychology			
Had Support from Family and Policy to Get There		Experiencing Systemic Inequality & Discrimination Feels Unsafe			
Strengths & Supports Were Key to Career		Wanting to Understand Class More than Psychology Does			
		Feeling and Managing Shame			
		Seeing, Experiencing, and Understanding Bias More Deeply			
		Figuring Out the Path While Managing Discrimination			
		Being Irritated by Responses to Class and Systems			