

Exploring psychotherapists' views on the inclusion of, and  
clinical engagement with, political material within the  
therapy session

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## Abstract

Clients come to therapy to discuss various aspects of their lives, which can include political material and the wider sociopolitical context. This is even more likely to happen in the politically polarised world in which we now live. This study aimed to explore psychotherapists' views on the inclusion of, and clinical engagement with, political material within the therapy session. Participants in this study were therapists who had at least five years' post-qualification experience. Data were collected through semi-structured interviews and were analysed using Braun and Clarke's (2006) approach to reflexive thematic analysis, situated within a critical paradigm. From this, three themes were constructed: (1) "holding the tension: the politically engaged therapist within a disengaged profession"; (2) "clients are impacted by the wider political context"; and (3) "the complexity of working with the political in a relational way". Running through all the themes was an emphasis on the importance of the sociopolitical context to therapeutic work, engagement with political material developing within a strong therapeutic relationship, and the lack of adequate training on clinical engagement with political material. Using a qualitative approach, this study presented a broad perspective on psychotherapists' views on the inclusion of, and clinical engagement with, political material within the therapy session and shed light on this under-researched aspect of clinical practice. This research argued that there is a need for the sociopolitical context to be included within core professional training and a need for therapists to: (a) increase their sociopolitical self-awareness; (b) develop their understanding of different contexts and the impact of these on their clients; (c) be mindful that sociopolitical power dynamics can be enacted within the therapeutic relationship. Building on the current study further research could explore: (a) views and practice of trainee therapists; (b) clients' experience of engaging with the political; (c) potential differences between therapists' and clients' understandings of the political and its impact on the therapeutic process. The contextual situatedness of the research was discussed.

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# Introduction

## **The Purpose of the Research**

We are living in politically eventful times. Social mass movements are on the rise and people are taking to the streets to demand changes to entrenched power dynamics and established sociopolitical structures. In 2019 millions of people took part in global climate strikes. In 2020 the Black Lives Matter protests were thought to be the biggest in US history (Buchanan et al., 2020, July 3), while they were also held in the UK and around the world. These protests happened despite the global coronavirus pandemic and associated restrictions. The pandemic itself highlighted sociopolitical inequalities and at times exaggerated them. In this context, political discourse remains polarised and many people are retreating to their entrenched positions and into echo chambers where they engage only with others who share their views. These developments impact all of us including clients who come to psychotherapy sessions and practitioners who are there to help. However, mainstream psychotherapy training does not prepare therapists to engage with the political issues that impact on clients' lives.

This project was developed to critically explore what therapists think about engaging with political material and what their practice is in that regard. The study was conducted with qualified therapists who practise in the UK to produce knowledge that is local to this context.

There is a significant body of clinical literature focusing on clinical engagement with political material, but there is very little research that engages with that issue. The aim of this project is to contribute to addressing that imbalance and to provide psychotherapists with an opportunity to draw on the experience of their fellow practitioners.

## **Research Aim**

The main aim of this research project is to increase understanding of the views of UK based therapists' on engaging with political material in clinical practice, as well as to gain insight into their experiences of the clinical process when actively engaging or deciding not to engage with political material.

This research has the potential to contribute to the discussion about the impact of historical and current sociopolitical values on clinical practice, as well as contributing to the development of clinical practice itself.

It is my opinion that making space for the inclusion of the wider political context in psychotherapy is important. However, I do not advocate any particular way in which it should be done or that it necessarily should be done with all clients and in every session. Instead, I hope that this research contributes to opening the clinical space to sociopolitical material and to promoting dialogical engagement between persons holding differing, or even opposing, political positions.

By political material, I understand material concerning issues of power and control on a societal level. These include wider societal and cultural structures that are well established and contribute to societal power dynamics, as well as specific and individual political convictions. Throughout this project, I use the term *the political* to mean a wide political, social, economic, and cultural context. I started with this very wide definition of the political because: (a) this is my organic understanding and experience that the political affects virtually all areas of life; (b) I did not want to make arbitrary distinctions about what is and is not *political enough* as it could exclude therapists with a different view of what is political; (c) I wanted to learn what kind of issues are identified by therapists as political.

### **My Interest in This Subject Area**

As a psychotherapist, I have worked with clients who have brought political material to clinical sessions. These political and sociopolitical issues were often one of many issues that impacted their lives, though they were also issues that I had not been explicitly trained to address. I stumbled along trying to find my own way of working with them, and I frequently failed. There were times when the context of my early clients' lives was so different from mine that it took me a long time to understand their difficulties. When I raised this with my colleagues, the most common reaction was a surprise at my interest in this area. While reflecting on this divergence of interest between me and the majority of my colleagues, it became obvious that my personal history had an impact on my interest.

I was born in the People's Republic of Poland. The political system in that country changed while I was still a child and I grew up in a climate of political transformation. Growing up in that particular context provided me with an organic understanding that wider political ideas shape everyday life. One year, there was a school assembly to commemorate the anniversary of the Bolshevik Revolution and the next year there was no mention of this, but there was a new assembly to mark the anniversary of the adoption of The May Constitution. Old history books were replaced with new ones.

Since my late teenage years, discussing politics with friends and acquaintances was a part of my daily interactions. It changed when I moved to the UK in my twenties. My initial surprise about British people whom I met seemingly not being interested in politics has been, over time, replaced with a more accurate understanding that they did not discuss politics in public. Initially, this understanding was based on comments made by my co-workers who frequently told me that it was inappropriate or even rude to talk about politics at work and from what I learnt in English for Speakers of Other Languages classes. However, in recent years that has changed and people living in the UK have become increasingly politically vocal and frequently polarised in their views. Changes to the political scene in 2010 and 2016 provoked public debate that shed light on the range of views and political positions that were not visible to me in my first years in the UK. Once again I have found myself in a changing political context; though this time I have been experiencing it from the position of the other. After the Brexit referendum of 2016, my otherness became even more prominent, despite the fact that by that time my life had been firmly rooted in the UK.

To complicate matters a little further, the family message that I have received is that even though politics are inescapable, direct engagement with politics is dangerous. I have a strong sense that this message hindered my engagement with this research project for a long time.

As a psychological therapist, I consider satisfactory relationships to be central to psychological health. I am concerned with the relationships clients have with themselves, their close others, and with the wider world, including politics with both a small "p" and a capital "P". In my view, the emotionally healthy person is the person who is consciously engaged with their context.



My personal, political and professional experiences contributed to my interest in both psychotherapy and politics. My starting position is that engaging with the political material in the clinical hour can be beneficial for the client, but it can also be challenging for the therapist.

### **Rationale for This Study**

The findings of this study can contribute to the debate about engaging with political material in psychotherapy, as well as to the understanding of the clinical process of engaging with political material. This can be of benefit to clients, practitioners and training organisations. Practitioners can potentially benefit from gaining insight into the practice of other therapists. They can also be encouraged to reflect on that aspect of their clinical practice and to increase their awareness of the sociopolitical context in which they work. Furthermore, this can potentially encourage some practitioners to actively engage with political themes in their practice. This contribution to the psychotherapeutic practice could benefit clients who may be able to examine their relationship to their context in more detail.

Through contributing to the debate on engagement with the political in clinical practice in general, and by presenting some challenges faced by the interviewed therapists in particular, this study may contribute to training institutions considering the inclusion of relevant subjects in their training syllabi.

### **Structure of the Thesis**

The aim of this research project is to gain knowledge of the views of UK based therapists on engaging with political material in clinical practice, as well as to gain insight into their experience of the clinical process when actively engaging, or deciding not to engage with, political material.

I presented my interest in this topic and the rationale for this study in the introduction section. In the following sections, I review the literature that relates to my research question. I then describe the methodology and method that I chose for this project. This is followed by a description of my findings. I then discuss the findings, the situatedness of this project and its implications for the field of psychological therapies.

## Literature Review

In this section, I consider clinical and research literature from psychotherapy, psychology and the wider social field. To bring to the fore the fact that politics has a significant impact on psychological health, I begin this review by outlining the links between the political context and mental health. I then move from public health level to an individual level by presenting evidence that sociopolitical factors impact on psychotherapy outcomes. Having set the scene, I review the clinical literature and the research literature that I consider relevant to the topic of engaging with political material in psychotherapy.

The initial and structured search of the literature was conducted throughout 2018 using APA PsycINFO and APA PsycArticles databases. I used the following search terms: (1) “working clinically with political material”; (2) “working with political material in psychotherapy”; (3) “political material and psychotherapy”; and (4) “politics and psychotherapy”. Both databases were initially searched using the Boolean/Phrase search mode for each of the search terms. When the Boolean/Phrase search produced no results or few results an additional search was conducted using the SmartText Searching search mode. The initial results were refined using the following narrowing categories: Subject: Major Heading; Subject; Classification. These categories were used to include results relating to the theory and practice of psychological therapies with individual adult clients (psychotherapy, psychoanalysis, counselling). The refined results – and initial results that did not exceed 150 articles – were screened using the Detailed Results Format option including titles and abstracts. The results were screened to identify articles that addressed working with the widely understood political within the context of psychological therapies with adult clients. The final articles were reviewed in detail.

The Boolean/Phrase APA PsycINFO search produced a total of 17 results for search terms (1), (2), (3) and 1,103 results for search term (4). The results for search term (4) were refined down to 450 results that were screened on the basis of their abstracts. The SmartText Searching APA PsycINFO search produced a total of 25,110 results for search terms (1), (2), (3). Those were refined down to a total of 1,021 results that were screened based on their abstracts. No SmartText Searching was conducted on the APA PsycINFO for search term (4).

The Boolean/Phrase APA PsycArticles search produced no results to search terms (1), (2), (3) and 59 results that were screened on the basis of their abstracts for search term (4). The

SmartText Searching APA PsychArticles search produced a total of 552 results for search terms (1), (2), (3). Those were refined down to a total of 314 results that were screened on the basis of their abstracts. No SmartText Searching was conducted on the APA PsycArticles for search term (4).

A total of 1,861 articles were screened on the basis of their abstracts and reduced to 81 articles that were reviewed in detail. 17 of those articles are referenced in this literature review.

To include literature arguing against working clinically with the political, I searched Psychoanalytic Electronic Publishing – PEP-WEB using Para Search function for the following search terms: “risks of working with the political”; “imposing political views”; “imposing political values”; “risk of imposing values”; “value imposition”; and “values in therapy”. The search produced a total of 344 results that were screened based on the paragraphs that included the search terms to identify articles that related to working with the political with individual adult clients. 36 articles were identified for detailed review and 17 of those are referenced in this literature review.

The articles that were identified in the initial search and reviewed in detail provided a starting point for a further snowballing literature search. I followed the references included in the reviewed articles and then the references in those articles. I also reviewed articles and books that were recommended by peers and colleagues, as well as the potentially relevant literature that I was already aware of. Additional Google searches were conducted to identify “grey literature” including reports, working papers, and official publications discussing the impact of politics on mental health. In 2019 I carried unstructured supplementary searches using Middlesex University online library, British Library, and PEP-Web.

Throughout the literature search, I focused on literature about working with generally understood political and excluded literature on singular differences with strong political dimensions such as: race, culture, sexuality, disability. I made an exception for including a brief overview of feminist psychotherapies because working with the political is at the core of the feminist approach to psychotherapy. I decided to exclude literature focusing on other specifically defined differences because that literature tends to focus on specialist clinical approach (e.g. cross-cultural counselling) and my interest was in how general psychotherapists work with generally understood political material. I have prioritised the focus on the breadth of my

research inquiry over the focus on clinical details of the process. Taking a broad overview of working with the political meant that my definition of what is political remained very wide allowing the interviewed therapists to make their own judgement of what is and is not the political within their practice.

### **Politics and Mental Health**

“Mental health is shaped by the wide-ranging characteristics (including inequalities) of the social, economic and physical environments in which people live” (Elliot, 2016, p. 4). Studies show that greater income inequality is associated with a higher prevalence of mental illness (Pickett & Wilkinson, 2010) and financial difficulties, in particular, are associated with depression (Skapinakis et al., 2006). There is evidence that the governmental austerity measures introduced in the UK had a negative impact on mental health (Hemingway & Coxon, 2013). While research conducted in Greece showed that fiscal austerity, higher unemployment rates, and negative economic growth lead to a significant increase in the overall number of suicides, with the fiscal austerity measures and negative economic growth significantly increasing male suicide rates (Antonakakis & Collins, 2014). Also, a report by the Samaritans (2017) concluded that there is a strong association between area-level deprivation and suicidal behaviour. Recently in the UK, Wickham et al. (2020) proved that the introduction of the Universal Credit that replaced a number of previous welfare benefits led to significant psychological distress experienced by its recipients.

Political decisions made by governments have an impact on the material status of various groups and dominant political narratives shape societal attitudes towards them (Clarke & Newman, 2012). Bullock (2006), in her paper “Justifying Inequality: A Social Psychological Analysis of Beliefs About Poverty and the Poor” reported that research literature provides evidence for three main casual explanations for poverty: (a) characterological deficits on the part of the poor; (b) social factors such as discrimination; (c) fatalistic attributions such as bad luck or misfortune. She noted that research conducted in the United States and the UK showed that individual explanations were favoured by those who have not personally experienced poverty (Bullock, 2006, p. 5). More recent research showed that in the UK, following the implementation of austerity measures that were accompanied by the specific austerity discourse, attitudes towards people experiencing economic hardship changed and poverty was

increasingly seen “as the result of the individual choice rather than structural disadvantage and inequality” (Valentine, 2014, p. 2).

### **Psychotherapy Outcome Research**

Within the field of psychotherapy outcome research, there is some evidence that issues that can be seen as broadly political impact engagement with psychotherapy. Black and minority ethnic (BAME) clients tend to attend fewer sessions in comparison with White clients and low-income clients tend to have higher drop-out rates (Clarkin & Levy, 2004, as cited in Cooper, 2008). However, Zane et al. (2004, as cited in Cooper, 2008, p. 89) showed that cultural sensitivity training offered to White therapists has had a positive impact on how BAME clients experienced their therapists. This research indicates that it is important for clients recruited from minority groups to feel that therapists understand their cultural context. It seems possible that therapists’ increased understanding of the sociopolitical issues experienced by the clients and open engagement with them in therapy could be a factor contributing to a positive therapeutic relationship that accounts for 30% of therapeutic outcomes (Lambert, 2003).

### **Clinical Literature**

The realisation that the sociopolitical context impacts on mental health is not new and psychotherapy engaged with it at the beginning of the 20th century (Danto, 2005, as cited in Watkins & Shulman, 2008, p. 55). This interest waxed and waned over time. In the 1970s the second wave of feminism led to the development of feminist psychotherapy that has placed engagement with the political at its core (Conlin, 2017; Enns, 1993). Although feminist therapies have been continually developing and contributing to psychotherapeutic theory, the principles of engaging with the political have not been widely accepted. In 2000 Milton and Legg, in their research report, remarked that the political discourse was generally not included when therapeutic theory and practice were discussed. Nevertheless, in the last 30 years, there has been a growing interest in the relationship between psychotherapy and politics. The available literature is predominantly rooted in the clinical experience and theoretical knowledge of its authors. One strand provides a critique of politically disengaged psychotherapeutic practice while another advocates the explicit exploration of political issues in the therapy hour. To a large extent, the same authors critique the lack of engagement and advocate it, hence their arguments are intertwined and multi-layered. For the sake of clarity in this review, I have decided to keep these overlapping streams of literature clearly, if somewhat artificially,

distinguished. I have also included in this review aspects of relational working and the concept of the moral third that, in my view, provides the basis of positive clinical engagement with political material.

### ***Critique of Politically Disengaged Psychotherapeutic Practice***

**Locating Psychotherapy in a Wider Context: Professional and Historical.** The tendency to see emotional distress and poor mental health in the light of individual pathology, rather than the reaction to the wider sociopolitical context, is not accidental. Psychoanalysis, and consequently mainstream psychotherapy, has been positioning itself as a universal cure for universal ills of a universal human to gain scientific prestige (Cushman, 1995). This idea of psychotherapy is problematic. It discounts the perspective that psychotherapy can be seen as a cultural artefact (Cushman, 1995) that reflects the values of its time and evolves in a very specific context. Within psychotherapy, in general, the concept of context is treated in a polarised way. Pilgrim (1997) argues that psychotherapists are prone to psychological reductionism that stands in the way of contextual thinking and leads to “this tendency to construct contexts which are isolated and artificial” (Pilgrim, 1997, p. ix) and to dismiss the importance of wider social, economic and political contexts. The focus on the smaller, personal and individualised context is understandable, as this is the context within which psychotherapists have a high level of expertise. On one hand, it is right that therapists stay within their field of expertise, whilst on the other hand, there is a risk that by doing so, while not acknowledging that there are other factors at play of which we may not have the knowledge and/or confidence to engage with, we risk sending the message that the wider contexts are not as important.

Over the years, the message of Erich Fromm (1929/1989a; 1931/1989b; 1970/1989c; 1941/1994), Karen Horney (1926; 1935) and Harry S. Sullivan (1950), who emphasised the importance of the sociopolitical context in human emotional development and distress, has been pushed aside from mainstream psychotherapy in favour of more individualistic explanations of the human psychological struggle. That said, there is a renewed interest in the importance of the sociopolitical context and there is a growing number of psychological approaches that view that context as salient for individual mental health (Nelson & Prilleltensky, 2005; Smail, 2016; The Midlands Psychology Group, 2012; Watkins & Shulman, 2008).

Here I will outline the main points postulated by social materialism (Smail, 2016; The Midlands Psychology Group, 2012), community psychology (Nelson & Prilleltensky, 2005) and liberation psychology (Watkins & Shulman, 2008). These are distinct approaches that are very different from the type of practice that is investigated in the current study. Nevertheless, as they belong to a wider context of psychological disciplines, they are relevant to this consideration. Especially as they put the context of human existence at the heart of psychological wellbeing and they view engagement with the sociopolitical as indispensable.

From the perspective of liberation psychologies (Watkins & Shulman, 2008) and community psychology (Nelson & Prilleltensky, 2005), engagement with sociopolitical issues is a necessity rather than an option and the solutions are located outside of the clinical room. With the focus on the powerful psychological effects of oppression, injustice, and violence in the environment, the remedies are community based and their aim is “the process of psychological development through which participants grow stronger in their capacities for survival, critical analysis, emergence of new ideas, flexibility of action, community building, and the process of hopeful self-organization” (Watkins & Shulman, 2008, p. 20). If the impact of the environment is not openly recognised and there is no language to discuss it, then the experience of oppression can be expressed in individualised symptoms that are likely to be misattributed to other, often individual, factors. Sociopolitical oppression is experienced on individual, relational, and collective levels (Nelson & Prilleltensky, 2005). It leads to internalising of the dominant victim-blaming narratives that result in self-blame and a sense of worthlessness (Moane, 2003), being seen by dominant groups as inferior, and to further socially oppressive practices and policies (Nelson & Prilleltensky, 2005). From this perspective, traditional psychological therapies focusing on individual difficulties and adjustment to the dominant sociopolitical context perpetuate oppression (Nelson & Prilleltensky, 2005). The psychiatric classifications of mental illness, and linked with them standardised forms of treatment, create an understanding that mental disorder originates and needs to be treated within the individual (Milton et al., 2010). This stance is antithetical to social materialist psychological approaches that postulate that there is a very narrow window where psychotherapy can have an impact on decreasing human distress. It is because the source of distress is not internal, but sociopolitical and external, and associated with power inequality (Smail, 2016; The Midlands Psychology Group, 2012). Smail (2016) argues that human behaviour is much better understood through the impact of societal

powers on the individual than through their psychological characteristics. As people are social beings embedded within the complex social, economic, cultural, and political context they are heavily impacted by decisions on which they generally have little or no influence. Power is the fundamental dynamic within a social structure that expresses itself in a variety of forms. Ideological power is responsible for controlling narratives of meaning that, in turn, are used to exert social control on the individual. From that perspective, the most effective form of psychological therapy is one that focuses on helping the client to achieve *outsight* (Smail, 2016) as opposed to insight. Outsight is the understanding of the impact that distal and proximal powers have on individual distress. Such an understanding relieves the client from false responsibility for their distress (Smail, 2016) that results from embodied functioning in the social and material world, and it should not be understood in a medicalised (The Midlands Psychology Group, 2012).

The principles of community psychology and social materialism are very different from those of mainstream psychotherapy, whether psychodynamic, humanistic, cognitive, or integrative. However, these differences offer an opportunity to adopt a more critical perspective on psychotherapy that could lead to practice that is more inclusive of the sociopolitical context. Rafalin argues that counselling psychology research “can find a voice genuinely rooted in individual’s experience” only by including principles of community psychology (Rafalin, 2010, p. 52). Conversely, by focusing on the individual and not acknowledging the context, we can be sending the message that the psychotherapeutic pursuits are apolitical. We may even believe it ourselves. This belief that psychotherapy is, or that it even can be, apolitical does not appreciate the role of the context in its own development. Psychotherapy has been evolving within specific cultural contexts. Starting with Freud’s decision to abandon his seduction theory, through the classification of homosexuality as a mental disorder, to taking a stance against conversion therapies the development of psychotherapeutic thought has been heavily influenced by the current zeitgeist. Cushman (1995) writes at length about the process of European psychoanalysts adapting to life in the USA after fleeing persecution and the holocaust and how consequently their clinical emphasis shifted to adapt and succeed in a new sociopolitical context. “The demands of a fundamentally conservative, increasingly medicalized psychoanalytic establishment and anti-Marxist United States, where most of Berlin’s left-leaning analysts found themselves struggling for livelihood and social acceptance, brought the prospect of a politically conscious, critical psychoanalysis to an end” (Rozmarin, 2011, p. 322). Part of that process was *the whitening of psychoanalysis* – a response of the Jewish psychoanalysts to



protect themselves from racist attitudes (Altman, 2010). Furthermore, where the provision of psychological therapy is funded by the state, what is offered is directly dependent on political decisions and practitioners work within a set political context (Rose, 2009). Even when the provision of psychotherapy is not directly funded by the state, the sociopolitical context within which it is provided influences the manner of clinical engagement (Altman, 2010; Feltham, 2015; Loewenthal, 2015) and private practice is not exempt from the influence of the wider political situation (Ziv-Beiman, 2016). Also, in the UK the profession of psychology is under the direct control of the state and the control of psychotherapy and counselling is mediated through voluntary schemes of professional regulation (Samuels, 2015b).

**Myth of Apolitical Psychotherapy.** Many clinicians argue the impossibility of being politically neutral (for example Cushman, 1995; Kearney, 1996; Rose, 2009; Samuels, 2004, 2015a, 2015b; Totton, 2000, 2009; Walls, 2006). All psychotherapists have a view of what it means to be a mentally and emotionally healthy person. Individual wellness or ill health fits into the wider context of society and its sociopolitical conditions. So even if not every therapist consciously engages with the questions of what constitutes the optimal society, they would have a view of whether the wider dynamics support or hinder the personal development of the individual client (Totton, 2012). The “virginal fantasy” of therapy taking place in a political vacuum (Samuels, 2015a) is just that, a fantasy. Whether we embrace it or not, the outside world not only affects us outside of the consulting room, but it also dictates what we represent to our clients and what they represent to us (Clarkson, 1990; Gilbert & Orlans, 2011; Proctor, 2002). An unwillingness to engage with this aspect of the therapeutic relationship leads to depriving the therapist and the client of a level of understanding that could potentially be useful for the client and informative for the therapist. Hollander posits that “the individual evolves in relationship to the collective and to the symbolic and institutional structures of authority and power, which are internalized as aspects of personal identity that ought to be recognized and attended to within the clinical encounter” (Hollander, 2017, p. 636). Furthermore, the lack of acknowledgement of one’s own political stance on the part of the therapist risks presenting political views as non-political or neutral ones. Kearney (1996) argues that when we present our views as politically neutral we not only support the status quo without awareness that we do so but we also do not take responsibility for it. Equally, the client is a political being too. As they function in the wider world, their psychic conflicts and struggles will express themselves not only in a relationship to significant others but also in relation to political ideas. Gutwill and Hollander (2006) argue that this is because being a citizen is a vital part of personal identity that needs to

be given space within the psychotherapeutic relationship. Voela and Samuels (2018, n.p.) concur: “all clients and all therapists are citizens with the rights, responsibilities, burdens, hopes and despair of citizens”.

Many authors (including Altman, 2010; Attenborough et al., 2000; Cushman, 1995; Gaitanidis, 2015; Gutwill & Hollander, 2006; Hollander, 2017; Layton, 2006; Pilgrim, 1997; Samuels, 1993; Sironi, 2018; Walls, 2006) specifically critique the tendency of unlinking the personal and the political. Layton (2006, p. 107) writes about “the unconscious pull to dissociate individuals from their social context”. In consumer capitalism, the ideology of the independent individual became ever stronger. Through these political processes, people became unlinked from themselves, from other people, and from the world at large (Layton, 2006). Moreover, people tend to believe the “truth” that they are solely responsible for their success and failure, despite the fact that social mobility in the UK and the US is at the lowest level in decades and income inequality is increasing (Organisation for Economic Co-operation and Development, 2018). This belief, when met with the inability to succeed in the material sense, can have a significantly negative impact on the individual’s emotional health (Layton, 2006; Moane, 2003). If therapists do not engage with the political aspect of this suffering, then they contribute to the maintenance of the emotionally hurtful and limiting status quo. Thus, the therapist may unintentionally play a role in constricting what the clients think is possible for them (Layton, 2006). Walls (2006) takes this argument further and argues that “when the relations of domination and servitude are dissociated, they re-emerge as symptoms such as depression, anxiety disorders, alienation, anomie, narcissism” (Walls, 2006, p. 127). Thus, mental ill health may express or indeed hide the unconscious conflicts of the social and political context.

**Myth of a Value Neutral Therapist.** Working actively with the political in the clinical session is not widely accepted by psychological therapies. This lack of acceptance is mainly evident in the omission of the political from accounts of therapeutic practice (Milton & Legg, 2000) that indicates that many therapists are wary of this way of working. One of the reasons why working with the political in therapy may be treated with caution is a risk of the therapist imposing their political views and values on the client. The worry about this adverse effect seems to be rooted in the importance that classical psychoanalysis placed on analytic neutrality as the necessary condition for successful treatment. “The analyst must be *neutral* in respect of religious, ethical and social values—that is to say, he must not direct the treatment according to

some ideal” (Laplanche & Pontalis, 1973, p. 271). The attitude of analytic neutrality was also seen as a remedy against the risk of the therapist’s untoward influence on the patient. The difficulty is that it has been long argued that the neutrality of therapist is impossible and that mutual influence is at the heart of relational psychoanalysis and psychotherapy (Greenberg, 1986; Hoffman, 1996; Miletic, 1998; Mitchell, 1998; Renik, 1996; Slavin, 1998; Stolorow, 1990). This emotional mutual influence occurs within the context of both the client and the therapist holding individual value systems that frame our emotional responses (Gedo, 1983; Hagman, 2000; Lichtenberg, 1983; Michels & Oldham, 1983; Ramzy, 1983; Will, 1981). Furthermore, established forms and techniques of therapeutic practice are inevitably based on value judgments of what is and is not healthy/functional/helpful and they could be seen as having manipulative or even a coercive character (Ginsburg & Cohn, 2007; Grossman, 1996). What makes them acceptable is the professional and wider social expectation that those value judgments will adhere to the widely accepted ethical framework. Having said that, individual therapists are influenced not only by their professional values but also by their more individual ethical frameworks that have developed throughout their lives and were influenced by multiple dimensions including the sociopolitical ones (Altman, 2010; Cushman, 1995; Hagman, 2000; Walls, 2004). It means that the risk of therapists imposing their values either regarding sexual expression, family life, and/or the sociopolitical context is always present. Every therapeutic intervention in the clinical room is made by a therapist who is influenced, more or less consciously, by their value system. The fact that the therapist does not intend to communicate their value judgments when inquiring, interpreting, affirming, or silently listening to the client does not mean that those judgements are not clear to the client (Gedo, 1983; Lichtenberg, 1983; Renik, 1996; Solomonov & Barber, 2018; Will, 1981). This seems to be the case regardless of what is the focus of the intervention, even if “few have extended this insight to include the myth of political neutrality” (Walls, 2004, p. 620). There is no evidence that the influence of the therapist’s values is greater, or inherently more difficult to manage by the therapist when the focus of the clinical engagement is a political context rather than an intimate relationship (Samuels, 2006). The therapist’s open engagement with the political, as it is the case with any other issue, could actually diminish the risk of undue influence because it would more clearly present a perspective offered by a therapist as a perspective rather than “the truth”. I am in agreement with Renik (1996) when he says:

A patient's autonomy is best served if the analyst's interventions are forthrightly offered for what they are: personal judgments, often shaped by theory, but always formed in the

context of the analyst's emotional involvement. That way, irrational overvaluation of the analyst's expertise and unearned authority for the analyst are not encouraged. (pp. 511-512)

### ***Advocating Explicit Exploration of Political Issues in Therapy***

**Feminist Psychotherapies.** A prominent therapeutic approach to therapy that has the engagement with political material at its core is feminist psychotherapy. The approach developed in the 1970s from the activism of the second wave of feminism (Conlin, 2017; Enns, 1993). For feminists, the political is central to women's lived experience and "personal problems are political problems" (Hanisch, 1970, p. 76). Within consciousness raising groups women developed an understanding that many of their problems resulted from the political reality and there were no personal solutions available. What was needed was *political therapy* with the most important therapeutic aspect being "getting rid of self-blame" and understanding that "women are messed over, not messed up" (Hanisch, 1970, p. 76). This rallying call was particularly apt at the time when even mental health clinicians saw an emotionally healthy woman as less emotionally healthy than an emotionally healthy man or an adult of unspecified sex (Broverman et al., 1972).

Building on the foundations of the political movement, feminist therapy has been developing for the last fifty years and it is not a uniform approach (Enns, 1993; Heenan, 2012). However, there are principles that are widely accepted. Firstly, the core assumption of feminist therapy is that "the root cause of most problems discussed in a therapist's office is oppression and that the task of a therapist ... is to help people uncover, gain some understanding of, and name the oppression existing in their lives" (McLellan, 1999, p. 326). The individual client cannot be removed from their sociopolitical context and the impact of the context needs to be openly acknowledged (Brown, 1997, 2006; Conlin, 2017; McLellan, 1999). Secondly, the relationship between the client and the therapist is value-led and these values need to be at least consciously held by the therapist, if not openly shared with the client (Brown, 1997; Heenan, 2012). In the 1980s in particular, therapists were encouraged to critically examine their theoretical orientations to make sure that they do not inadvertently perpetuate sexist and biased ways of understanding their clients' difficulties (Enns, 1993). There is no unified agreement about what forms of therapy can be feminist, with a notable exception of the psychoanalytic

approaches that many feminists, though not all of them, would argue are antithetical to key principles of feminist theory (Heenan, 2012). Thirdly, the power dynamics both within the therapeutic relationship and in the client's outside world are attended to and the ways in which the client dealt with adversities, which may have led to currently experienced difficulties or psychological symptoms, are treated with respect and the client's experience is trusted over the patriarchal knowledge structures (Brown, 1997; Conlin, 2017; Heenan, 2012; Herman, 1992). Finally, the important aims of feminist psychotherapy are liberation and empowerment. The aim is to support clients to become aware of their oppression and to help them to find psychological and practical ways of liberating themselves from it (Heenan, 2012; McLellan, 1999).

**Other Relational Psychotherapies.** The primary argument in favour of engaging with political issues in psychotherapy is the fact that political dimensions are part of human experience (Aibel, 2018; Fromm, 1941/1994; Hanisch, 1970; Milton, 2018; Milton et al., 2010; Pearce, 2017; Samuels, 2004, 2015a, 2015b, 2017; Sironi, 2018; Totton, 2009, 2012). Those dimensions are less or more prominent for different clients, but all clients are affected by their sociopolitical context, whether or not they fully recognise it. I second Aibel's (2018) assertion that by not recognising the complex sociopolitical context of the individual experience, we cannot fully understand that experience. "If you don't see me as a particular ethnic, racial, gendered being (however complexly formulated) in my particular sociopolitical culture (however complicated and multivariate), then you likely don't see me, period" (Aibel, 2018, p. 69). This is supported by research by Zane et al. (2004, as cited in Cooper, 2008) on the impact of therapists' cultural sensitivity training having a positive experience on BAME clients. Recognising and exploring the political dimension of the client's life can also facilitate deeper connections to the outside world, as well as be facilitative of the clinical work (Gerber, 1990; Milton, 2018; Rozmarin, 2009, 2011; Solomonov & Barber, 2018). Increased self-awareness also includes the understanding of various influences on the way we are. These are not only limited to the family of origin and early relational experiences but also include the wider sociopolitical context and its explicit and implicit values that shape our expectations towards ourselves (Layton, 2006; Smail, 2016; Verhaeghe, 2014).

Attachments and patterns of relating to and being in the world are not limited to a close circle of others. In the world of 24/7 news where the sharing of ideas and opinions with people on the other side of the globe is an everyday occurrence, the frame of reference is increasingly wider. Attachment to the larger social order is a part of the personal experience of being in the

world. Open exploration of political themes in the session can facilitate reflection on the client's relationship with the wider sociopolitical context, their attitude towards authority and their position on change and the status quo (Altman, 2010; Fromm, 1931/1989b; Gutwill & Hollander, 2006). Engagement with political campaigns, even as an observer, can bring to the fore longstanding sociopolitical dynamics that, because of their pervasiveness, had not been examined in the client's life. Such a realisation can galvanise the client into action and personal change (Raskin, 2018). Through reflexive engagement with the political in the session the client can become aware of their internal conflict between the desire for change and the commitment to the status quo; that expanded self-awareness increases the likelihood of change (Altman, 2010, p. 323).

Through increased awareness of the wider context on the part of both the client and the therapist, the risk of misattribution of symptoms is lowered. This is an important counterbalance to the dominant narrative stating that people forge their own destiny and that they can only hold themselves responsible if they are not sufficiently successful in life (Layton, 2006; Walls, 2006). While focusing on postcolonial identities, Sironi (2018) argues that increased reflexivity of self in this context can even prevent violence.

Making visible the way in which the geopolitical unconscious acts on identity constructions, case by case and for everyone, undoubtedly has a preventative dimension. This can possibly avoid the repetition of those acts of violence that, yesterday as today, have been the object of intentional manipulations in the history of peoples and nations (Sironi, 2018, p. 95).

The final argument in favour of engaging with political material is the fact that it is inescapable. Wherever we practise, historic and current political events do impact on both therapists and clients, and consequently influence the dynamics within the clinical hour (Bodnar, 2018; Proctor, 2002; Raskin, 2018; Rozmarin, 2011; Sironi, 2018). This is most noticeable at times of increased political polarisation. In times of political upheaval, clients seem more inclined to bring up political material, with both client and therapist more likely to engage with political themes and even to be open with each other about their values and political views (Birbilis, 2018; Farber, 2018; Gutwill & Hollander, 2006; Milton, 2018; Solomonov & Barber, 2018). Political discussions can free the client to be more open in self-expression and, if seen through the clinical lens, these can be moments of clinical opportunity that help us discover new

facets of the client's self and their relational style, as well as potential pathology (Farber, 2018). Furthermore, Ziv-Beiman's experience of working clinically during the Israel-Gaza war in 2014, showed that processing sociopolitical enactments can "facilitate working through processes of traumatic self-states, challenge binaries, and open up ways for inquiring power relations in the therapeutic alliance and beyond" (Ziv-Beiman, 2016, p. 580). However, even in less politically eventful times, the sociopolitical contexts do influence the therapeutic relationship, thus, not only explicitly political material warrants clinical attention, but also the lack thereof (Gutwill & Hollander, 2006). The attempt to exclude the political material from the relationship is ultimately futile (Totton, 2012). Instead, we can embrace political material as an integral part of everyday clinical practice (Samuels, 2006, 2015b, 2017) and reap the clinical benefits of doing so.

### ***Engagement With Political Material in the Clinical Hour***

**Therapeutic Relationship.** Engaging or not engaging with the political occurs within the therapeutic relationship where both the client and the therapist bring their intrapsychic, relational, and sociopolitical experiences. The therapeutic relationship is a complex phenomenon that consists of multiple interrelated components (Bordin, 1979; Clarkson, 1990; Gelso & Carter, 1994; Gilbert & Orlans, 2011; Greenson, 1965; Safran & Muran, 2006). Here I briefly discuss the facets of relational working that are, in my opinion, particularly relevant in the context of engaging with political material.

There is a consensus across theoretical approaches that there is an element of the therapeutic relationship that is real (Gelso & Carter, 1994). Within the real relationship, the client and the therapist relate to each other in a genuine and congruent way (Rogers, 1980/1995). They recognise each other's humanity in the I–Thou encounter (Buber, 1955/1991) and such an encounter changes both participants, sometimes in unpredictable ways. Being real with each other means that the uncertainty that is a part of the human condition needs to be acknowledged and space allowed for all possible outcomes, including undesirable ones. As Rollo May stated it is a disservice to the client not to acknowledge that "it is entirely within the realm of possibility that he may fail, and that that may well be precisely what he is doing at this very moment" (May, 1963/1991, p. 453). Nevertheless, the therapeutic dyad is invested in and works towards a positive outcome. The therapeutic alliance is a collaborative aspect of the therapeutic relationship employed in the service of achieving that outcome. This concept has for a considerable time been the focus of theoretical exploration (Bordin, 1979; Greenson, 1965;

Sterba, 1934; Zetzel, 1956) and research proves that there is a robust link between a strong alliance and positive therapeutic outcomes (Flückiger et al., 2018; Horvath & Bedi, 2002).

Other aspects of the therapeutic relationship that are relevant to engagement with political material are transference and representational relationships. Within transference-countertransference dynamics (Casement, 1990, 1985/2011; Freud, 1893/1955, 1910/1957; Gelso & Carter, 1994; Mann, 1997; Maroda, 1999/2002; Ogden, 1982/2005) the client's responses and ideas about the therapist are based on the client's experience of themselves in relationship to others, while the therapist's responses are either complementary to the client's transference or are the therapist's transference based on their relational experience. I would argue that the representational relationship (Bodnar, 2018; Gilbert & Orlans, 2011; Sironi, 2018) is a form of sociopolitical transference. It is a dynamic fuelled by the historical and current sociopolitical context and the power dynamics that result from it (Bedolla, 2007; Proctor, 2002). Within this relationship, the client and the therapist stand for the groups that they identify with or seem to each other to belong to. That means that there is always the "potential to be oppressed as well as be an oppressor" (Dhillon-Stevens, 2005, p. 56).

**Issues of Difference and Anti-oppressive Practice.** "To be a therapist means that you must be ready, willing and able to engage with diversity, even within the parameters of sameness" (Milton, 2018). Diversity is a part of the lived experience, not only of clients but also of therapists. The impact of diversity on the individual experience depends on the sociopolitical context against which it is viewed. Difference in itself is just a difference, while difference in an unequal society can be a precursor to discrimination. In an attempt to address inequalities, various models of racially and culturally aware psychological therapies have emerged and there is much literature, and some research, addressing issues of inequality within clinical practice. However, a singular focus on a specific category such as gender (Tindall et al., 2010), culture (Eleftheriadou, 2010), race (Lago, 2009), sexual orientation (Hicks & Milton, 2010), and class (Ryan, 2014) can be problematic in itself. Dhillon-Stevens (2005) in her critique of multi-culture/diversity models, pointed out that they focus on superficially understood cultural differences and ignore issues of power and sociopolitical factors. Furthermore, these additive models of difference (Jordan-Zachery, 2007) suggest homogeneity of any given minority group and primacy of the difference that the focus is on. Arguing against hierarchical ordering of various identifications, scholars (Bedolla, 2007; Diamond & Gillis, 2009; Jordan-Zachery, 2007; White, 2007) propose the concept of intersectionality that allows for understanding of the



differences between, as well as within, groups. Intersectionality is a framework of liberation that facilitates multidimensional understanding of oppression and inequality and helps “to dismantle the practices and institutions that sustain them” (The Women and Politics Research Section of the American Political Science Association, 2007, p. 231).

**The Moral Third.** Working with sociopolitical material can be a clinically testing process. As therapists, we all have individual views on various sociopolitical issues and these views can be very different from those of our clients. Political beliefs often define who we believe we are (Rozmarin, 2009) and it can be potentially difficult to engage with someone holding opposing views. The question posed by Aibel (2018, p. 66) “What would it be like to sit with patients whose politics might diametrically oppose, even offend, my own progressive values?” is likely to resonate with the therapist thinking about engaging with political material regardless of their own political conviction. When dealing with material that is emotionally evocative for both the client and the therapist, there is the risk that the therapeutic dynamic can collapse into a *complementarity mode* (Benjamin, 2004) where each person becomes entrenched in their position and experiences the other as attacking. The challenge is to create *the moral third* (Benjamin, 2004, 2009) where the therapist is able to maintain their own position while recognising the difference between their views and those of the client and being able to stay attuned to the needs of the client. While across the world political stances are becoming ever more polarised, neither therapist nor clients are immune to these trends. In that context, staying in the moral third is likely to be challenging. Tublin (2015, 2017, as cited in Aibel, 2018, p. 83) even asserts that it is nearly impossible to experience mutual recognition when the therapist and the client hold opposing political views. As a therapist well aware of the current political polarisation and holding certain political views, I do remain hopeful that the process of mutual recognition is possible, even if inevitably challenging. The evidence that there are therapists who are able to work in that way is encouraging (Aibel, 2018; Rozmarin, 2009; Yourman, 2018; Ziv-Beiman, 2016).

## **Research Literature**

### ***Engaging With Political Material in Psychotherapy***

Research focusing on engaging with political material in clinical work is scant. This scarcity allows for the small amount of existing research to be discussed in a more detailed way.

The main, if not the only, research exploring how therapists engage with political material in psychotherapy, was conducted nearly 30 years ago by Andrew Samuels (1993). Samuels was inspired to conduct the research by observing that his clients were introducing political themes more often than they had in previous years. That observation was shared by a number of his colleagues. What was also shared was the uncertainty as to how to handle this material. Samuels sent nearly 2000 questionnaires to psychotherapeutic practitioners of various theoretical orientations in seven countries and over 600 practitioners responded. The questionnaire consisted of 20 questions concerned with the overt political material brought into therapy, the practitioner's understanding and management of such material, the experience of professional training about political issues, the political histories and engagement of the practitioners. 71% of respondents did engage with the political material brought up by the clients. The vast majority of those also engaged with the material through exploring its meaning to the client and/or were curious about the symbolic/intrapsychic meaning of the issue for the clients. 7% of those engaged with political material by focusing only on the reality of the issue. In the UK, the percentage of therapists who engage with the reality of political material came to 59%. There are a number of design issues that can be critiqued. The questionnaires were sent to a number of professional organisations with a varying level of diversity among them and the number of questionnaires sent to different organisations varied greatly. Nonetheless, this innovative research provided some insight into the practice of psychological therapists. The relatively high number of practitioners who directly engaged with the reality of political material in the clinical hour was even more impressive when we note that this research predates the increased interest in the clinical literature concerned with engagement with political material.

Twenty five years later and following the 2016 presidential election in the United States, Solomonov and Barber (2018) conducted a quantitative study on clients' perspectives on therapists' political self-disclosure and in-session political discussions. This study was conducted via 604 online surveys completed by psychotherapy clients recruited online and through community clinics across the US. The research ascertained that almost two-thirds (64%) of respondents said they had spoken about politics with their therapists and nearly half of them (46%) wished that they had spoken more about it (Solomonov & Barber, 2018, p. 782). These responses came from clients of various political views. Furthermore, 30% of participants said that their therapist disclosed their political views and 38% said that although their therapists did not explicitly disclose political views, they "could easily guess his or her orientation"

(Solomonov & Barber, 2018, p. 782). Half of the participants felt that engaging with political content in the session had a positive effect on the therapeutic alliance versus 11% who felt that the impact was negative. Clients who believed that they and their therapist had the same political views evaluated their therapeutic alliance at the highest level. Interestingly, supporters of Hillary Clinton, who lost the election, reported that following the election, there was a significant increase in their engagement with multiple political topics as compared to their engagement before the election. Supporters of Donald Trump, who won the election, did not report significant changes in their engagement with political topics in therapy sessions before and after the election. The authors concluded that those who felt distressed by political events were more likely to discuss them in the therapy session. Also, the higher rate of therapist self-disclosure initially expected by authors based on previous research, suggested that an unstable political climate encouraged therapists to self-disclose (Solomonov & Barber, 2018, pp. 784-785).

Winter and Hanley's (2015) grounded theory study was the first one to explore how UK counselling psychologists (mainly trainees) understood social justice and how it impacted on their practice. They concluded that the research participants saw the issues of social justice as relevant to their practice and linked with philosophical underpinnings of the discipline. That was despite the participants' difficulty with defining what exactly they understood by social justice. The researchers concluded that the study highlighted "potential limitations in counselling psychologists' understanding of social justice" (Winter & Hanley, 2015, p. 41). However, what it also highlighted for me as a reader was that the participants' understanding of social justice was not well formulated because it was more emotional than intellectual. It was a concept that they felt connected with on a personal level and they reflected on their own positions in terms of social privilege and injustice. Interestingly, three out of six participants identified the issue of social justice as being a political one. A possible reading of that is that half of the participants perceived the social and the political as separate or possibly saw the concept of the social as potentially less controversial than the one of the political. What is particularly relevant from the perspective of the present study, is that participants emphasised that action should follow declared values and that they "felt that talking about social justice and injustice with people is a form of social action counselling psychologists can engage in" (Winter & Hanley, 2015, p. 39).

### ***Other Relevant Research***

As there is very little research focused on the engagement with political material in clinical practice, I would like to include in this discussion two more qualitative studies exploring topics that have political relevance.

**Power in Psychotherapy.** Andrew Day (2010) conducted phenomenological research into psychotherapists' experience of power in the psychotherapy relationship. There were nine UK based participants, six women and three men, all White, middle class, with the age range from 49 to 72 years old. All participants worked in private practice within integrative frameworks and seven defined themselves as working relationally. Day did not aim to enquire about political material in his research. However, if we can agree that political issues are the issues of power and control, which is the position I take, then this research is relevant to the current project. When asked about their perception of the client's power, all the participants took into consideration the client's social identity and background, and their socioeconomic status. There was a general understanding among participants that the social status is hierarchical and the social class of the clients translated into the therapists' perception of clients' power and their perceived ability to change their lives. The therapists were also aware that the "client's social identity shaped how they related to the client" (Day, 2010, p. 53). Interestingly, the therapists did not reflect on these sociopolitical dimensions when they discussed various configurations, re-configurations and struggles of power dynamics in further clinical work. This is even more noticeable in the context of some therapists stating that they strived to empower and liberate their clients and were themselves aware and concerned about societal inequality.

**Social Class and Psychotherapy.** Joanna Ryan (2014) set up to engage with a more pronouncedly political matter – social class and how it is experienced in the work of psychoanalytic psychotherapists. In her qualitative study, she interviewed experienced therapists with different class backgrounds on "their perception of class-related issues in their clinical work with differently classed patients and within the profession of psychotherapy" (Ryan, 2014, p. 127). The participants were invited to explore their own early experiences of social class, their experience of professional training and being in their own therapy, as well as the experience of working with clients from their own and different social classes. Ryan observed that the middle-class therapists' descriptions of therapy with middle-class clients provided less rich data regarding social class issues. She proposed that "this can arguably be understood as

reflecting the taken-for-granted hegemonic nature of middle-class positioning and values within the profession and its discourses” (Ryan, 2014, p. 131). This research allowed for a better understanding of therapists’ class-based professional experience. The insights that I find particularly interesting and relevant to my interest area, are experiences of therapists feeling not understood as clients and not being able to engage as therapists. The experience of one working-class therapist with her middle-class analyst was that the analyst was not able to hear her pain and shame which were class-based and instead was affirming her value and equality between them. As Ryan puts it (2014, p. 133) “this is an example where a seemingly class-blind ideology, put forward with the best of egalitarian intentions, can obscure or serve to deny the far-reaching psychic pain of inequality”. Further, while working-class therapists experience their middle-class clients looking down on them and doubting their skill because of their social positioning, the middle-class therapists working with working-class clients felt incapacitated due to the sense of class guilt and their anxiety to engage with the inequality from the position of privilege. The reality of the lives of working-class clients was difficult to bear for middle-class therapists. That was also the case in Day’s (2010) research where participants talked about “shocks” and “horrors” in response to the life situations of their clients.

### ***New Research Developments***

Although the up to date research is very limited, there is a growing interest in the field. Recent events created a surge in clinicians reporting on their engagement with political material in therapeutic work. Furthermore, there seems to be a growing interest in research exploring engagement with political material in therapy. Karimova (personal communication, 19 October 2019), a doctoral candidate in counselling psychology at Regent’s University London in her yet unpublished research thesis, explores counselling psychologists’ approaches to engaging with political events in their practice. She found out that counselling psychologists engage in explicit political self-disclosures, advocacy on the one hand and focusing more individually on the other. Scollard (personal communication, 10 September 2019) is in the early stages of a research project focusing on the emotional impact of the Brexit referendum on clients. It is worth noting that these projects, including the current one, are being done by women who come from outside of the UK. It may be just a coincidence or an indication that the perspective of an outsider facilitates the questioning of the status quo.

## **Conclusion**

The cited literature demonstrates that sociopolitical issues do impact on psychological health and on engagement with psychological therapies. There are many clinicians and theoreticians who are busy with the sociopolitical context and are dedicated to exploring the clinical opportunities presented by engaging with it in psychotherapeutic work. At the same time, there is a notable lack of research that could shed light on the considerations of therapists when they decide whether or not to engage with political material in the therapeutic session and also the lack of research on their experience of the clinical process when actively engaging, or not, with political material. This means that it is difficult to know what exactly motivates therapists who decide whether or not to engage with political material in the session.

Day's (2010) research demonstrated that therapists who were aware and concerned about social inequality did not discuss the sociopolitical dimension when reflecting on power dynamics in therapeutic work. This may suggest that those therapists did not think that engaging with the sociopolitical aspect of power dynamics in therapy was appropriate or desirable. Ryan's (2014) research posed the question whether one of the reasons for middle-class therapists not engaging with political issues is their wish to protect themselves from a sense of class-based guilt, emotional overwhelm and/or a sense of helplessness. (The therapists that took part in this research and who were recruited from different social backgrounds were experientially aware of the sociopolitical struggle of those who are not privileged.) Again, these questions are not answered within the existing research.

Furthermore, Ryan (2014) observed that many interviewees were internally engaged with the theme of social class, but had "little or no framework for articulation or discussion" (Ryan, 2014, p. 141). Similarly, in research on engagement with the concept of social justice in clinical practice, Winter and Hanley (2015) found that trainee counselling psychologists struggled to articulate their understanding of the concept itself and to integrate it in a theoretically coherent way into their practice. This lack of framework can also apply to addressing other political issues in therapeutic work and can impact on the therapist's decision about how to respond to political material.

Samuels (1993) in his research did ask practitioners about their responses to the subject of engaging with political material in the therapy session. However, due to the design of the research, the responses he received were brief and did not allow for gaining insight into the

therapists' considerations when they planned their responses to the political material that clients brought up within the therapeutic hour.

Finally, there is no qualitative research into the dynamics of the clinical process that occurs when therapists do engage with political material. This means that therapists who would like to engage with these issues do not know what to expect from such a way of working, especially as their training did not prepare them for it.

# Methodology

## **Research Paradigm**

This research has been conducted within the critical paradigm (Ponterotto, 2005). Central to this paradigm is the understanding that social power relations are specific to any given historical context and that these power relations constantly evolve and impact lives of the individual people living in that context (Kincheloe & McLaren, 2005).

According to that school of thought, the process of creating knowledge is continuous and involves not only examining the action, but also the motivation behind it. The emphasis is on understanding the historical and sociopolitical context in which the knowledge is created (Budd, 2008; Kincheloe & McLaren, 2005). The status quo is challenged and the new knowledge is constructed to seek human emancipation from the multiplicity of oppression (Bohman, 2016; Kincheloe & McLaren, 2005).

The aim of this research project, conducted within the tradition of critical theory, is to contribute to the transformation of the current professional status quo. This transformation is towards the practice that recognises multiple sociopolitically based forms of oppression experienced by clients and, at least to some extent, by therapists, and supports the clients' desire to emancipate themselves from them (Kincheloe & McLaren, 2005; Ponterotto, 2005).

## ***Ontology – The Nature of Reality***

I occupy the critical ontological position. There are multiple interpretations of what is perceived as a reality by individuals. These subjective realities are locally constructed within a specific historical context and they are, by and large, shared by groups. Further, they are based on sociopolitical values that are historically bound and tend to be implicit, rather than explicitly acknowledged (Lincoln & Guba, 2000, Ponterotto, 2005).

## ***Epistemology – The Nature of Knowledge***

In my understanding, knowledge is local and value-based and is mediated by power dynamics that are dominant in any given context. Knowledge that is an outcome of the qualitative research activity is constructed through interactions between the researcher and research participants, with the researcher being in the privileged position of deciding on a final



version of co-constructed knowledge. Further, knowledge has a transformative potential as it is both influenced by power dynamics and is able to shift those dynamics (Ponterotto, 2005).

### ***Axiology – The Role of Values***

The process of constructing knowledge is inevitably influenced by the values of the researcher (Ponterotto, 2005). Those values cannot be eliminated and they need to be clearly articulated. Furthermore, the transformative potential of knowledge is enhanced, if not enabled, by the values.

### **Philosophical Underpinnings**

I position myself within the tradition of broadly understood critical theory (Kincheloe & McLaren, 2005) while being predominantly influenced by the original Critical Theory of the Frankfurt School (Adorno, 1966/2007; Horkheimer, 1931/1989a, 1968/2002, 1947/2013; Marcuse, 1941/1978b, 1960/1989b, 1964/2010) “[that] is characterised by thinking against the flow of the (reified) world. It is an attempt to brush against its grain to reveal its foundation in historically specific social relations” (Best et al., 2018, p. 2).

The first generation critical theorists on whose work the present research is based were inspired by the dialectical thought of Hegel and Marx (Bronner & Kellner, 1989). Their focus was on understanding sociopolitical power dynamics and their impact on the oppressed individual. They introduced “a multidisciplinary approach to society which combines perspectives drawn from political economy, sociology, cultural theory, philosophy, anthropology, and history. It thus overcomes the fragmentation endemic to established academic disciplines in order to address issues of broader interest” (Bronner & Kellner, 1989, pp. 1-2). The starting point for the first generation of critical theorists was the understanding that society is not equal, which results in widespread oppression of specific classes. They recognised that social groups tend to present their interests as universal and they wanted to understand the dynamics of domination and oppression by answering the questions of “Who dominates whom?”, “How they do it?”, and “What is their purpose?” (Gebhardt, 1978, p. 384). They argued that emancipation from various forms of oppression can only be achieved “through a transformation of the material conditions of existence” (Marcuse, 1937/1989a, p. 59). However, the dominant sociopolitical system strives to maintain itself in perpetuity and uses various tools that can be seen as civilisational gains, not to emancipate the people, but to protect its dominance. The critical theory focuses on these

obstacles to emancipation or repressive conditions that can be falsely perceived as the natural order of things by explicitly naming them, analysing their function, and emphasising their historical context (Horkheimer, 1935/1978).

Horkheimer (1941/1989b) defined methodological features that are specific to critical theory. Firstly, “concepts are historically formed” (Horkheimer, 1941/1989b, p. 264) which means that no theoretical concept and no critical analysis of a social phenomenon can exist outside of the very specific sociopolitical and historical context of which it is an integral part. Secondly, “concepts are critically formed”, which means that they are not values free. Critical analysis of any sociopolitical artefact needs “to reflect the actual rift between the social reality and the values it posits” (Horkheimer, 1941/1989b, p. 266). Thirdly, “societal concepts are “inductively” formed” - they are a reflection of wider societal dynamics and deep analysis of a particular concept would reveal these dynamics (Horkheimer, 1941/1989b, p. 266). Finally, “social concepts are integrative” in the way that they include multiple facets that could traditionally be understood and examined through multiple separate lenses. However, only a multidisciplinary approach that integrates these perspectives can produce critical – socially and historically – analysis of the concept (Horkheimer, 1941/1989b, p. 266).

The critical theorists of the Frankfurt School explored and wrote on a wide array of topics and not all of them can be presented in this study. The following are the main tenets of the Frankfurt School of Critical Theory that form the methodological basis of the present research.

### ***Objective and Instrumental Reason***

One of the core concepts of the Frankfurt School is the distinction between Objective and Instrumental or Subjective Reason (Adorno, 1969/1978a, 1966/2007; Adorno & Horkheimer, 1944/2008; Horkheimer, 1947/2013). This is the salient concept of critical theory that many other sociopolitical and cultural considerations are based on. Objective reason concerns itself simultaneously with the individual and the wider world. It engages in self-reflection and self-critique and concerns itself with the possible effects of progress. It is an expression of human concern with the state and wellbeing of people and the natural world. This kind of reason formed the basis of the greatest philosophical schools (Horkheimer, 1947/2013). On the contrary, instrumental reason is concerned only with self-preservation hence unreflective adjustment to any situation is seen as desirable. It concerns itself with the means of achieving a

goal without critical reflection on whether that goal is worth pursuing. Instrumental reason is what leads societies to celebrate their effectiveness even if it ultimately leads towards greater oppression (Adorno, 1951/1978b; Horkheimer, 1947/2013; Marcuse, 1941/1978b) and “builds logically constructed theories of persecution” (Horkheimer, 1947/2013, p. 176). Only the turn towards objective reason can lead to human emancipation.

### ***Dialectical Thought***

An important aspect of this philosophical tradition is its Hegelian (1994; as cited in Howard 2000) dialectical character of progress. Hegel was an idealist philosopher, hence his concept of dialectic is a concept rooted in idealism. Notwithstanding its philosophical assumptions, critical theorists appreciated the transformational potential of the dialectical process and its applicability to critical thinking about a sociopolitical totality (Adorno, 1969/1978c; Adorno & Horkheimer, 1944/2008; Horkheimer, 1935/1978; Marcuse, 1960/1978a). At its core “dialectical logic is critical logic: it reveals modes and contents of thought which transcend the codified pattern of use and validation” (Marcuse, 1960/1978a, p. 449).

Horkheimer (1935/1978) in his article “On the Problem of Truth” outlined a critical perspective on Hegel’s dialectic of thesis, antithesis, and synthesis. Antithesis does not deny thesis but presents a critical perspective on the thesis and/or a different aspect of the given object, making the picture more complex. Only by holding both thesis and antithesis together can new insight, a synthesis, be reached.

This process is reminiscent of the integrative approach to psychotherapy where one theoretical perspective added to another does not deny or reject it but adds another layer of complexity. In a way, synthesis is akin to an integrative framework that is alive and keeps on evolving. Synthesis is not a destination point. Once accepted, synthesis becomes a thesis that can be challenged by antithesis and the critical process continues.

If at any given time the antithesis expresses the critical and relativizing impetus in opposition to the assimilation and establishment of a pattern of thought, thesis and antithesis together immediately form a new insight, a synthesis, because the negation has not simply rejected the original insight but has deepened and defined it. (Horkheimer, 1935/1978, p. 414)

The salient point of critical theory is that in the search for truth through the process of dialectic, it is necessary to recognise that the historical process is ongoing and the context is ever-evolving. New insights or syntheses are “aspects of the whole body of knowledge at any given time, which is developed by human beings in interaction with one another and with nature and is never identical with reality” (Horkheimer, 1935/1978, p. 432). Moreover, the starting point for dialectical thought is the assumption that the world and human existence within it are unfree, meaning that we live under various forms of oppression. Thus, the point of dialectical thought is to shine a light on the internal inadequacy of accepted truths to transform them in perpetuity, while aiming for liberation from oppression or, at least, qualitative change (Marcuse, 1960/1978a).

### ***Social Character***

From the early years of the Frankfurt School, critical theorists were interested in psychoanalysis and incorporating its insight into the wider social theory and critical social psychology in particular. In 1929 Erich Fromm made the first attempt at developing critical social psychology by integrating Freudian psychoanalysis and Marxist materialism to analyse how social conditions and individual psychology mutually impact on each other (Bronner & Kellner, 1989). He advocated that to understand society, it is necessary to bring together insights from psychoanalysis and sociology (Fromm, 1929/1989a). This is crucial because “psychology always deals with a socialized individual” and “sociology always deals with a group of individuals whose psychic structure and mechanisms must be taken into account” (Fromm, 1932/1978, p. 481). Fromm (1931/1989b) argued that the *common life-fate* – a matrix of economic, social, and political conditions that any given social group lives in, determines the conditions of their lives. In this situation, the drive for self-preservation has primacy over sex drive, because self-preservation needs cannot be sublimated and must be met by concrete means within the specific social context (Fromm, 1932/1978). As whole social groups share common life-fate, the dominant sociopolitical context leads to the development of the social character that is determined by the social values of any given society. Thus, different societies encourage and repress different impulses within the individual (Fromm, 1970/1989c, 1941/1994). These varying social norms and values are initially introduced by the family that is the psychological agent of society and instils socially desirable values and attitudes through everyday upbringing (Fromm, 1932/1978, 1941/1994). Social character not only provides the individual with psychological satisfaction when complying with social values, but it also

perpetuates the social order that created it. “In other words, the social character internalizes external necessities and thus harnesses human energy of a given economic and social system” (Fromm, 1941/1994, p. 282).

Problems arise when the sociopolitical changes are faster than the evolution of the social character. In such situations, the individual cannot obtain psychological satisfaction, which in turn breeds frustration that may be channelled in socially destructive ways, such as turning towards fascism (Adorno, 1951/1978b; Fromm, 1941/1994). The turn towards fascism is not just a result of socioeconomic conditions, what is essential for it is that there is a psychological openness among a great number of people to accept those ideas. That psychological constellation has been called the authoritarian personality (Adorno et al., 1950/1989). The role of critical social psychology is not to psychoanalyse people whose problematic behaviour is an appropriate reaction to their life-fate, but to “demand the transformation and elimination of those very living conditions” (Fromm, 1931/1989b, p. 218).

### ***Dialectics of Technology and One-Dimensionality***

The aim of critical theory is the emancipation of people from oppressive sociopolitical conditions. Technological progress seemed to offer hope for emancipation from the necessity of labour. However, it became a new tool of domination over the people. By *technology* Marcuse (1941/1978b, 1960/1989b) understands the social process that is historically bound, thus technology is a form of ideology that determines how technics are utilised and for what sociopolitical purpose. Technology could create a world where people would have “a life in and for itself” (Marcuse, 1960/1989b, p. 126), but the dialectic of technological progress means that all progress is accompanied by “a progressive repression” and “every gain of liberty contains a new form of servitude” (Marcuse, 1960/1989b, pp. 125-126). Specific technics can perpetuate oppression or promote liberation. Unfortunately, in the West, technological progress, instead of liberating people from labour, became an efficient way of subjugating people by work. Technics are employed to subordinate the individual and society to the sociopolitical apparatus and individual skills and differences are coordinated to produce a standard performance. Technical efficiency became fetishised and replaced the value of individual achievement (Marcuse, 1941/1978b). The fetishisation of technique, standardisation and measurement can be seen as an embodiment of instrumental reason (Horkheimer, 1947/2013). In such a rationalised world, “the individual could do no better than adjust himself without reservations” (Marcuse,

1941/1978b, p. 142). The technology of control relieves the individual of the freedom of choice by providing directions, suggestions, and ready-made choices that seemingly benefit the individual. The convenience and ease of access become paramount. To thrive in such a context, the individual needs to adapt on a psychological level and a new social character (Fromm, 1941/1994) evolves. However, in Marcuse's (1963/1989c) view it is predominantly due to the socialising effect of various social groups and institutions and not the family.

Marcuse (1964/2010, 1960/1989b) argued that the technology that is used to support an oppressive status quo contributes to the formation of a one-dimensional society that diminishes the importance of social critique, rebellion and utopian thinking that could provide other options to the existing order. In such a society, domination no longer needs to be authoritarian or to use force. The existence of oppression is removed from people's awareness, by convincing them that they are free to live their lives the way they want. That it is up to them to achieve the things they want. When people believe that they are in control of their lives, they are focused on their individual aspirations. They identify with those who live their desired life, even if they are actually oppressed by them. Consumerism plays an important role in that process, as through the consumption of an ever-growing number and variety of products, the individual feels that their needs are being met. The dominant narrative creates the needs and aspirations that can be met by consumption and in turn provides the individual with the evidence that they are in control of their life. In such a context, supporting the status quo is the only reasonable option, hence "a comfortable, smooth, reasonable, democratic "unfreedom" prevails in advanced industrial civilization, a token of technical progress" (Marcuse, 1964/2010, p. 3). One-dimensionality perpetuates itself through social institutions, formal and informal social groups, a new social character, and the educational system. The same educational system if transformed through critical thought could be a catalyst for a social qualitative change (Marcuse, 1967/1989d).

### ***Culture Industry***

A specific aspect of technological progress that concerned critical theorists was mass culture (Adorno, 1967/1989a, 1963/1989b; Adorno & Horkheimer, 1944/2008; Kracauer, 1927/1989; Lowenthal, 1932/1989). Mass culture was seen as a product as it did not exhibit features of genuine art. It could be recognised by the following characteristics: "standardization,

stereotypy, conservatism, mendacity, manipulated consumer goods” (Lowenthal, 1932/1989, p. 195).

Adorno (1967/1989a, 1963/1989b) argued that mass culture is not a popular culture that reflects the experiences, desires, fears and hopes of any given society. It is a product of the culture industry that is imposed on the people to support the sociopolitical status quo. Mass culture presents non-critical reflection of the established order and promotes values that are in line with the ingrained social power dynamics. Its main message is one of conformity. “It proclaims: You shall conform, without instruction as to what; conform to that which exists anyway, and to that which everyone thinks anyway as a reflex of its power and omnipresence” (Adorno, 1967/1989a, p. 133). The culture industry creates an illusion of individual choice while effectively creating products that are aimed at particular classes so everyone is catered for. Its main motivation is profit and the encouragement of consumerism by creating consumers that respond to the needs of capitalism (Adorno & Horkheimer, 1944/2008). The unsuspecting audiences are not subjects of the culture industry, but its objects (Adorno, 1967/1989a).

## **Research Method**

I have chosen Braun and Clarke’s version of Thematic Analysis (TA) (Braun & Clarke, 2006, 2012; Terry et al., 2017) as my research method. It is a *Big Q* and organic approach to thematic analysis that “needs to be implemented with theoretical knowingness and transparency” (Braun & Clarke, 2019a, p. 594). To distinguish it from coding reliability approaches located within the positivist paradigm and focused on ensuring accuracy of coding; and codebook approaches that employ structured procedures within a qualitative paradigm (Clarke & Braun, 2018) Braun and Clarke (2019a) called this approach reflexive thematic analysis.

I found reflexive thematic analysis most suitable for this research project for a number of reasons. Firstly, reflexive thematic analysis allows me to use an established method of analysis while remaining true to my philosophical stance. It means that I can avoid moulding myself as a researcher into the predetermined philosophical stance of other methodologies. Reflexive thematic analysis is not theoretically linked to any particular research paradigm and it can be successfully used within the critical paradigm (Braun & Clarke, 2006; Clarke & Braun, 2018). It also regards subjectivity of the researcher to be an indispensable factor in the process of

analysis (Terry et al., 2017). This axiological and epistemological freedom means that it is possible for me to draw on the multidisciplinary heritage of the Frankfurt School of Critical Theory while benefiting from a pellucid and robust, but by no means rigid, guideline to data analysis.

Secondly, reflexive TA allows for both social and psychological interpretations (Braun & Clarke, 2006). It is particularly important because the focus of the present research is therapists' professional views and practice that are embedded within a specific sociopolitical context. For that reason, a method that approaches the meaning and the process of meaning-making "as always context-bound, positioned and situated" (Braun & Clarke, 2019a, p. 591) is a fitting method for this research project. Especially as it allows latent analysis based on the interpretation of meaning, which is crucial for the current research because it accommodates the inclusion of critical engagement with the wider sociopolitical context and its power dynamics that are a central tenet of critical theories.

Thirdly, reflexive TA permits me to draw conclusions about the views of the UK therapists on the basis of a relatively small number of interviews. The aim of reflexive thematic analysis is to identify patterns of meaning across a dataset that allow the researcher to theorise about the wider state of the researched field in any given local context (Braun & Clarke, 2006, 2012, 2014).

Reflexive thematic analysis is a demanding approach to analysis as it requires the researcher to strive "to be fully cognisant of the philosophical sensibility and theoretical assumptions informing their use of TA; and these are consistently, coherently and transparently enacted throughout the analytic process and reporting of the research" (Braun & Clarke, 2019a, p. 594). However, alongside these demands, it offers theoretical freedom, a degree of flexibility in terms of research design and analysis, and transparent and accessible guidelines that can be implemented in an organic way. All these qualities make reflexive TA the most suitable method for the present research project.

## **Research Design**

The research was based on semi-structured interviews with qualified psychological therapists. The participants were recruited through professional fora and the post-qualification



experience was the only additional criterion for recruitment. The interviews were audio-recorded and transcribed. The data were analysed according to Terry et al.'s (2017) guidelines.

I chose semi-structured interviews as a way of data collection because of the several benefits offered by this established method (Braun & Clarke, 2013). Semi-structured interviews provided detailed descriptions of participants' views and practice. At the same time, that method allowed me the flexibility to clarify points made by participants and asking additional questions to deepen and/or broaden their accounts. By maintaining a level of control over the research interview I was able to ensure that data generated through the interviews were the most useful in terms of the research question. Furthermore, I could draw on my psychotherapeutic experience that allowed me to feel reasonably confident in a one-to-one conversational setting, and on my limited experience of conducting a small number of semi-structured research interviews for a research project in which I was not otherwise engaged. An additional factor in choosing semi-structured interviews was the fact that it was a method used by my colleagues and my supervisor and I could, when needed, draw upon their experience.

### ***Research Data***

Transcripts of the semi-structured interviews with therapists were the raw research data. All research interviews were transcribed and included in the final analysis. Because of time constraints, all interviews were transcribed by an external transcriber who processed data in compliance with General Data Protection Regulation 2016 (GDPR, 2016) and Data Protection Act 2018 (DPA, 2018). I checked all the transcripts against the recordings to ensure accuracy.

### ***Recruitment Process***

I recruited and interviewed research participants through January and February 2019. To recruit the research participants, I placed a call for participants (see Appendix 1) in professional networks. I posted a call for participants on the members' forum of Counselling Directory, and in several Facebook groups with a focus on psychotherapy, including Philosophy, Psychology and Politics. I used my professional contacts, including the Eastern European Therapists in the UK (EET) network of which I am a member. When using professional networks I asked recipients to further distribute the call for research participants through their networks. One of the therapists approached through a professional network was a member of Psychotherapist and Counsellors for Social Responsibility (PCSR) and posted the call for participants on the organisational forum.

Four additional therapists were recruited through that advertisement. One participant was recruited through the EET network and one through the call distributed among therapists working in two private practice settings where I work. I did not personally know any of the participants prior to them taking part in this study.

Even though I was not a member of PCSR I was aware of them. I initially did not want to distribute my call for participants within that organisation, because I wanted to include therapists with various views on engaging with political material in therapy. However, placing a call for research participation within networks that do not reference the sociopolitical context generated very few responses. It seemed to be that therapists who did not have an interest in working with political material also did not have an interest in taking part in research concerned with engaging with that material within the therapy session. Furthermore, the fact that it was one of, at the time, potential participants who proposed to post the call for participation in this project on the PCSR forum, made for a more organic turn towards politically engaged therapists.

I was approached by three other therapists who expressed an initial interest in taking part in this study. One did not meet the criterion of qualified status, one decided not to take part after receiving detailed information, and one did not take part because of the inability to schedule the interview.

Potential participants contacted me by email. In response to their initial interest, I included an information sheet about the project (see Appendix 2) and highlighted for their consideration aspects of participation that could be potentially sensitive, e.g. discussion of boundaries when interest came from therapists working in the practice where I also work.

All interview arrangements were conducted via email.

### ***Research participants***

Seven therapists took part in the current research. The research participants were fully qualified psychological therapists, registered with professional bodies and with at least five years of post-qualification experience. The rationale for at least five years of post qualified experience was that within that time frame the impact of professional training is likely to be balanced by the professional experience of the therapists. This was particularly important

because engagement with the political material in the clinical hour is not a part of the majority of professional training programmes in the UK. My research strategy was to leave the recruitment open, apart from the qualified status and post-qualification experience criteria. The sociopolitical profiles of self-selected participants were to provide further data.

The therapists included in the research did not need to have experience of engaging with political issues in therapy and no therapists with specific views were sought. I wanted to include therapists with a wide range of views.

Research participants who took part in this study varied in terms of their theoretical orientation, qualifications, length of clinical experience, as well as their demographics. Seven qualified psychological therapists took part in this study. Five of them identified as female and two of them identified as male. In terms of age, the participants ranged from their early 50s to late 70s (three participants being in their 50s, three participants being in their 60s, and one participant being in their 70s). Four participants located themselves within the social middle class, two therapists within the upper middle class, and one therapist within the middle class/preariat. (See Appendix 8, Table 1 - Participants' Demographic Information.)

All of the therapists interviewed were politically engaged, with six participants locating their political views on the left of the political spectrum, and one participant in the political centre. (See Appendix 8, Table 2 – Participants' Political Information.)

The theoretical orientations of the participants differed, but all of them described themselves as working in a relational way. Their professional qualifications included the titles of counsellor, counselling psychotherapist, psychotherapist, and counselling psychologist. The length of their post qualification experience ranged from five years to 26 years. All the therapists interviewed worked in private practice, with two participants also working/volunteering in charitable settings. All participants have had experience of working in various charitable clinical settings. Only one therapist's training included working with political material to a satisfactory level – as judged by the participants. (See Appendix 8, Table 3 – Participants' Professional Information.)

I would like to note that I collected detailed information about the sociopolitical background and political views of the therapist who took part in the current study. It was done

with the intention to include those data within the overall analysis of data. However, as there were no major differences between therapists' views, sociopolitical background and their views on engaging with political material in therapy sessions I decided not to include those data within the main process of analysis.

A number of therapists held strong convictions that were an important part of their professional identity. Some of them viewed themselves as activists of the cause, and they said they were ready "to sign under" their views. Their openly expressed lack of concerns for their anonymity, which could be seen as a sign of their confidence and their secure sociopolitical positioning, affected me as a researcher in an unforeseen way. Out of respect for the strength of their convictions and their autonomy, I initially wanted to preserve their individuality while presenting participants' information. Upon reflection, I realised that a more individualised presentation would have increased the likelihood of them being identified by a reader, while my ethical responsibility was to protect the anonymity of the research participants as far as possible. Also, the focus of this research was to gain insight into views and concerns shared by a group of therapists and not to focus on the views of any singular participant.

**Reflection on Sample Size.** My sampling strategy could be described as convenience and snowballing sampling (Clarke & Braun, 2013). The speedy recruitment suggested that the topic of this study resonated with the profession. However, the process of interviewing revealed that it was a very specific section of the profession. All the participants were politically engaged and had a generally favourable view of engaging with political material in clinical sessions. Since I aimed to include a wide range of views on the topic, this situation posed the question of whether to seek further participants.

However, once I conducted all research interviews and familiarised myself with the dataset I was able to recognise the strengths of this homogeneous sample. The interviews provided rich and nuanced data. Even though there was some variability in terms of depth of interviews, they were all full of information and generated patterns of meaning across the dataset sufficient to allow for the development of analysis that could produce new insights (Braun & Clarke, 2013; Terry et al., 2017).

The sample of seven interviews was in line with the size recommendation for a professional doctorate project (Braun & Clarke, 2013; Terry et al., 2017) and it offered

sufficiently high information power to meet the aim of this research project (Braun & Clarke, 2019b; Malterud et al., 2016).

Due to the strengths of the research sample and the limited time that I had available to complete the current study I decided not to seek additional participants who would have different views on working with political material.

### ***Research Interviews***

I interviewed all of the participants. The interviews lasted between 60 and 90 minutes each. Six interviews were held face to face and one was conducted via a secure online video connection.

My preference was for all interviews to be conducted face to face; however, it was not possible to arrange a suitable time to meet with one of the participants, who had limited availability. The participant proposed the video interview as a preferable option for them. Although remote interviewing is seen as providing equal quality of data as face to face interviews (Deaking & Wakefield, 2014; O'Connor et al., 2008; Sturges & Hanrahan, 2004) I had some concerns about it. Deaking and Wakefield (2014) noted that the process of obtaining consent verbally can feel very formal and interfere with building rapport. Also, building rapport through a video call may be more difficult because much of embodied communication can be easily missed or simply not be visible within the video frame. This can affect the openness with which participants answer questions. The effect of physical distance could not only make participants more reticent, but it also can be encouraging of the level of openness that may be greater than participants would like it to be. The interview can be also interrupted by technical problems that could result in the conversational flow being disturbed with a negative effect on the depth and richness of data, and even more importantly could provoke negative emotional responses such as frustration and a sense of not being heard on the part of the interviewee. Separately, there are issues of safety of data with some platforms monitoring and recording communication, and accessing data stored on the participant's device and encroaching on the participant's privacy.

When considering the advantages and disadvantages of video interviewing – the main benefit of the online interview was the ability of the participant to add their voice to the research

project that they found of value. That was expressed not only through explicit communication but also implicitly through their effort to find a way of taking part in this research. The downside and potential risks were mitigated through extensive communication with the participant before agreeing to the interview which revealed that the participant had experience of using video calls in their clinical role and was familiar with its limitations. The consent form was obtained prior to the interview so it did not negatively impact on the actual interview, and the participant was given the opportunity to ask any further questions within the call. Since a recorder was not visible within the frame of the video call the participant was reminded that the interview was being audio recorded. The participant was reminded of their right to withdraw their data following the interview and was offered a debriefing session to discuss any issues that may come up through the process of taking part in the research. Clear arrangements were made in case of technical difficulties to minimise potential disruptions. The software used for the video call was one that the participant previously used and I had read its terms and conditions that stated that it provided end to end encryption, that the calls were not monitored or recorded and that the access to the user's device was limited to what was necessary to provide the service. Finally, I sought and received additional approval for the video interview from the Metanoia Institute's Ethics Committee.

The participants were given a choice of location for the interview. I offered to conduct the interview on their premises or at a therapy room in either central or North London. Four therapists chose to meet in their therapy rooms, either at their home address or at a different location. Two therapists opted for me to organise the room for the interview. As I had access to the practice where one of the participants worked, the room I booked for the interview happened to be the same room where that therapist practised. Thus, out of six in-person interviews, five therapists were interviewed in their therapy rooms and one therapist in a room within the practice where I work.

All participants were provided with the project information sheet (see Appendix 2) prior to the interview. At the beginning of each interview meeting, I gave the participant an opportunity to discuss the issues covered in the information sheet and to ask questions. I explained the terms of participation within the study, confidentiality issues, and their right to withdraw from the project. In all in-person interviews, written consent (see Appendix 3) was obtained immediately before the interview. In the case of the online video interview, the written consent was obtained two days prior to the interview. After obtaining consent, I outlined the structure of the interview

and my intention to use a background form (see Appendix 4) to note some information during the interview. All participants were comfortable with me using the background form. The interview was semi-structured and I used the interview schedule (see Appendix 5) to remind myself of particular questions I intended to ask.

### ***Initial Reflections on Conducted Interviews***

I was initially slightly nervous about the process of interviewing and meeting the participants. This was due to having limited prior experience of conducting research interviews and because of my personal investment in the outcome of this project. Also, as a psychotherapist, I am accustomed to meeting clients in my own professional space and being in the space of research participants meant that I was, at least initially, less comfortable. That was all accompanied by the excitement of interviewing and meeting therapists who I would otherwise not have met.

I very much enjoyed all of the interviews. I found them thought-provoking, at times inspiring, encouraging in terms of the importance of this study, and at times challenging. After one interview I wrote in the research journal that I felt I was being examined by the participant who challenged the philosophical assumptions underlying my questions. Even though I did agree with much of what they said, I decided that it would be more beneficial for this study to leave the space for the participant to present their views, rather than to turn the interview into a debate. I did that while being aware that within a critical research paradigm a more open debate would be acceptable, especially if its aim was the empowerment of the research participant (Ponterotto, 2005).

There were noticeable variations in terms of the participants' depth of engagement with the topic. Some therapists appeared to have spent more time than others reflecting on their practice in terms of engagement with political material in therapy. However, all participants were keen on sharing their views and practice with me, while mostly expressing their sense that their way of working is not what is considered mainstream practice in the UK. What I find particularly significant is that when I talked about confidentiality, the majority, if not all, of the participants said that they were happy to sign under the views they expressed. That part of the interviews was not audio-recorded.

I also noticed that the participants had different reasons for taking part in this research. The majority of the therapists cited their engagement with the topic of this study as the main motivation. A minority of the therapists said that while interested in the topic, their main motivation was to support me as a researcher because of their knowledge that it is often difficult to find research participants. These participants seemed to have their framework of working with political material less developed than those whose main motivation was interest in the topic.

### **Ethical Considerations**

This project received ethical approval from the Metanoia Research Ethics Committee (see Appendix 6).

I am an integrative psychotherapist registered with the United Kingdom Council for Psychotherapy (UKCP) and Metanoia Institute and I abide by their professional codes of conduct. Further ethical considerations for this research project have been based on the UKCP Ethical Principles and Code of Professional Conduct (UKCP, 2009); the British Psychological Society (BPS) Code of Ethics and Conduct (BPS, 2018); the BPS Code of Human Research Ethics (BPS, 2014); and the British Association for Counselling and Psychotherapy (BACP) Ethical Guidelines for Research in the Counselling Professions (BACP, 2018a).

### ***Initial Ethical Considerations***

The initial question that must be asked when conducting critical research is “What is the purpose of this research?” This is a question that all researchers ask themselves, but in the tradition of critical theory, it goes back to a choice between objective and instrumental reason (Adorno & Horkheimer, 1944/2008; Horkheimer, 1947/2013). It is essential to reflect on and to arrive at a satisfactory answer to the question of the objective of any research project (Brinkmann & Kvale, 2017). The initial challenge was to align my own personal benefit that could be met by completing this study, with the contribution to the professional field that would, in turn, benefit those who seek psychological therapy to alleviate their suffering. The starting point of this study was my observation that within psychotherapeutic training and practice, insufficient attention is paid to the sociopolitical context, which can lead to clients being inadvertently oppressed. The aim of this study was to gain some insight into the views and practice of psychological therapists regarding engaging with the sociopolitical context with their clients. This was with the view of making a professional argument for greater inclusion of the



context within the clinical practice to empower those clients who are negatively impacted by their sociopolitical context.

### ***Valid Consent***

Before arranging the interview meeting, the research participants were provided with an information sheet about the project (see Appendix 2) that detailed the project's aims, philosophical and methodological basis, and research procedures. This was to ensure that the potential participants had space to reflect on their participation in this study without the pressure that could be inadvertently present if they received that information in my presence. I invited all potential participants to ask questions, express their potential concerns and highlighted for their consideration aspects of participation that could be potentially sensitive, e.g. discussion of boundaries when interest came from therapists working in the practice where I also work.

Upon meeting the participants for the arranged interviews, I ensured that the participants familiarised themselves with the information sheet and invited them to ask questions. After that, we discussed issues of consent (the one exception was when the participant who was interviewed online was provided with the consent form prior to the research interview). The particular issues were confidentiality, the fact that the interview was to be recorded and transcribed, the form of publication of the findings and their right to withdraw from the study without giving any reason up until the point of submission of this project. All participants who arranged the interview meeting have signed the consent forms.

The participants agreed to take part in the current research on the condition that they can withdraw from the project at any time prior to submission of the thesis and that they can decide what happens with the data they provided (see Appendix 3 – Consent Form for Participants). No participant withdrew from the research. However, upon reflection I realised that if a participant decided to withdraw from the project, especially withdrawing all their data, at the last minute it would create a potentially insurmountable challenge for my ability to submit the research project within the allocated timeframe. With hindsight, I think that setting an earlier date as a point to which the participants could withdraw their data would have been more realistic. Moreover, despite of shortening the time available for the participants to make their decision it potentially would have been a more ethical choice. If the participants were provided with an earlier date which they knew would allow me to have time to adjust the analysis, rewrite

the report, and meet the deadline, they possibly could have felt more comfortable withdrawing their data.

### ***Confidentiality and Anonymity***

The personal data of the research participants were protected at all times. The research participants were given codes that I used to store the data and to refer to the participants throughout the written research project. All data regarding participants have been stored and processed securely in accordance with GDPR (2016) and DPA (2018). The data have been securely retained in accordance with Metanoia Institute's Code of Practice for Research (Metanoia Institute, 2011) and can be referred to in case there is a further discussion of the research project following its publication. The data will be retained for at least five years from the date of the publication of this thesis. Once the appropriate time lapses, but no earlier than the 1<sup>st</sup> of June 2026, the data will be destroyed in accordance with GDPR and DPA.

Due to the qualitative nature of this research, full confidentiality could not be maintained and the research participants were aware of that fact. However, the anonymity of the participants was protected at all times. Any identifying details and potentially sensitive information were removed or disguised in the written project.

### ***Anti-Oppressive Practice***

As a psychotherapist and a researcher, I am committed to maintaining anti-oppressive practice (Dhillon-Stevens, 2005). Respect for the autonomy, dignity and intersectional understanding of individual differences (Bedolla, 2007) were at the heart of this research project. No potential participants were excluded from the study on the basis of ethnicity, socio-economic status, gender, age, sexuality, or any other reason that could be seen as discrimination due to the individual characteristics of the potential participant. The project itself is an expression of my commitment to contributing to anti-oppressive practice. This includes ongoing and clearly articulated engagement with the ethical issues throughout the project.

### ***Debriefing***

All participants were offered a debriefing session following the research, which they could arrange at any point after the research interview. No participant expressed the wish to access the debriefing session.

### ***Final Notes on Ethical Considerations***

Three of the research participants qualified at Metanoia Institute and they commented on their training. Additionally, one of the participants recalled, as a part of the interview, their experience with a Metanoia Institute trainee. I have reflected on whether or not I should include the name of the institute in the findings and discussion sections of this study. I took into consideration the confidentiality of the participants, possible reactions that my research supervisor could have towards it, as well as the potential benefits of including that information. After reflecting on the micro and macro ethics of that situation (Brinkmann & Kvale, 2017) and discussing it with colleagues, I decide not to name any of the training institutions discussed by the interviewed therapists.

### ***Data Analysis***

In the process of conducting this research project, I kept a reflective journal (see Appendix 7). I treated it as a means of reflecting on the process and a form of self-care, as it enabled me to express my varied emotional reactions to this research project. In analysing the research data, I was guided by the stages of data analysis outlined by Braun and Clarke (2006, 2012) and Terry et al. (2017). That was consistent with my initial data analysis strategy.

Making a decision on the approach to analysis was a complex process and it did not produce a clear cut answer. It was because the boundaries between deductive versus inductive approach are not very easy to demarcate (Braun & Clarke, 2006). As the aim of this research was first of all to probe the state of the psychotherapeutic profession in the UK in terms of the views and practice of engaging with political material, I needed to adopt an inductive approach to analysis. However, when taking a broader view fact that this research was conducted within a critical paradigm with Critical Theory tenets forming the framework within which the data were read and analysed means that the approach to analysis was deductive even when coding was more semantic.

### ***Process of Data Analysis***

**Phase 1 – Familiarisation With the Data.** To immerse myself in the data I first listened to each of the recordings multiple times following the sequence in which the recordings were made. The next step was to listen to the recordings while reading the transcripts. After doing that, I remembered the voice and intonation of the participants, while reading the script alone. That was also the stage when I made initial observations and wrote some notes of my impressions. I particularly noticed multiple similarities between various therapists in terms of their views and practice. There was no therapist who held the view that working with political material was detrimental to therapy. There were also noticeable differences, particularly regarding disclosing therapists' political stance to their clients. Further, I noted issues that were brought only by specific therapists such as ambivalence about engaging with clients regarding their privilege.

**Phase 2 – Coding.** To start the process of coding I sought the help of my peers. As I had no prior experience of coding I brought a transcript to a research day where my peers and I worked on our separate projects providing each other with emotional support and consulting on specific research issues. After everyone read few pages of the transcript and identified initial codes we had a group discussion about a segment of the transcript. This was not to agree on the coding system but to ignite the process of coding.

I coded all the transcripts on paper using multiple colours to highlight various sections of text. Once all the transcripts were coded, I transferred the transcripts into NVivo software and coded them in NVivo. I used that software only to organise the codes and I did not use any of the analytical tools offered by NVivo.

The process of coding provoked a multitude of emotional responses. It was generally enjoyable but also overwhelming, especially when the number of codes kept growing. It was at times confusing, and usually infuriatingly slow. Even though I generated some latent codes, the majority of codes were semantic (Braun & Clarke, 2006). However, it is noteworthy that frequently semantic codes described the participants' theoretical views or an interpretation of their clinical experience.

**Phase 3 – Theme Development.** To start constructing themes, I printed all codes in such a way that one code was printed on a strip of paper. Having something tangible to hold in

my hand and to see in relation to all the other codes, I started the process of grouping the codes and later organising them in clusters concerned with a particular aspect of practice or the therapists' views. At this stage, I still referred to the original transcripts to ensure that the codes were representative of the fragment of data. Also, as I was grouping the codes, I was merging similar codes together to reduce their number.

This was a challenging phase with frequent feelings of being overwhelmed, punctuated by moments of excitement and clarity. At this stage, I constructed a number of candidate themes that represented distinctive aspects of the data set.

**Phase 4 – Reviewing Themes.** At this stage, I first reviewed the candidate themes against the data set. To follow, I merged some initial themes to construct a more complex theme and reconstructed others. It was a stage of increasing clarity. Once I reduced the number of candidate themes, I checked their internal coherence against coded fragments of data. When I was satisfied that the themes were internally coherent, I reviewed them against all the transcripts to confirm that they are representative of the full set of data.

**Phase 5 – Defining and Naming Themes.** To finally define the themes, I wrote core organising concepts for each of them. These were brief descriptions of the theme that allowed me to confirm that each of the themes defined a specific aspect of data.

**Phase 6 – Producing the Report.** Throughout producing the written report I engaged with the analysis at an even deeper level to produce a coherent and convincing narrative. Through writing and rewriting the report, I continued the process of constructing the themes.

### ***Reflections on Process of Analysis***

Prior to starting the interviews, I had a fantasy of interviewing therapists who were resistant to the idea of including the political within their clinical work. I was expecting that through latent analysis I would identify their underlying ideas and assumptions. I expected it to be a challenging and exciting process. The reality was very different from my expectations. My immediate impression was that the research participants were very much engaged with the political within their practice and the main difference was in how advanced they were in

integrating it into their clinical framework. The actual challenge was to keep my views and views of the participants clearly distinguished while acknowledging that they were often aligned. While my values impacted on the process of analysis I needed to stay close to the meaning of their words. I supported myself in that process by keeping the research journal, discussions with my peers, and research supervision.

The process of analysis took six months - much longer than I had anticipated. There were moments of confusion and moments when I felt disheartened and wanted to quit. What kept me going was the commitment to the participants – the therapists who offered their time and energy to take part in this research. I felt a sense of obligation to keep my side of the agreement and to present their views and experiences.

### **Reflections on the Impact of the Researcher on the Present Research Project**

As a critical researcher, I bring my own values and experiences into the process of constructing knowledge (Ponterotto, 2005). It is important that my values, professional positioning, personal and professional experience, personal characteristics and my sociopolitical context are clearly articulated to provide the reader with the context of this study.

### ***Person and Values of the Researcher***

I am a White European, cisgender woman and I am in my early-forties I am a Polish citizen and have been living in the UK for almost 15 years. I moved to the UK mainly for economic reasons and at first, I worked as a mental health support worker in a private mental health secure hospital. This work was below my qualification, as in Poland I obtained a Master's degree in Social Clinical Psychology which meant that in Poland I was already a qualified psychologist. However, upon arrival in the UK, my language skills were limited, meaning that I was not able to fully utilise my knowledge in the new context. For nearly nine years I lived in North West England before moving to London.

I am a UKCP registered integrative psychotherapist. As a psychotherapist, I take a relational stance and my understanding of relational includes the client's relationship with the wider world. My first clinical placement was at Rochdale Mind, where I worked with a group of underprivileged clients. Most of the clients had complex mental health problems and lived in

poverty. Currently, I work in private practise in the City of London and many of my clients can be described as affluent. I am a doctoral candidate in Counselling Psychology and Psychotherapy at Metanoia Institute and Middlesex University. I also work at the Metanoia Institute as a clinical development officer and as part of my role I conduct clinical assessments for clients who self-refer to Metanoia Counselling Psychotherapy Service, which is a low-fee service. My line manager is also my research supervisor.

Until my early teenage years, I lived in the People's Republic of Poland. In the following years, the political system transitioned into democracy and a neoliberal economic system was adopted. At that time I was generally in favour of those reforms. I moved to the UK shortly before the economic crisis of 2008 and my improved language skills allowed me to follow the narrative that accompanied the introduction of austerity measures. While my stay in the UK is reasonably secure I felt emotionally affected, in a negative way by the outcome of the Brexit referendum of 2016 and the relevant public debate. I come from a society where there was no clearly specified class system and I feel that as a migrant in the UK I remain on the fringes of social classification. I have experienced periods of financial hardship, both in Poland and in the UK. I would describe myself as relatively politically engaged (I keep abreast of political news, sign petitions and infrequently take part in political protests), with my current political views being left-wing.

My experience of living in a communist country that transitioned into neoliberal democracy and rejected its past meant that it was a personal challenge to accept that Critical Theory inspired by Marxist materialism is my current philosophical home.

### ***Considerations of Power Dynamics Within the Research Relationship***

It is widely accepted that within the relationship between a researcher and a research participant, it is the researcher who occupies a stronger power position (Brinkmann & Kvale, 2017; Haverkamp, 2005). However, when applying a dialectical way of thinking (Adorno, 1969/1978c; Adorno & Horkheimer 1944/2008; Horkheimer, 1935/1978; Marcuse, 1960/1978a) about the power in the research relationship, a more complex picture can be constructed that is aligned with the framework of Intersectionality (Bedolla, 2007; Diamond & Gillis, 2009; Jordan-Zachery, 2007; White, 2007). While I do hold power as a researcher who ultimately constructs the knowledge based on my own interpretation of the participants' words, I do occupy a less

powerful position on a number of different planes. (1) The criterion of a minimum of five years of post-qualification practice meant that in that respect I had less clinical experience than all of the participants. At the time of interviewing I was a few months short of five years since my qualification; (2) As a researcher practitioner who does not yet have a clearly conceptualised framework of working with political material, I was in that matter less advanced than some of the interviewed therapists; (3) I am significantly younger than every therapist I interviewed and in the field of psychological therapy greater esteem is given to older therapists; (4) I am an Eastern European living in the UK. That automatically places me in a minority group compared with those therapists who are British-born. Also, it could be argued that in the wider sociopolitical context, there is an informal hierarchy of immigrants, depending on their nationality. The media narrative of recent years portrays Eastern Europeans mainly as unskilled workers and rarely as professionals, thus, I could be seen as holding less power than the participants from other regions.

This is not an exhaustive list of differences between me and the research participants that within the sociopolitical context shift the power dynamics. They do, however, demonstrate the intersectionality of difference as well as the dialectical nature and multidimensionality of every historically bound social concept, in this case, power dynamic.

### ***Impact on the Process of Recruitment, Interviewing, and Analysis***

Intersections of the various power dynamics discussed in the previous section pose a number of questions about my position as a researcher. Am I an outsider or an insider in relation to the researched group (Berger, 2015)? Various aspects of my power-less positioning indicated the outsider position, but they were countered with fact that I am a psychotherapist trained in a respected institute and a doctoral candidate with an interest in the topic that seemed important to the participants. My familiarity with a psychotherapeutic frame indicated the insider status and facilitated the process of establishing the research relationship. Thus my position would be best defined as the one of “the space between” (Dweyer & Buckle, 2009) which most adequately represents my experience and my dialectical approach. This dialectical approach highlights the complexity of belonging and not-belonging, as well as associated power dynamics. It is not the case that two contrary positions simply balance each other to create an optimal and harmonious research relationship. My relative sociopolitical disempowerment may have meant that I potentially have missed an indication of the participants’ vulnerability that was



of the kind that I was not attuned to. However, it may have also meant that participants adopted a more powerful stance to complement my position. In this context it is interesting to note that only two participants declared themselves as holding a minority status; one of them being White British – while there were three participants that were not British born. Furthermore, the description of their experiences was in some instances not congruent with their self-identification as non-minority. This discrepancy could have been caused by differences in understanding of what constitutes a sociopolitical minority group, but it may be also a matter of different weights being given to various group memberships, with more advantageous membership being prioritised.

Another factor that impacted on the process of interviewing was my stance that it is important to allow for the engagement with the political within therapeutic work. That stance was influenced by my life experiences in Poland and infrequent micro-aggressions that I experienced in the UK (e.g. being told that my name is too difficult and being offered to be called by an English name instead). Nevertheless, I was still developing my theoretical framework of engaging with the political and I appreciated the way in which the therapists integrated the active engagement with the political in their clinical frameworks. I was positively surprised and welcomed what I heard from the participants. Therefore, it is possible that I was less attuned to the potential challenges of working with the political. That may have tempered my curiosity in inquiring about the downsides or risks associated with that way of practising.

On a more personal note, doing doctoral research in the language that I learnt in adulthood evokes in me some complex emotional reactions. These are linked with frequent messaging about my lack of talent for languages and definite statements by my Polish peers that it is not possible to do psychotherapy in a second language, not to mention a doctorate. It means that when I was meeting the participants there must have been some residual sense of not-enoughness. So when I was welcomed by therapists who were complimentary about me doing this research it was important for me and felt validating. It may have meant that I was less inclined to be more challenging or inquisitive in the interviews.

By and large, the participants shared my views that making space for the political is a part of the psychotherapeutic work. This was not by intentional design and I consciously expected that the participants would not share my views. However, there is also a possibility that my familial and historical messaging about engagement with the political being dangerous

meant that I wanted to avoid confrontation and it may have influenced the wording of the call for participants, which did not specifically ask about potential risks and problems when engaging with the political in a way that elicited responses from more positively inclined practitioners. Moreover, a contextual factor that could have played a part in the recruitment was my name stated on the call for participants. It is a possibility that it has discouraged therapists who are less inclined to engage with the sociopolitical other and possibly less likely to engage with the political in their clinical work.

Furthermore, the process of analysis of data and constructing themes must have been influenced by my lived experience, including experience of my personal psychotherapy. In that process even though the engagement with the political was not pronounced, it was clearly present. My therapist herself was born elsewhere in Europe and had experience of migration to the UK. I also knew from her professional profile that she was actively working with difference and with minority groups. It meant that structural issues, wider social power dynamics and their impact on me, as well as my values and beliefs, and the differences between us were part of that engagement. When reflecting on my personal therapy, a few years after I finished it, I initially struggled to remember whether engagement with the political was part of it. What made it somewhat difficult was the fact that engaging with the political was not an unusual experience. I came to therapy engaged with the wider world and that engagement was simply responded to by the therapist. I also welcomed instances when she commented on the political levels of my experience. Upon reflection, I can recognise how my own experience of different historical and cultural contexts and being the sociopolitical other clearly influenced my construction of Theme 2, while my experience of personal therapy influenced the construction of Theme 3.

### **Trustworthiness and Validity**

To meet the quality criteria for this study, I followed the four general guidelines for qualitative research that were proposed by Yardley (2000) and endorsed by Braun and Clarke (2013). These guidelines are not methodology specific and hence inclusive of my research methodology and method.

1. Sensitivity to context: As a qualitative researcher, I strived to remain sensitive to the context by:

- Reviewing the available theoretical and empirical literature that was, in my view, relevant to the topic of this study. This is evidenced by the Literature Review section.
- Being sensitive to the perspectives of the research participants' socio-cultural context, by asking open questions inquiring about participants' experience in as much detail as they wanted to share and by explicitly inquiring about the participants, sociopolitical background. This is evidenced by Appendix 4 – Background Form, and Appendix 5 – Semi-Structured Interview Schedule.
- Being sensitive to ethical issues, such as sociopolitical power dynamics and my commitment to anti-oppressive practice. This is evidenced in sections Anti-oppressive Practice; Considerations of Power Dynamics Within the Research Relationship; and Impact on the Process of Recruitment, Interviewing, and Analysis.
- Being sensitive to the data obtained during interviews by following guidelines for research analysis and by maintaining reflexivity throughout the process of engaging with the data. See Appendix 7 – Snapshot of Reflexive Journal.

2. Commitment and rigour: I strived to maintain the rigour of this study through:

- In-depth engagement with the topic in my clinical practice as a psychotherapist and clinical assessor, and through studying relevant literature.
- Developing skills in reflexive thematic analysis by following guidelines, reflecting on the process of analysis, and consulting with my supervisor and other researchers, using my chosen method.
- Data collection by the means of long, in-depth interviews and immersion in the data. See the Methodology section.

3. Transparency and coherence: I strived to demonstrate transparency and coherence through:

- Clearly stating the values that inform me as a researcher and sharing my initial reflections after interviews. See the section Person and Values of the Researcher and the section Initial Reflections on Conducted Interviews.
- Fit between research question, methodology, and methods used to collect and analyse data. See the Methodology section.

- Transparent account of how data were collected and analysed: See the Methodology section.
  - Clarity and power of description through a persuasive and convincing interpretation of data. See the Findings section.
4. Impact and importance: I strived to demonstrate the impact and importance of this study through:
- Outlining the impact for practitioners and training organisations. See the Discussion section.

# Findings

## Presentation of Findings

Throughout this study, I refer to the research participants by their participant identification number that is included in the participant's consent form. In the spirit of inclusivity, in this section, I refer to all participants as "therapists" regardless of their formal qualifications. I use this term to talk specifically about the therapists who took part in the current research.

In transcribing the interviews I followed Braun and Clarke's (2012) guidelines. The transcripts include all words and utterances, including repetitions, false starts, and cut offs in speech that are indicated by dash (e.g. im-). Longer pauses are indicated in brackets, as is laughter or other sounds. My utterances are included in round brackets with R standing for "researcher" (R: hmm). Strong emphases of particular words are underlined. Three full-stops in round brackets (...) indicate my editing and squared brackets [...] indicate that the words in them are added or redacted by me. I used editing and adding my words only for the purposes of brevity and clarity. I used redactions to protect anonymity of the participants and when applicable their clients. They have not been used to alter the meaning of the transcript. The quotations of fewer than 40 words are presented in quotation marks within the body of the text. Longer quotations are presented as indented block quotations. Quotation marks are also used to indicate reported speech within quotations. To increase readability all quotes are presented in italics. To clearly distinguish them from the body of analysis the block quotations are also presented in a different font with additional spacing before and after them. When the quote is intended to be read as a continuation of the previous sentence, there is no full stop at the end of the previous text. The origin of the quote is indicated by the participant's code in brackets immediately after the quote. I use the singular "they" pronoun to refer to all participants to protect their anonymity.

## Overview of Themes

Through the process of analysis, I developed three themes that relate to the research question.

Theme 1: Holding the tension: the politically engaged therapist within a disengaged profession

*"Being a therapist is very much a political decision" (P5)*

Theme 1, Subtheme 1: The political is personal

*“You become politicised with an emotional jolt” (P5)*

Theme 1, Subtheme 2: Finding your own way

*“R: was working with political material a part of your training?”*

*P4: No, no, of course not” (P4)*

Theme 2: Clients are impacted by the wider political context

*“We cannot talk about experiences in, life experiences, without talking politics” (P4)*

Theme 3: The complexity of working with the political in a relational way

*“I don’t have to agree with you about it and you don’t have to agree with me” (P3)*

### ***Interconnections of Themes***

The constructed themes are intertwined and build on each other. The findings report starts with Theme 1, which focuses on the person of the therapist and highlights tensions held by therapists who engage with political material. The therapists need to hold the tension between their politically engaged stance and the politically disengaged stance of the profession and between their desire to engage with the political and the lack of training in this area. The therapists’ awareness of the importance of sociopolitical dynamics is often rooted in their very personal experience of the political. The therapists are engaged with the political and critical of the profession that is not sufficiently engaged. They hold tension not only between their own convictions and belonging to the disengaged profession but also between the lack of training on engaging with the political and their engaged practice. The negative impact of the lack of adequate training is also introduced.

Theme 2 focuses on the person of the client and highlights the importance the therapists placed on the impact of the sociopolitical context on their clients’ lives. This theme adds a more detailed rationale for the strength of therapists’ conviction that it is important to engage with the political, despite or sometimes against the mainstream of the profession. The focus is on how engagement with the political in therapy can benefit the client.

Finally, Theme 3 highlights the complexity of relational working with political material. It focuses on everyday clinical practice including its rewards and challenges. It demonstrates how the therapists treat the engagement with the political as part of everyday practice and highlights the impact that working with the political has on the strength of the therapeutic relationship. This theme sheds light on how the sociopolitical difference between the client and the therapist can be used in the service of the client. However, it also underlines the potential pitfalls of engaging with the political without sufficient self-awareness on the part of the therapist.

For example quotes for each theme please see Appendix 9 – Tables of Themes with Example Quotes.

### **Description of Theme 1**

#### ***Theme 1: Holding the Tension: The politically Engaged Therapist Within a Disengaged Profession***

*“Being a therapist is very much a political decision” (P5)*

This theme highlights the tension that the therapists hold between their engagement with political material and belonging to a profession that is perceived by them as politically disengaged. The therapists function in a complex, and at times contradictory context, where their values and beliefs regarding the scope of therapeutic practice are not always reflected in the position taken by the mainstream profession.

The first subtheme focuses on the tension between the politically disengaged stance of the psychotherapeutic profession dominated by the affluent classes and the active political engagement of practitioners (and clients) who have personal experience of living within a politically oppressive or disadvantageous context.

The second subtheme emphasises the struggle of the therapists who want to actively engage with political material in everyday practice, despite the limitations of their core training.

### **Theme 1, Subtheme 1: The Political is Personal**

*“You become politicised with an emotional jolt” (P5)*

All therapists taking part in this research talked about a wider political context in which therapy takes place, regardless of whether the client is seen in a charitable setting that offers low-fee or no-fee therapy or in private practice. This context is seen by the therapist as relevant to what happens in the session as *“we live in a very political world for the last 20 years”* (P6) and *“no therapy happens in a vacuum (...) the political backdrop is, is important”* (P7). From that perspective, the question about whether or not to engage with the political was seen as a redundant one, and one of the therapists was even frustrated by it.

*I, I, I, I think the very question is, um, (pause) a kind of effect of all the, um, psychology and psych disciplines (R: hmm) seeing themselves as completely divorced from any social and political issues, and holding this very conservative, um, um, (pause)... epistemological position (R: hmm), ah, that makes it possible for you to ask that sort of question. (P4)*

Nearly all the interviewed therapists were vocal in their criticism of how the profession positions itself within the wider sociopolitical context.

*The narrative in government and media circles that, um, is now positioning being in employment as a sign of psychological health (R: hmm) and therefore being out of work, is a sign of ill-health and, um, you know there was an initiative to put, um, therapeutic practitioners in Job Centres. (P2)*

They noted the impact of the governmental and media narrative, which became particularly prevalent in the era of austerity, promoting short term interventions as a remedy for mental health problems that were frequently seen by the interviewed therapists as a response to contextual factors that heavily impacted many people. The therapists saw it as an attempt to shift responsibility for the effects of political decisions onto the affected individuals and were concerned about the professional bodies not opposing that narrative strongly enough.

The therapists also pointed to further and various issues that were particularly close to them, such as the dominance of the medical model (P5); no easily accessible alternative to



pharmacological treatment (P1); requirement to work for free while in training (P2); high fees charged in private practice (P3); professional bodies seemingly prioritising employment opportunities for therapist over ethical concerns (P2 and P6). Even though their particular concerns with the profession differed, the sense of frustration with the profession being seen as not independent enough was pervasive among the interviewed therapists. This is what one therapist had to say about it:

*Uh, and all of the judgements that can go along with that come into the room and it's why we've got this hysteria around SCoPEd and regulation and we're all desperate to do IAPT on vulnerable people, uh and we all want, it's opportunities for counsellors rather than, "how is this impacting clients? How is this, how is IAPT impacting clients?" "Well, no we've got to get jobs, we've got to be paid." Calm down. Will everybody please just calm down and look at what we're doing and why we're jumping through these hoops, and who we are trying to dance for. The government couldn't give a damn about us. Stop doing little dances for daddy. Daddy don't care. Grow up. Look inwards. The answer is not, whoever the government is; the answer for our profession is not out there. It's in, it's in the profession'. We treat each other as if we're bombs about to go off. It's so rude. You know, this, this push for, oh well, you know, "I know people who, who, whose practice is terrible, terrible, dangerous." "Well their supervisor doesn't think they're dangerous. The clients keep coming, and no-one's made a complaint yet. Do you think regulation's going to stop this?" So that neuroticism seems to me to be essentially middle-class. And I dislike it. (P6)*

All the therapists expressed an opinion that the role of psychotherapy is to engage with the complexity of the full human experience. "I don't think there's any disadvantages of engaging with any material. You know, it's just, it's whatever is the client's material. Whatever's on their mind or affecting them or, um, making them feel differently" (P1). This inevitably includes engagement with political material, because

*You can't divide the two. 'Cause personal interactions are also shaped, regulated, governed to a certain extent by, by norms and values (R: hmm), which have their politics, and they come from wider social discourses, so, so you can't really, um, separate this. Personal is, history is one thing and then its politics is another it's, it's really not, I don't think, I don't see it (R: hmm) like that. (P4)*

Politically disengaged therapy would not only exclude an important part of the client's experience from the clinical room, but it would also need to separate the political from the personal. Such a separation would be arbitrary and artificial. Deciding for the client what they can and cannot talk about in therapy could also be ethically questionable. Therefore, the perceived lack of open and sufficient engagement with the political by the profession is viewed by the therapists as lamentable and even more importantly as a political choice in itself.

*There's a lovely quote from Desmond Tutu, um, "If you see an elephant sitting on a mouse, and you say you're neutral, you're siding with the elephant." Yeah, I mean I, I have a lot of respect for that, it's lovely, it sums the whole thing up. (P2)*

The majority of the interviewed therapists felt that by not engaging with the political in a world where injustice and inequality are present, the therapist tacitly supports the status quo and colludes with the injustice, even if it is done outside of awareness. *"If we're not introducing more politics, then we can very quickly become handmaidens to the power structures we're working within" (P5).*

A number of the therapists argued that what contributes to this situation are political decisions that are internal to the profession and, in the opinion of the therapists, lead to the creation of a homogeneous profession of therapists that predominantly recruit from the White British middle class and subsequently are more likely to support the political status quo.

*Um, it doesn't happen in the same way in any other profession, the only other profession I think it used to happen in was the law, and that led to the law being peopled by upper-middle-class people whose parents had lots of money. Usually men, upper-middle-class men whose parents had lots of money. The judge, who in some case or other in the middle of the sixties asked 'Who are the Beatles?' (R: hmm) and he was serious. You know, that kind of narrow, out of touch, and utterly committed to the existing structures of power (R: hmm). And I think we're heading that way in our professions (R: hmm). (P2)*

The cost of the advanced training and the nationwide model adopted of charitable and even state-funded provision of psychological therapy that relies on trainees and even qualified

therapists working for free makes the profession very difficult to access for people who are not from affluent backgrounds. Such a situation is detrimental to both the profession and the clients.

*We lose huge amounts of insight. I think we offer a much, much, poorer service to our clients. If our clients can't find themselves reflected anywhere in the profession, and if they're carrying issues of toxic shame, you know, the "I am wrong" message, and the only people they can find who will help them are different to themselves, and there's no one in the profession who, as I say who reflects them, that message is reinforced. Um, and I think that does our clients a huge disservice. I think it does the profession a huge disservice. (P2)*

Consequently, the profession reflects only a narrow aspect of society and hence psychotherapy is less likely to be accessed by a more diverse population of clients. Moreover, a psychotherapy training that expresses predominantly mainstream culture and does not sufficiently consider its political assumptions, can be potentially oppressive to a trainee of minority status.

*BAATN, the Black and Asian therapy network (R: okay, yes). I mean it's absolutely chock-full of people (R: hmm) who have been, um, treated unbelievably discriminately, um, because nobody understood what it was like to be black on the training (R: hmm). Um, you go to Pink Therapy, Pink Therapy's absolutely chock-full of therapists who, during their entire training spent four years, three times a week not, not saying they were gay. (P3)*

Against that backdrop, many of the therapists observed that being a member of a widely understood minority and having personal experience of sociopolitical disadvantage seems to facilitate active engagement with political themes in therapeutic work. Research participants consistently pointed to the impact of the experience of political injustice on their and their clients' readiness of engaging with political themes in therapy. They also talked about their own experience of being "the other" that sharply increased their political awareness, at times early in their life.

*I've felt oppressed because when I went, to, I got a scholarship to a private school, I suddenly knew I was poor (R: hmm). And when I was at my local school I, I didn't know and it's on.., you only become politicised with an emotional jolt, when you're on the down. It's when a door's shut*

*in your face, it, “you can’t have this job, you’re a woman”, “you can’t have this job, you’re whatever”, and so that, that’s that politicises. (P5)*

A number of the therapists recognised the impact of being, at some point in life, in a politically disadvantaged position on their practice. They were either brought up in working-class families and experienced the disadvantages of that positioning or their suffering went unnoticed because they belonged to the sociopolitical norm.

*Well, what, what the politics that I bring into the room are the circumstances of my background, my life, um, the unfairness that I’ve experienced, the weirdness that I, that I’ve experienced, so because my family is middle-class, the neglect and abuse that I experienced was completely ignored. (P6)*

Furthermore, several interviewed therapists were born and grew up in countries other than the UK and/or travel extensively and have witnessed many forms of political inequality. Moving to the UK at various stages of life meant that these therapists had the experience of being the other. One therapist talked in some detail about their personal experience of being under pressure to assimilate and to lose parts of their otherness that were not welcomed in the new context. Processing that experience has resulted in gaining a deeper understanding of the self as the other and further increased their political sensitivity and willingness to engage with the political in their clinical practice.

*The sense of frustration a, and what I achieved afterwards, um, (pause) made me feel much better in my skin (R: hmm). And much, uh, uh, uh, um, freer to ask questions and um, (pause) to challenge to, to, to, to challenge established ways of seeing things (R: hmm). It was very unpleasant, though, what I was experiencing, the sense of frustration, I have to say it wasn’t pleasant at all (smilingly). (P4)*

For some therapists, such sensitivity to issues of difference and their sociopolitical implications has often been developed in the process of living in an openly hostile political climate.

*The personal is political, I mean it’s an old slogan that, that I, I’ve lived it, I do live it, um, as a gay couple in East London in the 1980s, the personal was very political, um (...) I mean there was*

*some very nasty stuff went on (R: hmm). (...) When we moved in here, we said we weren't gonna make a great issue, but neither were we going to hide. So, you know, literally every day we were living this out. (R: hmm) Um, (pause) and I think that perspective that, you know, the person is political and just by being who we are, we're involved, um, we can't not be. (R: hmm) and that, that's been very much part of where I come from. (P2)*

The therapists who have been at risk because of their difference had an acute understanding of the impact of the personal on the political, and the political on the personal. That often painful experience alerted therapists to political levels of understanding in narratives presented by clients. However, that experience is not a necessary condition for engagement with the political. What seems to be crucial is that the therapist is aware of the wider political context and their current sociopolitical positioning and the potential advantages and sociopolitical power that come with it. During the interview, all the participants were asked about their social positioning, but in the course of the interview, they further reflected on their sociopolitical advantages and privilege. That awareness, especially when accompanied by the professional experience of working with underprivileged clients, facilitated their engagement with the political in therapy sessions. Additionally, many therapists noted that the political context was frequently discussed by politically engaged members of their family of origin. Being aware of the importance of the political, a number of the therapists saw their decision to become a psychotherapist as a political choice and they viewed psychotherapy as a form of political action that is aimed at making the world a more just place. The therapists' activism, although not all of them would use that word, takes many forms. Some therapists find themselves realising that meeting the complex needs of the client means fighting against the organisational context within which they offer therapy. One therapist commented: *"it's time-limited, generally, apart from one client I've managed to hold on to long-term (R: hmm), he's kind of under the radar"* (P1).

For some therapists, their private practice is a space where they can express their political stance without organisational limitations. They do it through practical arrangements, such as seeing low fee, or no fee-paying, clients, offering sliding scales of fees and seeking premises that are accessible to clients with various disabilities. The therapists also encourage their clients to access non-clinical support that is relevant to the clients' situation or even share their non-clinical knowledge in the service of the client's wellbeing.

Furthermore, many therapists commented on the potential of individual psychotherapy to indirectly impact on the wider context. The client who changes through the psychotherapeutic process goes into their family, relationships and into the world and impacts on other people. Thus, psychotherapy was seen by some of the therapists as grassroots activism: *“you know, so, it’s people like us activists who change the world, one teabag at a time. One client at a time”* (P3).

### **Theme 1, Subtheme 2: Finding Your Own Way**

*“R: was working with political material a part of your training?”*

*P4: No, no, of course not” (P4)*

All the therapists, to various extents, did actively engage with political material and considered it an important aspect of their practice. However, most of them worked in that way despite the core professional training that led to their qualified and accredited/registered professional status. Out of seven interviewed therapists, only one therapist (P3) said that working with the political material was part of their core clinical training and that they did actively seek training that would reflect their political activism. Two other participants recalled that there was some attention put on working with the political material though it was, according to them, not sufficient: *“very little”* (P1) and *“I would say largely I still think it’s underdone”* (P5). The remaining four participants, when asked about it, gave a resounding “no” as their answer. One therapist said that their training organisation *“taught how to do politics by not doing it. So, so it’s kind of don’t do it (R: hmm). It was so, such a small part of the training, that it’s really, that is not what this is about”* (P5). Even when some elements of working with sociopolitical issues were covered, they were not integrated within the training but rather added on to it. *“Racism was, it was a blunt instrument, it was, you know, got to talk about racism, so we hammered that hammer for a session, and that was racism dealt with (laughs)”* (P6). Engagement with the political appeared to be a tick box exercise and not a part of the therapeutic model, and for the majority of the therapists, it was to their disappointment and frustration. Moreover, some therapists noted that because the majority of therapists are recruited from the more affluent classes, there was a need for clinical training to include discussions of the impact of various forms of oppression and sociopolitical disadvantage on emotional health.

*Certainly, there needs to be more political awareness, um (pause) I'm often surprised at people's lack of awareness of conflicts of interest, um, power relations (...) if you don't look at the power relations, you're missing so much of conversation, you know the person with the most power is setting the agenda, the conversation, you, you know, that sort of analysis of language, deep construction, that philosophy of therapy I think it's really important. Again, just to understand th-how deeply oppressed the oppressed are. (P5)*

For most of the therapists, their willingness to engage with the political survived and/or developed despite their core training. They felt strongly that engaging with the political was important and incorporated that into their practice, regardless of the fact that *"it was frowned upon (pause) to a certain degree"* (P4) during their core training. They have actively sought additional training and resources that support their politically engaged stance to practise in a more informed way. Many of the therapists would have liked more of those themes included in the curriculum, as it would make engagement with those themes potentially more skilled, but also would relieve some therapists of the sense of internal conflict that they were going against what was acceptable to their training institution. Even though the imperative to engage with the political level of their clients' situation was strong enough to follow it, the therapists' sense of transgressing was unlikely to be helpful in the clinical situation. One therapist described beginning engaging with the political with *"a real sense of, um, "oh dear I'm going to break the rules here", uh, um (jokingly), yeah, um swallow hard and well actually, everything in me says this is what's needed"* (P2). They described that initial conflict in rather a light manner, but it is worth noting that they did it at least 10 years after the fact.

Many of the therapists recognised that the values of the training, their philosophical basis and sometimes the general atmosphere of the training institute facilitated engagement with at least some aspects of the political. There was also recognition that the core training came with time limitations and that practitioners bore responsibility for advancing their practice. *"But there's you know, there's, it, it, it can't cover everything, can it? That's the problem (R: yes). So we have to do things in CPD wise to try and top up in areas where we're lacking"* (P1). However, the limitations of their training seemed to be associated with the interviewed therapists facing challenges when engaging with political material in therapy sessions. Some of these challenges relate to the lack of a therapeutic framework that would encompass working with political material in the therapy session. Many therapists felt that they needed to find their own way of engaging, which was based on a strong sense that political themes are relevant to

the work they do and some of them struggled with this more than others. It is worth noting that the majority of the interviewed therapists belonged to Psychotherapists and Counsellors for Social Responsibility where they could meet like minded practitioners.

The therapists were at different stages in terms of integrating engagement with the political into their practice. Some of them presented as confident in this area, while some found participation in the current study provoked deeper reflection.

*It's been interesting to have a conversation today. I, I don't know if you know of Climate Psychology Alliance. Um, we're trying to find ways of bringing the other than human (R: hmm) into the room and I'm, I'm (pause) I still find it a struggle because right at the heart of my work is self-agency (R: hmm). (...) So I suppose that's, that's, that's, still at the crux of my tentativeness (R: hmm), um, but it certainly remains in my mind to bring it in. (P5)*

Some of the therapists struggled to integrate working with the political in their clinical practice in a way that would be reflective of both their personal and professional values. What some therapists found particularly challenging was engaging with the political when working with a privileged client group. The underprivileged sociopolitical background was seen by some, but not all, therapists as more relevant in terms of therapeutic work. Therapists who lived in affluent areas and worked with mostly privileged clients engaged less often with political themes in therapy. This was seen by those therapists as a direct result of their client group. However, one of the therapists noted their struggle to address a client's sociopolitical privilege because of their own complex relationship to it. *"I haven't worked through my own (pause) it, it, I've worked through some of it, but it's more raw. And it can go raw both ways"* (P5).

Another challenge facing the interviewed therapists was the culturally highly sensitive nature of political material. Some therapists felt that introducing a political level of understanding when engaging with clients carried the risk of imposing their views on the client. For that reason, they waited for clients to introduce political material, but the clients rarely did so. At the same time, the therapists who felt more confident in actively engaging with the political noted that many clients did not name political material in their narrative because of the cultural understanding of therapy as a place where there is no room for political considerations. When those therapists indicated that the political can be a part of clinical engagement it was met with



*“often huge relief, um, they, it’s very common for people to come in with ideas about what can’t be talked about, what shouldn’t be brought into the therapy room. Which usually includes what’s bothering them most” (P2).*

Finally, some of the interviewed therapists warned of the risk of turning the session into a discussion that reinforces political views shared by the therapeutic dyad. Such engagement in the session would not be of much, if any, therapeutic value for the client.

*I think there could be disadvantages if you are of the same opinion, because you’re in your, in your, in your, in your echo-bubble (R: hmm). And that has happened with people, uh, who know my stance on Brexit and, um, who are also opposed to it and, and we could, we can, um, uh, sort of intellectually masturbate for half an hour um (R: hmm), which is not necessarily helping them.*  
(P7)

### **Conclusion on Theme 1**

This theme reflects the complexity of engaging with political material against the mainstream of the profession. It shows that therapists who do engage with that material are motivated by their strong conviction and the lived experience of the impact of the political on everyday life. Despite the training they received, therapists take a critical stance towards the politically disengaged profession and embrace the struggle of integrating the political into their practice.

### **Description of Theme 2**

#### **Theme 2: Clients are Impacted by the Wider Political Context**

*“We cannot talk about experiences in, life experiences, without talking politics” (P4)*

This theme highlights the therapists’ understanding that the wider sociopolitical context has a significant impact on the client. It also presents their clinical practice rooted in the view that engagement with the political context of clients’ lives is an integral part of therapeutic work. This theme focuses on the potential benefits for the client of the context conscious therapy.

*Okay. Sounds like a cliché, isn't it? I absolutely believe that whatever goes wrong with people's mental health, psyche, sense of happiness in the world (R: hmm), is as much to do with the political and social circumstances (R: hmm) in which they live. Both, if they are enormously privileged and consider themselves default in White, hetero-sexual males in a professional class, or, you know, trans, working-class person who's been thrown out (R: hmm) by their totally dysfunctional family, you know. I mean the whole spectrum wherever the origin of what goes on in your head is, it comes from your class position, the amount of oppression you've endured, and, um, your status as a citizen or as a refugee, or as a, um, you know underclass, the whole spectrum of things. And that goes for disability as well (R: hmm). Um, so I start from the premise that everything is political (R: hmm) in various sizes of "p". (P3)*

When the interviewed therapists engaged with political material in a therapy session, they did it keeping in mind a number of issues that are included in, or link with, broadly understood political material. These are: the client's sociopolitical positioning; the dominant sociopolitical narrative or dominant cultural narrative (Rappaport, 2000, as cited in Nelson & Prilleltensky, 2005, p. 24); and the client's values, ethics, and beliefs that are linked to how they see themselves within the wider context. The therapists spoke about how their client's sociopolitical positioning impacts on their current situation, their mental wellbeing and access to services if required by the client, as well as how that positioning shapes the client's expectation of life and what they believe is their place in the world. The dominant sociopolitical narrative can be defined as a socially approved story, detailing what is accepted and not accepted in society, what is desirable and important in life, and what defines success. It also offers an explanation of how one achieves success in life or the reasons why one fails to do so. The client's values, ethics and beliefs are, to a large extent, shaped by the client's sociopolitical positioning and the dominant narrative.

*I mean, it is so obvious that individual people, persons, are socially positioned (R: hmm) and that their social position was very relevant (pause) in affecting their life, that, you know, no, not just their opportunities for education and work, which is very important, of course, but also their views, their, their, what, what they can afford themselves to think about (pause) and how, how they relate to themselves, the kind of security or insecurity they've got (R: hmm), um, all that. (P4)*

The therapists were of the opinion that understanding of the client's context is necessary for understanding the client's full experience of themselves, the world, and themselves within the world. They recalled instances when that seemed to be also important to their clients.

*Uh, my name, when it was on Pink Therapy, my name is [indicates my heritage](R: hmm). I have had four different gay men who came to me because they [recognised my heritage](R: hmm). And that, that, I would understand something of their heritage. (P3)*

In the experience of the therapists, the clients who were interested in paying attention to the wider context of their lives sought a therapist who would facilitate it and contacted therapists who mentioned an interest in the political in their professional profiles. Also, the therapists had a sense that their clients were either trying, especially within early sessions, to place them within a wider sociopolitical context, or that they assumed that the therapist shared their lifestyle. Their assumptions were perceived by the therapist as facilitating the work.

For the majority of the therapists, the impact of the context on the client was a given that formed the premise of their engagement with the political. However, this was not always seen in that way by the client. Therefore, therapists encouraged the client to explore these issues. *"It's a part of rounded, a 360 observation, and discernment of the client's situation. I'll talk about sex, I'll talk about relationships, I'll talk about money, so I'll talk about this [client's social positioning], too" (P6).* This invitation to engage with the sociopolitical context was not always readily accepted by the client and in such situations the therapists would not pursue it. Nevertheless, the therapists viewed it as an important indication for the client that there was space for the political in the clinical room if or when the client wanted to explore it. It was also an indication that their sociopolitical positioning such as class, gender, ethnicity, financial status, etc. is worth examining. The therapists also emphasised that they wanted to welcome the client's full and multidimensional experience into therapy. The client functions within the wider political world and that is equally as relevant to therapeutic engagement as their internal emotional states. Thus, it is not the therapist's role to deny the client space where they can process that integral part of their experience.

The therapists argued that it was of benefit to the client to engage in exploration of their sociopolitical context. In particular, those clients who had experienced any form of oppression could process their experience of injustice and have the therapist bear witness to that injustice

and support them within the unfavourable context. Such validation of the client's experience could potentially facilitate the development of a more realistic view of the self within the context and increased awareness of the external influences on the client's life.

*And stuff starts to make, you know, we, we see what replicates what, and, in some cases, why they've chosen their particular ways of being, their particular political ways of being or sociopolitical ways of being (R: hmm), and sometimes that really works for them and sometimes without changing their attitudes, they may find it useful to adjust the way they engage. (P2)*

Such an oversight (Smail, 2016) can lead to the client reviewing their relationship with the world and making decisions that are aligned with their own values.

For all interviewed therapists, engaging with the political in therapy was about exploring the impact of the political structures of power and control on the client's life and emotional wellbeing. The therapist's emotional support can empower the client to use the potentially damaging emotions caused by traumatic experiences to challenge the oppressive structures and to regain control over their life and position in society.

*Um... at other times, it might give them the sort of the, um agency to pursue it and (pause) yeah (pause) I mean I have a client at the moment who, we, he has, um, a history of uh, terrible neglect, abuse, shocking, um, and he, um, he he's also gay, he suffered homophobic abuse over the years, as well, and prejudice, and he was homeless for a while and treated abominably during that period, um, and now, you know, one of the things in his kind of recovery, and he suffered, uh, depression on and off, all, most, of his life, um, but now, you know, one thing we've been working on is his rage, um, and we've been exploring that for a while now and one of the things he's trying to do at the moment is channel that constructively and he's taking on a lot of these institutions, both politically and legally. Um, (pause) and hopefully, my sort of, um, emotional support, helps him. (P1)*

To help the client see themselves as occupying a particular place within a wider sociopolitical context, the majority of the therapists encouraged the client to recognise their experience, particularly the one that caused the client distress, not only on its personal level but also on its political or sociopolitical level. Being able to reflect on one's situation on the structural

level increased the client's awareness of self in the context and widened their understanding of their personal story through adding to it a political dimension or level of understanding. Moreover, once the client realised that there were some structural factors that contributed to that experience, they could also see that their experience was not an isolated one.

*I think it, it's two things. One, ...(pause) It expands the canvas we're working on, so, (pause) as soon as it's political, it's not that woman struggling against, it's many women, so it places her struggle, 'cause that's the most usual one that I'm working with, in the context of a wider struggle, (R: hmm) and so, and I think in doing that, I experience quite a lot more energy, (R: hmm) that they can start using their, what might be hopelessness, in a more hopeful way. (P5)*

That opened up the possibility for the client to experience solidarity with other people who had had similar experiences. That can result in the feeling of empowerment that, in turn, can lead to active political engagement with a particular structural problem contributing to the client's distress.

The therapists were concerned about political dynamics having a damaging impact on clients who were in an underprivileged position. That impact ranged from the experience of internalised oppression, through the strain of multiple life challenges and lack of opportunities to improve one's situation, to limited access to mental health services. This impact of the political system was further strengthened through the dominant sociopolitical narrative that focused on the individual and often omitted the sociopolitical context and its structural impediments. That not only influenced the client's current life situation, their experience and potentially their mental health, but it also shaped the client's understanding of the world and of the self.

*And of course in the world we live in there's a hu-, I mean most of the news media are, are on the side of the establishment, and therefore some of the loudest voices, the tabloids particularly, are, are pushing a narrative that says that those who are being oppressed, those who are struggling, are themselves at fault, are themselves, in some way, deficient or, or worse. So to name injustice is to offer an opportunity for people to see themselves in a different way. But of course, that means they position themselves differently, even if it's only internally (R: hmm), in relation to those narratives. And I think that, that different positioning, my take on it, is it gives them options that they wouldn't otherwise have, if, um, if everything is down to their own, and*

*increasingly the narrative says psychological deficiencies, then all they can do is more and more desperately seek out some kind of psychological intervention (R: hmm), which more and more comes in the form of a pill (R: hmm). (P2)*

Such sociopolitical messaging surrounds us from the early years and forms the building blocks of our values and beliefs about life and what is important in it. As this messaging is tacit it is not readily available within the awareness. To increase the clients' awareness, the therapist invited them to reflect on the philosophical and political ideas that govern their lives and the relationships they have with themselves and others in the wider social context. The clients were encouraged to explore where these ideas come from and to link them back with the clients' internal psychodynamics, highlighting the relationship between the clients' psychological makeup and their political stance. The therapists appreciated that such a stance could be a result of a dominant political discourse that a particular client was surrounded by and accepted without reflecting on it. One therapist worked with a client who wondered aloud about the therapist being Jewish and not increasing their fees, whereas the client believed that Jews were motivated primarily by money. The client applied the anti-Semitic trope, seemingly without any reflection or critical thinking despite knowing the therapist's socialist politics. The therapist viewed that comment in the light of the client being exposed to the pervasive narrative that offers an easy explanation of complex dynamics. Such a repetitive narrative discouraging critical engagement is one of the incarnations of what the Frankfurt School called the culture industry (e.g. Adorno, 1967/1989a), that under the guise of serving the individual manipulates them. In their response to the client, the therapist draws the client's attention to their lack of reflexivity.

*Mostly, I'll give a, I'll give a political context to it clinically. I'll say "ah, you know, you live in a society, you know, governed by the Daily Mail, etc (R: hmm), uh, you know, these attitudes are everywhere, uh, you have them, uh, what do we make of that, you know, what do we make of your passivity in the face (R: hmm) of so much information that is available to you and what, what's kept you feeling safer (R: hmm), feeling that people like me are other (R: hmm) and enemies, you know, why is, why does that work for you?" That's what I'll do. (P3)*

The act of challenging the client's political beliefs, especially within the relational way of working, prompts the client to engage with them in a more conscious and emotional way and provides an opportunity for the client to reflect on them. Through challenging the client to think critically, the

therapist helps the client to separate from destructive sociopolitical attachments (Gutwill & Hollander, 2006; Hollander 2017) and to reflect on the client's contextual anxieties that these attachments may be helping them to manage. Through that kind of engagement, the client extends their self-awareness and gains an insight into the dynamics between a dominant narrative, their beliefs and their way of being in the world, as well as their potentiality of being the oppressor and the oppressed. Gaining that insight has the potential to further lead to the client changing the way they relate to power structures that have an impact on their life. Only when the client recognises the impact of the dominant political system on their way of being, can they consciously challenge it.

Furthermore, by engaging with these themes and pointing to structural aspects of the client's situation, the therapists challenged the neoliberal narrative of the utter individual responsibility for the client's situation. This was not to deny that the client had an active role in their situation but to acknowledge that *"they are embedded in a, in a social system, um, which potentially is to their advantage, but is also potentially very much to their disadvantage"* (P7). Helping the client to see themselves within the context, to simultaneously hold in awareness both their personal responsibility and the impact of their sociopolitical context, can potentially lead to the client to see themselves in a more realistic way and to lessen the impact of the narrative that was likely to deepen their distress and sense of personal failing (Moane, 2003; Layton, 2006) or to unrealistically inflate their sense of achievement.

*I think that was very, um, the benefit was... (pause)... greater ...(pause)... knowledge for my client, achieving greater knowledge of his own history and, um, also it help him rewrite, um, the story of his, um, experience of being, of racism (R: hmm), and of the, how he sees himself now, so, so it was a massive revision of his life story. (P4)*

The therapists felt that having a more realistic sense of the self can empower the client to relate in a new and more assertive way to political structures that they encounter in their life. Participants noted that not only the underprivileged or oppressed client was embedded in the sociopolitical system. They however observed that the privileged clients were less likely to introduce issues of sociopolitical power dynamics into therapy. While some therapists accepted it without further questions some of the therapists felt that it was their role to introduce that topic and to encourage the client to examine their own privilege, and to recognise it as privilege.

*I've got a client, a middle, very well-off, middle-class client, who is not, uh, um, bothered at all with her privilege (R: hmm) and she takes it for granted, she thinks she deserves that she has this very typical, uh, upper-class sort of sense of entitlement, which I find enormously annoying (R: hmm). Um, I have tried several times, I thought it would be actually quite helpful for her, to talk about this, where does this sense of entitlement come from? (R: hmm) And how it comes to shape her views um, (pause) specially her polit- (pause), her, her, her family relationships and, um (pause) any other social relationships really, um and she had this, uh, her response was, um, her response I understood as a form of, uh, um, well not denial, but avoidance of that sort of talk (R: hmm), and after a while, I, I was very tentative with inviting her to talk about these things (R: hmm). So, when there is uh, a strong resistance (R: hmm) to those kinds of questions, um, (pause) to, to discuss them openly uh, I'm not very persistent. There must be a reason. (P4)*

Such an exploration seemed to be challenging for the privileged client. However, some of the therapists were of the opinion that if the client wanted to achieve a greater understanding of themselves and themselves in relation to the wider world they needed to examine that messaging and the origin of their beliefs and values. It also involved considering the wider context and their social and professional relationships and venturing to adopt the perspective of the other to gain some insight into how their privileged entitlement can be experienced by people of different social positioning.

Some of the therapists noted that the boundaries of therapy itself were experienced as challenging by the privileged clients who were used to the world being accommodating of their needs.

*Yeah, um, (pause) I've had, well, (pause) I've had clients where part of their privilege is they get what they want when they want it and I've insisted that this is the frame. I had one guy have his wife ring up to arrange the sessions, the first session, so I said to him in the first session, "you ring up to arrange the sessions", and he left after four, he didn't like it. A, a, another, another woman, who I insisted, I said "choose your hour during the week", and she said, "10 o'clock on Friday", and then, the two weeks later, she said, "that, that's no longer convenient, I want, I want to change", and then after about 5 sessions, she said, "you're not being flexible enough for me, I don't want to come any more". (R: hmm) So, a, but what I didn't name and it's a tricky one to name that "I, I'm being flexible, is this how you are?" You know, early, early on in that*



*engagement (R: hmm) in a sense it's part of the therapy, but they don't often stay long enough to deal with the frame, when it's been quite a rupture, um, and there I am quite clear, this is how I work (R: hmm), um, "I, I don't have your PA or your wife, making your, uh, sessions. That's part of our relationship". (P5)*

For such clients, the frame of therapy was testing and seemingly inflexible. Another therapist talked about clients who while being on high incomes accessed therapy via their private health provision. They apparently struggled with an idea that if they wanted to continue in therapy beyond their granted session then they would have to pay for it privately. That can be interpreted as an indication of an underlying notion, which is being promoted by the system that supports them, that people who are financially successful deserve having privileged access to multiple services.

Although the privileged clients can be seen as life winners they can also be oppressed by the very same system. The price of professional and financial success is often emotionally very high. Some interviewed therapists talked about these clients being abused.

*So some, often, you know, people get into abusive relationships for all sorts of reasons, uh, uh, and there are different kinds of abuse. Some of the men that I have seen who are working crazy hours, are there because they've almost been groomed into it, they've been to schools that have shattered them, and reformed them and told them that they are masters of the universe and that they can do anything, but they just have to win, and they must win, and it's always about winning, and if they're not brilliant sportsmen or brilliant, uh, academically, then they win in other ways, and those other ways can be a bit covert. It can often make it be, making other people lose, and they've lost their sense of self, their mor-, moral sense often, they have a different set of morals. Uh, and it all just, sort of points to a direction where they can be really abused by people who want to make money out of them as if they were cows (R: hmm). They could be any product and they will work a 72 hour week because that's the culture. (P6)*

Because that way of life was seen as the one that leads to success, the privileged client often sought to meet their various needs through following it. Unfortunately, not all those needs could be met in that way and yet a different path was not easily imaginable to them. Challenging a

belief system that provided the client with very tangible rewards can be a difficult process and a number of the therapists noted that not all clients were ready for or even interested in it.

Finally, the therapists felt that through open engagement with the political, the therapist opens a gateway into engagement with the client's politics, values, morals and ethics. These can then be examined in regards to how they fit with their own personal political beliefs and whether they reflect dominant narratives within their social positioning. It also provides an opportunity for the client and the therapist to gain a deeper understanding of the client's way of seeing the world around them, both in a wider frame and in terms of their immediate context. That kind of exploration promotes a more conscious relationship with the self, the others and the wider world, as well as increasing the client's self-awareness. Having space to reflect on one's values also helps the client to assess whether their lifestyle is aligned with what they believe to be of importance in life.

### ***Conclusion on Theme 2***

This theme demonstrates that actively engaging with the political has potential benefits for the client. It allows the client to process their experience in the wider world; it creates space where the client can gain a deeper understanding of their context and grapple with its impact on their life. It supports examination and potential re-evaluation of one's values, political stances and ethics and careful consideration of their origins. It can lead to the client developing a multifaceted view of themselves in the wider world. Finally, it opens the possibility of finding new ways of relating to sociopolitical structures.

### **Description of Theme 3**

#### ***Theme 3: The Complexity of Working With the Political in a Relational Way***

*"I don't have to agree with you about it and you don't have to agree with me" (P3)*

Theme 3 highlights the complexity of relational working with political material in a therapy session. It presents both the relational advantages of engaging with the political and its challenges. This subtle, yet powerful process has the potential to challenge sociopolitical power dynamics, but also to perpetuate them.

The therapists understood engagement with political material in therapy as belonging to the realm of relational working. They followed the client into engagement and/or disengagement with political themes. They monitored their clients' readiness to engage and assessed whether engaging with the political was to the benefit of the client at any particular time. Many participants observed that engagement with the political served different purposes for different clients. For some clients, exploration of the political context was an important part of reflecting on their life situation, while for others getting into a discussion of politics was a way of regulating their heightened emotions or even avoiding difficult material.

The therapists stressed that much of their engagement with the political was about working at the intersection of political and personal material. They specifically noted that for some clients, their personal history and earlier adverse experiences made it more difficult to deal with the contextual pressures.

*Some of the people who come in here, quite a lot of their problems are down to simply trying to survive in an environment of austerity (...) Um, it's simply external pressures they're under. It will invariably interact with the impact of their psychological wounds (R: hmm) and make it, you know, the wounds make it more difficult for them to build strategies to survive. (R: hmm) The wounds make it more difficult, or even impossible, to find strategies to try and engage and change their conditions. (P2)*

In such situations, the engagement with the political was the first step in engaging with what was unique to the client's situation. Some clients eased into the therapeutic work by initially engaging at a more contextual level, before moving to more personal material. The interviewed therapists observed that through engagement with the political, they gained a deeper understanding of the client as a person, with one therapist noting that welcoming contextual themes into the therapeutic space facilitated clients' disclosure. *"It tells me quite a bit about the client, if - that I wouldn't know, without those subject areas coming up"* (P1).

When engaging with the political in the clinical hour, the therapists' focus was on developing a relationship with the client. Keeping in mind the possibility that the client can be oppressed in the world, the therapists were actively trying to prevent those power dynamics from entering therapy. They did it by keeping the space as inclusive as they could. One of the

participants described how they made it easier for the client to communicate their potential difference.

*They'll say, um, "my partner", and I'll say, "he, she or they?" (R: hmm) (pause) Um, very quickly uh, so that they don't feel that there's a mountain they've got to climb (R: hmm) to tell me that they are going out with a trans person or that they themselves are gay (R: hmm), um, you know, really just, just I do things, and they go "phew/(sigh), uh, it's such a relief." (P3)*

Another therapist paid particular attention to the language they used and avoided phrases that could potentially alienate the client. *'I don't think I've ever used the word "patriarchy" (R: hmm) because it's a trigger word, you know, it just turns people off' (P6).*

However, despite the therapists' efforts, the oppressive sociopolitical power dynamics were occasionally reproduced in the therapy room. One therapist described how they wounded the client by falling into out of awareness stereotyping.

*I had a guy come and, um, he was a, he was a builder, but the way he spoke, I thought he was one of the workers. He owned the building company (R: hmm). And he knew when I spoke to him that I'd misplaced him, and he didn't come back (R: hmm). So, that was a rupture based on so, different, um, that I'd made an assumption (R: hmm). Um, I think I said, "Oh, you won't be able to come during the day, will you?" I might have said that rather than say, "when can you come?" (P5)*

Many of the therapists had moments when they struggled, particularly in the early years of their practice, to reconcile their own sociopolitical positioning and political perspectives with their therapeutic role. They were not always able to contain their transference and reactions when the client presented objectionable political views, adopted an unjust political stance, or even occupied a certain sociopolitical position. One therapist candidly described struggling with their aggressive reaction to a client of low sociopolitical status who seemingly embraced a victim position.

*So, the, the first woman, ah looking back on it, she was so pitiful, um, she was mentally ill, she had experienced abuse that had left her traumatised for years, that had never been sorted out, it*

*was domestic abuse, but it was 20 years ago. She had learned that if she mentioned it she got something, she got counselling or a grant or move or, trauma equals getting something. And so it was to her advantage to remain traumatised, this was not a conscious process of hers, but it was conditioned, uh and enough that I just didn't like her. She smelt of cigarettes, she wore the same clothes constantly. That sticks in my mind and I know why people wear the same clothes when they haven't got many clothes, they're wearing their one neat set of clothes to project something (R: hmm) about their worthiness and so on, but I couldn't stand it. Uh, and we were getting nowhere because I just couldn't meet her. My resistance to her was incredibly powerful. And she started crying in the third session because you're rewarded for crying, you know, if somebody's crying, oh, "I can't stand it, we must do something about it". And she covered her face with a handkerchief and she did this, she looked up over her handkerchief to see how I was responding, and that was the end of it for me. I'm, I became so cold and so punishing towards that woman uh, and eased her out (...) there was something really animal in my response to her. It was very, um, (pause) dominant. She was so subservient, that my dominance emerged, kind of uncontrollably. (P6)*

The "incredibly powerful resistance" that the therapist felt towards their client could be understood and theorised in multiple ways. It could be interpreted as a powerful enactment (Bass, 2003) of role responsive countertransference (Casement, 1990) towards the client who experienced domestic abuse. However, it can also be seen as an expression of the splitting of a sociopolitical object (Fairbairn, 1944; Hollander, 2017) on the part of the therapist and collapsing the therapeutic relationship into a state of hostile complimentary dynamic (Benjamin, 2004). The fact that the therapist held more sociopolitical power seemed to intensify that enactment.

It is important to note that these challenging moments, when the therapist unintentionally perpetuated oppressive sociopolitical power dynamics in the therapeutic space, were rare occurrences. All the interviewed therapists had an experience of engagement with the political when it clearly benefited the client and they recognised its potential to strengthen the therapeutic relationship.

The therapists further observed that a strong therapeutic relationship facilitated engagement with the political and that engagement with the political could, in turn, strengthen the relationship. Being able to bring to the therapy room anything that was on the client's mind,

including the political, had a positive effect on the strength of the therapeutic relationship. As discussed in detail in Theme 2, the political context has a significant impact on the client's life and emotional health. The therapists who welcomed discussion of the political within the clinical hour communicated to the client that they were interested in their multidimensional experience. They communicated, contrary to a stereotypical view of psychotherapy, that not all of the client's distress is going to be interpreted as their internal difficulty or just being in their head. The therapists noted that when they successfully communicated their acceptance of the client's experience and the client's assessment of what contributed to their distress, they reached a deeper level of trust within the relationship.

*I think it [engagement with the political] deepens it. Um (pause) I mean right at the start, the mere fact that anything can come in, including what they may have been trying to airbrush out (R: hmm), that starts the deepening process. (P2)*

Once a strong therapeutic relationship was in place, it facilitated further engagement with the political and made it easier for the client to introduce political themes into their narrative. Within the established and safe relationship, the therapist was able to encourage the client to explore more complex areas of life and potentially even to challenge the client.

*It is interesting, also, how when the relationship is safe enough, and, and open enough, and how people, and by that I mean the client and myself as well, become more open um ... (pause) in challenging our own values of norms and in discussing them. I find that always, um, that, that openness always um (pause) ... improves the relationship. (P4)*

It is important to note that there was no agreement among the therapists in terms of what level of political openness was optimal. Some therapists preferred their clients not to know where they were coming from politically. At the same time, the therapists who saw their political activism as a vital part of their personal and professional lives drew attention to sociopolitical themes in their public profiles. The majority of the interviewed therapists located themselves somewhere between the opposite ends of that continuum. They would not advertise their political views but would not hide them either. They were also aware that some level of out of awareness disclosure was inevitable, despite the therapists' best efforts. That happened either through nonverbal communication or even through seemingly politically neutral interventions. Such interventions could disclose the therapist's underlying political stance and that was likely

to be particularly visible to the client who held a strong and opposite view. One therapist recalled such a situation:

*He said, "well, if I don't get this partnership, then my kids might have to go to a st-, a state school". And I think I said something along the lines of "would that be such a disaster?" and he looked at me as though I've just told him to eat his own children. (P7)*

Furthermore, the therapists felt that clients who did not know the therapist's political stance were subtly testing them to gain some understanding, whether explicit or implicit, of the broad political position of the therapist. For these reasons, some therapists advocated in-the-session openness about their broad political stance and felt that it was a crucial part of building a therapeutic relationship.

*Well it's, it's a, a, a form of um, (pause) being congruent with what you believe in (R: hmm). And being congruent with someone, I see as a form of respect (R: hmm) ... (pause) I mean, it's not just ... (pause)... ah there is, you know, you can be as congruent as you can be, uh, uh, it's not just being completely, uh, transparent but I, I, I seek to, I seek to be as open as I can. (P4)*

At the same time, all interviewed therapists were of the opinion that political alignment was not necessary for productive therapy. However, they all stressed that it was important that the therapist understood the client and that the client felt understood. It meant that the therapist needed to bracket their own political stance and values to stay within the client's frame of reference. Sometimes that process was subtly challenging for the therapists. One therapist who did not see it as their role to question the values of the clients felt at times disappointed with the client's way of life

*Um, because I don't think they're living their best lives, you know, that's for them to find out, um, but it's, it's at least to somehow make a suggestion to them that, hasn't there got to be a better way than this? (P5)*

The therapists further talked about understanding the client being not a state, but a process. It ebbed and flowed. When the client and the therapist missed each other it was painful

not only for the client but also for the therapist, who genuinely wanted to meet the client in their world.

*I believe I have come close to understanding her and her view of the problem we are discussing, and sometimes that ... (pause) sometimes we are much more distant (R: hmm). Whether that has, but that's my impression, not hers, so, whether that has anything to do, and how much it has to do with my, probably my failure to understand her world, of her own values (R: hmm), I don't know, I, I tend to think that it has. I sometimes just fail to understand her (R: hmm), 'cause I don't get that world view. (P4)*

Knowing that lack of understanding creates distance in the therapeutic relationship, some interviewed therapists worried that if they brought attention to the political they would alienate the client who held a different position. It could either hinder the client's engagement and openness or if the client avoided interpersonal conflict they may feel put in a position "where they think they have to humour [their therapist]" (P7). Furthermore, a number of the therapists felt that some clients were trying to ingratiate themselves by expressing political views or interests that they believed the therapist would approve of. At times, that was driven by the client being invested in seeing themselves in a particular way, while for other clients it was about the relationship with the therapist. This is how one of the participants talked about their long term work with a client who is also a therapist:

*I think I've been a bit of a mentor to him, and I, I think sometimes he likes bringing up things because he knows they're important to me. (R: hmm) And I've never, I've never checked that out explicitly, because in a way that'd be quite interesting to check, and because he's joined groups that I'm a member of, which is a bit we-, which is a bit tricky (laughs). (P5)*

The therapists also pointed to the fact that some sociopolitical differences were obvious for the client without any specific disclosure from the therapist. When the perceived otherness was important for the client, they may have not wanted to engage with the political material. One of these situations was the dynamic between privilege and lack thereof.



*I think obviously there's the fact that I'm a comfortably off, White woman. Um, so some clients might (pause), you know, be reticent about bringing some material to me, if they're, you know, Brown and poor and, you know, they might think I, I don't understand. (P1)*

However, there were situations when the prominent difference between the client and the therapist could be, despite its challenges, beneficial for the client. It created an opportunity for the client to process their relationship with the political other. A British therapist who worked with a migrant client talked about numerous and complex levels of political otherness present and processed in their therapeutic relationship.

*Um, and also, it's quite important that I'm White British, so (pause) part of the establishment, you know, part of the, you know, the establishment of this country that he wants to assimilate into. Um, he had, so yeah, I mean I think that's quite interesting that ... when he came, he had had a lot of preconceptions about the English (R: hmm) and a lot of fears, so, it helps, the more relationships he has with British people. And now his, his perspective has changed a lot (R: hmm), he feels a lot more, um, at home and accepted. (P1)*

Moreover, having the experience of engaging at a relational depth with someone who does not share the client's views can be a valuable relational experience, especially at a time of polarised political discourse. Such interaction provides evidence that people of different views can be interested in and care for each other. This is how one therapist described their work with a client holding opposing views:

*This particular person's views, (...) he was a political activist at university (R: hmm), etc, etc, they [continue to support a cause that I strongly oppose] (R: hmm), I don't make any concealment of this. And so, um, we sometimes have a conversation where, um, they'll say "Well, you're not going to agree with me about this, but this is how I feel" (R: hmm), and I'll go, "yeah, go for it, you know, um, I don't have to agree with you about it and you don't have to agree with me, but, you know, we'll see what the other meaning around it is" (R: hmm), and off they'll go. And, I've had that quite a bit. (P3)*

Political conflict was seen by the majority of the therapists as creating distance in the relationship, however, at times it can paradoxically facilitate relational working. It allows the

client to channel the complex and negative emotions that they feel towards the therapist. A cited political reason for a negatively charged response towards the therapist can be an easier one for the client to name, and an attentive therapist would explore that situation, encouraging the client to consider more relational reasons for their reaction.

*It gives them an excuse to be angry with me and then I can deal with that anger (R: hmm). Yes, you know, "are you angry with me because you perceive me as being, you know, the enemy within or are you angry with me because I've done something different? You know, let's find out what that's actually about, cause it, yeah, a bit of a neat trick to be angry with me just because I happen to be[an activist supporting the cause you oppose], uh, I think there's probably something else going on here. You, you know, you don't go about being angry with everybody".*  
(P3)

Many of the therapists at some point worked with a client whose views they found objectionable and whose actions they deplored. Despite finding it challenging, the interviewed therapists were able to work effectively with such clients by focusing on the person of the client and not their views or actions. This is how one of the therapists described that process:

*"so there are principles that I despise, but when they are mediated through the client (R: hmm), uh, they're always doing it for good reasons, not because they're evil (laughs)"* (P6). The therapists were trying to find something in the client that they were able to relate to and they stressed that the client was in therapy because they wanted to change. It is important to stress that the therapists did not ignore the troubling views or actions of their clients. They did, at times, openly challenge them, offered their critical perspective, and named their actions without euphemisms. Simultaneously, they focused on the client's desire to change, or if that was lacking, on finding the relatable aspects of the client to maintain the therapeutic relationship.

*I've had naughty men, really naughty men, come to me and say I know, I've, I'm terribly naughty and I actually want to be somewhat better human being, you know and I give them all the quarter, the disadvantage in beating those people up, uh, if they've come with an awareness that they have used the world very ill.* (P3)

When the therapists found their client's views challenging, they focused on protecting the relationship and their ability to relate empathetically to the client. The therapists did it by

choosing to see those views as a result of the client's social positioning and the dominant sociopolitical messaging, as a developmental response to the challenges of their upbringing or an attempt to compensate for their difficult personal experiences. Furthermore, they focused on the client's motivation and the client's belief that their stance was virtuous. Even though the therapist did not agree with the client's actions, they were able to relate to the intention behind them.

*They would occasionally talk about, um, the work they were doing and, you know, their belief in why they were doing it. Um, (pause) and actually, I mean there's two, two things here, one was that they themselves were quite passionately doing something that they believed would serve people (R: hmm). Um, I wasn't sure that I agreed, but you know, they were driven, I think, by the same longing for justice. (P2)*

Finally, the therapists observed that through focusing the clinical work on the client's emotional and relational experience, some of the client's views could become softer and less objectionable. Through the experience of a positive and intimate therapeutic relationship, the client learnt to relate in more accepting ways to the other. One therapist described the therapeutic progress that was a result of their ability to stay in deep relational contact with a client whose racist views they deplored.

*Um, and there is, I've, I've noticed the letting go of some of those ideas so simply the empathic resonance, the creation of, of the good enough relationship (R: hmm), the warmth and supportive relationship, um, is actually giving them space to, uh, revisit (coughs) and yeah, there, there does seem to be quite a major shift going on. Um, and they're open to uh, they're open to seeing things differently, they're open to seeing that actually, (pause) when they were in hospital, and there's been multiple hospital stays for, you know, sometimes quite long term (R: hmm), actually, a lot of the best, warmest, most personal care they had were from people of other races (R: hmm) and, you know, it's beginning to filter through, without needing any kind of direct engagement. (P2)*

### **Conclusion on Theme 3**

This theme illustrates how working with the political material and the political difference does not significantly diverge from working with any other difference that is likely to occur

between the client and the therapist. Working relationally with political material offers the client an opportunity to engage with that material according to their needs, to process their relationship to the other, and to experience deep relational connection with those with whom they disagree in terms of politics. For such an engagement to be successful the therapist needs to be aware of their own social positioning and their potential to be an oppressor. Otherwise, there is a risk of oppressive sociopolitical power dynamics being enacted within the therapeutic space.

# Discussion

## Introduction to Discussion of Findings

The aim of this research study was to gain an insight into psychotherapists' views on engaging with political material, as well as their day to day practice of such engagement in clinical sessions.

Using reflexive thematic analysis I was able to construct three distinct themes from the transcripts of my interviews with seven therapists. These themes demonstrate the therapists' views that the political context has an important impact on the client's life and consequently cannot be removed from the therapeutic encounter. They also present a picture of therapists who, by and large, actively engage with political themes in their clinical work, but who do not feel supported by their original training in doing so. The therapists I interviewed described holding the tension between practising in a way that they understand to be beneficial to their clients and their sense that, in practising that way, they are on the sidelines of the mainstream profession. In their experience, clinical engagement with the political can be conducive to in-depth relational work, but it can also pose challenges as the political is deeply personal and hence emotionally charged.

Even though the themes are distinct they do overlap slightly. I recognise that the material placed towards the end of Theme 2 and the end of Theme 1, Subtheme 2 refers to clinical engagement and could be also placed within Theme 3. However, even though those parts of analysis do contain material describing clinical processes my intention was to highlight different aspects of the cited material. Theme 1, Subtheme 2: situates the clinical relational practice within the context of the core professional training received by therapists and highlights the impact of lack of adequate training on engaging with the political. Theme 2 situates the clinical dyad against the wider sociopolitical background and highlights the impact of the context on the clinical practice.

The therapists who took part in the present research were decisively in favour of engaging with the political and they did not present sustained arguments against engaging with political material in clinical work. While participants spoke about their experience of the psychotherapeutic profession as being politically disengaged, this was criticised by all participants, and none of them supported a disengaged stance. That is most likely due to the

fact that the majority of the interviewed therapists learnt about this research through the PCSR network that brings together therapists who are concerned with the wider sociopolitical context. Even though this was not part of the intended design, it did shape who was represented in this research. It is important to note here that advertisements on general networks, such as Counselling Directory that lists over three thousand practitioners in London alone, did not generate any responses. I have reflected on how I may have contributed to that result through the phrasing of the call for participants in the Methodology section of this thesis. However, I would suggest that to develop a substantial argument against engagement with the political, one would need to consciously engage with that topic in the first place. Given that the wider context seems to be regularly excluded from the majority of clinical training, there is little incentive to engage with something that apparently does not belong to the area of professional interest. This relegates the wider sociopolitical context to “the unconscious of the unconscious of psychoanalysis” (Rozmarin, 2017) and other forms of psychotherapy.

## **Discussion of Themes**

### ***Theme 1: Holding the Tension: the Politically Engaged Therapist Within a Disengaged Profession***

This theme highlighted the tension that therapists who actively engage with political material hold between their practice and the politically disengaged position occupied by the wider profession. This study showed that therapists are acutely aware that the practice of psychotherapy happens within a wider sociopolitical context that cannot be kept away from the consulting room. For that reason, they choose to actively engage with that context within their practice, while also being aware that this is not what happens within the wider profession. The political disengagement of the profession is experienced by them not only at an ideological level but also at a very practical one. Only one therapist who took part in this study underwent clinical training that prepared them to engage with the political in the clinical room. All other therapists felt that their training did not provide them with sufficient expertise to engage with the wider sociopolitical context. Such a situation posed significant clinical challenges especially in the early days of their clinical practice. A number of enactments of sociopolitical power dynamics that were described in Theme 3 suggest that it would be advantageous to therapists and their clients if they had more opportunities to engage with such material during their core professional training, and especially within a relational model of working.

The critique of the profession by the interviewed therapists was, by and large, a reflection of the clinical literature on the myth of apolitical psychotherapy presented within the literature review section. In particular, the participants argued in strong terms that the separation of the personal and the sociopolitical is artificial, pointless, and potentially even unethical (e.g. Layton, 2006, 2012; Samuels, 2015a; Totton, 2000). They also clearly expressed their shared view that not engaging with the political is equivalent to supporting the political status quo and doing so in a covert way means that it cannot be easily challenged by the client (e.g. Cushman, 1995; Hollander, 2017; Kearney, 1996; Walls, 2006).

Interestingly a large proportion of the therapists who took part in this research identified themselves as having had the experience of sociopolitical otherness. Knowing first-hand what difference means and how it can lead to the experience of oppression facilitated an understanding that the sociopolitical context is important and has an impact on one's personal life. Consequently, it promoted therapists' engagement with the political within therapy. It has also influenced a number of therapists to make provisions that enabled equal access for underprivileged clients within their practice.

These findings are in line with the recent research by Campbell-Balcom and Martin-Berg (2019) who found that counselling psychologists' personal experiences of oppression and discrimination shaped their anti-discriminatory stance. In that study, counselling psychologists felt a tension between the importance of anti-discriminatory practice and the lack of clarity in professional guidelines on what kind of practice is an anti-discriminatory practice. It demonstrates that very similar challenges are faced by psychotherapists and counselling psychologists.

The lack of engagement with political issues within core training resulted in some of the therapists struggling to incorporate more active engagement with the political into their clinical framework. It indicates that if engagement with the political had been discussed within their training, therapists may have had an opportunity to process their complex emotions relating to this issue and, consequently, would have been more confident to work with this material. This would lead to greater coherence or more conscious holding of tension between their proclaimed (personal and political) values and their clinical practice. This lack of training may also be responsible for some therapists being very cautious about the possibility of imposing their own views on their clients. Samuels (2006) argues that even though there is a risk of undue political

influence on the part of the therapist this risk is not greater than that associated with any other areas of therapeutic work (Samuels, 2006, pp. 16-17).

What is unique about this theme is that it captures therapists' profound concerns about the sociopolitical positioning of the profession. Many therapists expressed their vexation about the systemic problem of psychotherapy being dominated by affluent classes. Studying to be a therapist is generally expensive and time-consuming, which means that it is difficult to access by less privileged people. Course requirements necessitate trainee therapists taking on unpaid placements that often continue until they gain accreditation of their professional body. It leads to many sections of society not being represented within the profession and, in turn, underprivileged clients and clients from diverse backgrounds do not see practitioners who are similar to them. For that reason, they are more likely to feel that therapy is not for them and to choose not to refer themselves to psychological therapy. Furthermore, the fact that psychotherapy is mostly representative of the White middle classes means that trainees who are different in any way can feel oppressed in that context because their difference is not recognised.

### ***Theme 2: Clients Are Impacted by the Wider Political Context***

This theme highlighted the therapists' concern with the impact of the sociopolitical context on the client. The current study showed that the therapists considered the wider sociopolitical context to be an important factor in clients' lives and the impact of that context was seen as a valid focus of therapy. The participants felt strongly that when therapists recognise that their clients develop within specific sociopolitical structures that have an impact on their life, they are better equipped to help their clients to examine those structures. Starting from that position, therapists would pay attention to the client's positioning and the client's understanding of it and its impact.

This research project also demonstrated that therapists who took part in this study agree with Hollander (2017) that we cannot talk about the client as separate from their wider sociopolitical and historical context. This is not a new concept, in 1932 Fromm argued that "psychology always deals with a socialized individual" (Fromm, 1932/1978, p. 481) and in 1926 Karen Horney postulated that "the masculinity complex in women" posited by early psychoanalysis was "reinforced and supported by the actual disadvantage under which women



labour in social life” (Horney, 1926, p. 337). The therapists, in discussing their practice, their understanding of human distress and their clinical experience, were in agreement with many writers who advocate active engagement with the political in clinical practice (e.g. Milton, 2018; Samuels, 2017). It was obvious to the therapists that the context of clients’ lives is an integral part of the clinical practice. Thus, they had no need to back their arguments by any specific theory, if anything they were incredulous about the possibility of not including it in clinical work.

Furthermore, the therapists talked about their clients wanting to be understood within their context and frequently choosing therapists who were familiar with their specific context. This finding supports Aibel’s (2018) assertion that not to consider the client’s context would equate to not seeing the client as a whole person. When extending an invitation to engage with the context, the therapists in this study signalled that the therapeutic space can be used to explore dynamics and relationships that exceed the client’s immediate relational world.

It is important to note that while the therapists wanted to welcome the whole and the multidimensional experience of their clients, they did have clients who did not want to engage with it. There could a range of reasons why a client does not recognise a particular issue as a political one and its impact on their life. One difficulty is posed by the fact of being an insider in that context. Being the insider has the advantage of an intuitive understanding of contextual norms. However, from that position, the sociopolitical and cultural influences are perceived as simply “the reality”— this is how things are and possibly how they should be. A stable sociopolitical context can create that impression.

This theme further highlighted that the therapists felt strongly about engaging with the political, in particular with clients who are oppressed by the dominant sociopolitical system. Hollander (2017; Gutwill & Hollander, 2006) calls the adverse sociopolitical context the *traumatogenic third*. It can be a source of intense psychological, and also physical, suffering. This is supported by research on the impact of inequality (Elliot, 2016) and governmental austerity (Antonakakis & Collins, 2014; Hemingway & Coxon, 2013). The therapists taking part in the current study acknowledged that ignoring external sources of that suffering would not be therapeutic for the client and could be akin to not acknowledging hurtful dynamics in the client’s personal relationships. Even though the external context cannot be changed in individual therapy, its impact on the client needs to be reflected on. The therapists in this study encouraged their clients to explore dominant narratives within their context and what impact

those narratives had on their clients' chances in life, what they can expect, and what kind of life is not for them. Being aware of these influences increased the client's opportunity to challenge them.

Our unreflective acceptance of the dominant narrative creates normative unconscious (Layton 2004; 2006). In the Western world, and particularly in the US and the UK, the normative unconscious is of the neoliberal kind. Such a normative stance means that we (therapists and clients) no longer question assumptions that rule our lives. The pervasive neoliberal narrative positions that success in life depends only on our own efforts and skill, and demands that each and every one of us takes responsibility for our own lives at the expense of solidarity and cooperation. When this narrative is internalised, it means that all of our sociopolitical struggles are understood as a personal failure and lead to further distress. Mass acceptance of such a narrative is a condition of one-dimensionality of culture (Marcuse, 1960/1989b, 1964/2010). Therapy can provide space for critical thinking where this narrative can be examined and challenged. As Adorno (1966/2007) postulated in "Negative Dialectics", we can only be free when we realise that we, as people, are interdependent and that the myth of total freedom actually leads to a state of "unfreedom" that supports that sociopolitical context by encouraging people to compete with each other, instead of cooperating for the common good. That perspective seems to align with the clinical practice of the interviewed therapists. They point to the importance of the context and the fact that there are forms of individual suffering that, even though unique to the person who suffers them, are experienced by countless other people. Acknowledging that means that there is a political element to that suffering and that there is a potential for solidarity, for empowerment, and for challenging the status quo, or for what Marcuse (1967/1989d) called *a social qualitative change*.

One of the therapists (P1) presented their work with a client whom they help to channel the rage that was a response to the injustice that the client had experienced, into challenging political structures that perpetuate that injustice. That client can be seen as the archetypal activist client who Samuels describes (2017) as the client whose personal growth includes a political dimension - and that growth, in this case, is being supported by the therapist - "a socially responsible agent of Tikkun Olam, the drive to repair and restore the world" (Samuels, 2017, p. 687).

It is obviously not the case that every client who experiences personal growth in therapy would turn their energy towards overtly political action. However, many clients have that potential. For example, Raskin (2018) described working with a female client for whom the defeat of Hillary Clinton in the 2016 US presidential election brought gender inequality and sociopolitical power dynamics into acute awareness. That, in turn, politically galvanised the client. She realised how important it is to empower young girls in her environment and to stand up for her rights and the rights of others. That client became a leader of change in her community. If we create a space in which the client can engage with the political, then more clients can explore political activism as a potential part of personal change and growth. It is the role of therapists to leave room for the client to explore that potential if the client wishes to do so.

It needs to be said here that even though the impact of psychotherapy on the wider world was in the frame for many of the therapists taking part in this study, it was not their main objective. When challenging the oppression of the dominant sociopolitical narrative, the therapists taking part in this research were predominantly focused on the client who sat in front of them. They were concerned about the negative impact that the political context had on their clients, including the impact of the client's living situation, access to services, inadequate provision of psychotherapy to underprivileged clients, and the effects of internalised oppression. These concerns resonate with problems discussed in a wide spectrum of literature, from liberation and community psychologies (Nelson & Prilleltensky, 2005; Watkins & Shulman, 2008), through social materialism (Smail, 2016; The Midlands Psychology Group, 2012) to relational psychoanalysis (Layton, 2006; Walls, 2006). There is an agreement that the internalised narrative that presents an individual as fully independent with sole responsibility for their life is potentially emotionally damaging, particularly for underprivileged clients. This can lead to depression (Walls, 2006), feelings of shame, self-blame, and worthlessness (Hollander 2017; Layton 2006; Moane, 2003).

However, within the dynamics of the oppressive sociopolitical context, the client can move between various positions. We all have the potential to be both the oppressor and the oppressed, and it is not unusual to occupy different positions in different contexts. As a White woman, I can be an oppressor to a person of colour while as a migrant with a clear Polish accent, I can be oppressed by a person born in this country who holds xenophobic views. Hence, a significantly underprivileged client can be someone's oppressor. This was the case in

an example given by one of the therapists (P3) in which their client expressed their oppressive prejudice towards the therapist. Rozmarin (2017) notes that psychoanalytical language used to describe psychological processes can also be used to describe social dynamics. “Splitting, repression, inversion, projection – the paranoid dynamic. Shame and guilt are transformed into the rejection of another who is cast as the cause of the badness that I fear and suffer” (Rozmarin, 2017, p. 463). Within the context where competition is presented as the main motor of social interactions, there has to be someone who is to blame for our misfortunes.

The current study highlighted a particular challenge of engaging with the political with sociopolitically privileged clients. While therapists saw it as their role to support the client in developing their sense of self, not only within their close relationships but also within the wider world they noticed a significant difference in terms of the client’s readiness to recognise the impact of the political between privileged and underprivileged clients. Clients who belonged to the majority group did not always recognise the advantages of their sociopolitical positioning as such. It seems to be that belonging to a privileged group gave the clients a sense of entitlement that was experienced as the natural or correct order of the world. P4 noted how, despite their encouragement, their client was not interested in exploring their sense of entitlement, while P6’s client struggled to see the system in which they seemed to be a winner as being in some way also oppressive. The privileged clients apparently did not feel that it was in their interest to question their privilege.

I would suggest the client’s avoidance of that topic could be understood as a reversal of the process that occurs within the psychology of the underprivileged client. Whilst the oppressed client can feel personally empowered through incorporating a deeper awareness of the impact of the sociopolitical context, the privileged client risks weakening the sense of entitlement that was to their sociopolitical advantage. The realisation that the accident of being born into a higher social class could significantly contribute to one’s success in life can possibly undermine one’s confidence in their personal capabilities. Strong resistance to such exploration could be interpreted as self-preservation. In some way, increased awareness is not in the client’s best interest.

Such a situation poses a number of interesting questions. “Is it the therapist’s place to encourage the client to reflect on their privilege if the privilege is to their advantage?” “Isn’t it the therapist’s job to support the client’s self-esteem and confidence?” And, finally, “is it the

therapist's right to introduce topics the client does not want to talk about?" The answers to these questions depend on the values that underline our theoretical framework. As an integrative psychotherapist whose theoretical framework rests on psychodynamic principles, I would argue that self-knowledge is a necessary component of psychological health. Furthermore, as a relational practitioner, I strongly believe that the I-Thou relationship (Buber, 1955/1991), where we acknowledge and respect our mutual humanity, is the most satisfying form of relating. We can aim to relate in that way, not only person to person, but between groups and towards the non-human environment. The more equal society becomes, the more supportive it is of I-Thou relating. Thus, I would argue that increasing the client's awareness of their self within their context, as long as it is done with respect and compassion, is the role of the therapist. Otherwise, we take the risk of our work facilitating "only healthier and happier versions of narcissism" (Layton, 2006, p. 110). The role of the therapist is to help the client to recognise implicit influence as an influence and not an inevitable fact of life. What the client then does with that knowledge is for the client to decide.

### ***Theme 3: The Complexity of Working With the Political in a Relational Way***

All of the therapists who took part in the current research actively engage, to varying degrees, with the sociopolitical context in their clinical work. As already discussed, they do it because they see that context as having a major impact on their clients. However, they also see that engagement as part of building a relationship with the client.

A challenge of discussing working with the political in a relational way is the -fact that for many therapists it is not a unique way of working but an integral part of their practice. The therapists engage with political themes because they are important, not because they are unique. This perspective means that the content of the client's political views is secondary to the process of engaging with them. The potential political content is an integral part of the client's life and the way the client engages with it in therapy is at least similar to the way the client engages with other parts of their experience. When the therapists talk about their clients wanting to ingratiate themselves with their therapist or pretend that they agree with the therapist, it is not only about the context but also about the client's relational pattern.

The current research demonstrates that through engaging clinically with the political therapists are able to learn more about their clients. Clients either use the political as an

introduction to more personal material or, through discussing the contextual issues, they disclose aspects of their lives that may otherwise not enter the room, or at least take much longer to do so. This finding echoes the experience of other clinicians: for example, Farber (2018) describes working with a client who was guarded when talking about their personal life and their relationships. However, they talked about politics in a very free way that was much more revealing. Farber observed that “to discuss politics through a very personal lens, can facilitate a clinical discussion that reveals previously unknown or barely known aspects of a client’s personality, relational patterns, and pathology” (Farber, 2018, p. 716).

The inclusion of the full complexity of the client’s experience within the therapy room, including various possible differences, allows the therapist to understand them as a person holding multiple identities (Bedolla, 2007; Brown 2013), but it also sends a clear message to the client that their therapist is interested in them as a complex person and ready to accept them as they are. This is not only, as P3 noted, a huge relief for clients of minority status, but is also a proven building block in the formation of a strong therapeutic relationship (Lavik et al., 2018). Furthermore, such openness towards the client’s difference emphasises the therapist’s cultural competence (Brown, 2013).

The current research demonstrates that a lack of sociopolitical self-awareness on the part of the therapist can be detrimental for the client. Sociopolitical power dimensions operate within the context in which therapy takes place and they are present between the client and the therapist (Proctor, 2002, Totton, 2012; Ziv-Beiman, 2016). In an optimal scenario therapist’s awareness of self within the context and their cultural competence (Brown, 2013) would protect the therapeutic space from those power dynamics being enacted in the clinical room. As the current research demonstrates, these dynamics can be particularly oppressive when the therapeutic dyad consists of the therapist who is sociopolitically more privileged and the client who occupies a less powerful position. In that situation the traditional power dynamics of the therapeutic relationship, in which the therapist holds more power, strengthen sociopolitical power dynamics. If these power dynamics remain outside of the therapist’s awareness there is the potential for this to wound the client and can even replicate traumatising dynamics that caused the client’s suffering in the first place (Sucharov, 2013).

It is important to note here that all but one therapist who took part in the current study did not learn how to work with the political and the sociopolitical dynamics within their core training,

which to a large extent shapes a therapist's way of working, especially within the initial stages of their practice. The taught syllabus does not only outline the central concepts of psychotherapeutic thought, but it also influences what therapists attend to within the experiential process. That process is an important part of clinical training and provides a stage on which the trainees' beliefs, values and psychological dynamics can be brought into awareness and processed in service of gaining clinical maturity. Hence, if references to the political are not present within the core curriculum, future therapists have limited opportunities to work through, or potentially even fully acknowledge, their sociopolitical values and political stances. This is not to say that such processing cannot occur in a different context, but it means that it may be more difficult for the therapist to integrate working with the political into a therapeutic framework that did not include that type of working in the first place. It is likely that the sociopolitical enactment between P6 and their client that was described in Theme 3 would be easier to manage for the therapist, allowing them to be more helpful to the client if engagement with the political had been a part of the therapist's core training that included working through emotional implications and powerful dynamics of sociopolitical inequality.

The current project also demonstrates that the sociopolitical difference between the client and the therapist, if addressed in a relational way, can benefit the client. Therapists do not have control over what they represent to clients (Bodnar, 2018; Clarkson, 1990; Gilbert & Orlans, 2011). Ryan's (2014) study showed that when the client sees the therapist as occupying a less powerful sociopolitical position then they may doubt that the therapist will be able to help them. Also, the current study highlighted worries of some therapists that being seen by the client as occupying a more powerful position can be problematic. The client may not want to talk about some aspect of their experience doubting that the therapist would be able to understand them. However, this situation also provides opportunities for the client to experience the therapist who occupies a more powerful position as being on their side and, through that personal relationship, to reposition themselves towards the sociopolitical other who the therapist represents. In such a process some sociopolitical enactments are likely but, if the therapist is committed to working through them, then new relational patterns can develop (Ziv-Beiman, 2016). The findings of the current study that political self-disclosure can facilitate this process are aligned with the experience of other therapists who have written about being the political other (Bodnar, 2018, Yourman, 2018; Ziv-Beiman, 2016).

This project highlighted that the sociopolitical difference between a client and their therapist does not have to be related to sociopolitical power to create a problematic dynamic. Not being able to understand the client's values and sociopolitical views creates distance between a client and their therapist. In such moments there is no opportunity to experience 'moments-of-meeting' (Stern et al., 1998; Stern 2004) and there is a much higher likelihood of relational ruptures (Safran, 1993). The therapist's capacity for relational working can also be challenged by the client presenting views that the therapist sees as not acceptable or even upsetting. The current study showed that in such situations many therapists were able to stay in contact with their clients by seeing their views, or actions, as separate from the person of the client, or as the client's response to earlier life challenges or their sociopolitical positioning. Other research also found that when counselling psychologists were faced with the discriminatory views held by their clients they focused on the person of the client and how their life experiences shaped their views (Campbell-Balcom & Martin-Berg, 2019, p. 11). This strategy was implemented to protect the therapeutic relationship; however, it can also pose a risk of bypassing the client's beliefs and attitudes to avoid conflict. Seeing the client's political stance as a result of their life experiences and not engaging with the values that are opposed to our values can risk the very relational stance that it aims to protect. It poses a danger of patronising the client as the one who does not know better. Engaging with the client and their values provides the therapist with an opportunity, albeit challenging, of working in *the moral third* (Benjamin, 2004; 2009). The space where the therapist recognises the impact their client has on them, is able to regulate their own affect and is able to stay in deep relational contact with their client without losing their own position. If we add to that the therapist's disclosure of their own views and values, the client can experience such a relationship as very rewarding – they are accepted, respected, and even liked by the therapist, not because of their views but regardless of them (see Yourman, 2018). This can be a very powerful dynamic especially for the client who has not previously experienced unconditional positive regard (Rogers, 1980/1995).

A notable point of disagreement between therapists was over openness with the clients about the therapist's general political stance. A number of therapists felt that it was important for them to be open about their political values. This was to enable the client to know who they were working with and even with whom they decided to contact in the case of therapists who made their stance public in their professional profiles. However, there was also a view expressed by a therapist who felt most at home within the psychoanalytical tradition that it was important for the clients not to know where the therapist was coming from politically. There was



value in remaining neutral and bracketing the therapist's values. This range of opinions seems to be consistent with the wider state of debate within psychotherapy. Henretty and Levitt, in their qualitative review of the empirical literature, noted that despite a lack of complete agreement, many researchers increasingly advocate disclosure in terms of the therapist's values (Henretty & Levitt, 2010, p. 72). More recent research and meta-analysis further showed that it is important to clients that their therapist is authentic, honest and congruent with them and that includes being open about their opinions (Kolden et al., 2018; Timulak & Keogh, 2017). Furthermore, a number of clinicians (Bodnar, 2018; Yourman, 2018; Ziv-Beiman, 2016) observed that political disclosure facilitated their clinical work.

### **The Political – Summary of Views of the Research Participants**

The current research started with a very broad understanding of what is political to allow space for whatever material therapists themselves understood as such. Therapists brought up a number of issues that in their understanding belonged to the realm of the political.

The issues that therapists identified as important to take into account when thinking about the broader context in which psychotherapy is embedded included: policies of austerity; norms and values in wider social discourse; governmental and media narrative promoting short term psychological interventions; the dominance of medical model and difficulties in accessing non-pharmacological treatment; limited access to publicly funded mental health services and high fees charged by therapists in private practice; access to education and work; and the lack of opportunities to improve one's situation.

The therapists identified a number of issues that they saw as problematic within the psychotherapeutic profession: cost of psychotherapy training limiting access for people from not affluent backgrounds; requirement to work for free when in training; professional training that promotes mainstream culture and does not examine their political assumptions and their potential of oppressing students who belong to various minorities; lack of diversity in the profession; and the profession not being independent enough from existing structures of power.

When focusing on the person of the client the therapists named as political the following characteristics and issues: race; ethnicity; culture and cultural heritage; gender; sexuality; social class and social positioning; language and accent; disability; immigration status; homelessness; financial status; employment status; work demands and life-work balance; experience of various

kinds of oppression including experiences of racism and other prejudices; and clients' political convictions.

In the clinical practice, the therapists focused on: treating the political material like any other material; naming injustice that the client experienced and bearing witness to it; philosophical and political ideas that govern clients' lives; clients' values, ethics and beliefs about themselves in the wider context; clients' understanding of the world and self; clients' sense of entitlement; clients' internalised oppression; clients' prejudices; sociopolitical levels of personal experiences; and impacts of structures of power and dominant narratives on the client.

### **Engagement With the Political as Practice of Social Justice**

The current study showed that when engaging with the political the therapists focus on structural issues and their impact on the client and not on the partisan politics. These issues are consistent with social justice principles (Cutts, 2013; Goodman et al., 2004; Winter, 2015).

Winter (2019) describes social justice orientation in clinical practice as “an acknowledgement that the work we do occurs in a sociopolitical context which it cannot be easily disconnected from (and therefore that things like power, discrimination and oppression are important) and that this work can have political implications” (Winter, 2019, p. 180). Even though the participants of the current study did not talk about working with the political in terms of social justice I am confident that they would agree that the above definition is applicable to their work. At the same time, the current study shows that the therapists who engaged with the political saw themselves at odds with the wider profession.

Even though issues of social justice/anti-oppressive practice/anti-discriminatory practice cannot be seen as separate from ethical issues faced by psychotherapists and psychologists, in her review of professional and ethical guidelines Winter (2015) concluded that social justice is not included within the identity of psychologists in the UK (Winter, 2015, p. 64). Five years later my review of guidelines of: Health and Care Professions Council (HCPC), BPS, UKCP, and BACP suggest that psychology puts greater importance on principles of social justice or including the political, while psychotherapy takes a much more conservative approach. The BPS (2017) urges psychologists to consider the role of racism and cultural balance in the development of Western psychology and to understand discrimination suffered by people of

diverse, minority ethnic and religious backgrounds. They also expect psychologists “to address wider structural issues in society which maintain excluding processes and power differentials” and to work towards social inclusion by recognising that “social exclusion is a structural issue, and that inclusion will be achieved only by structural changes in society and broad policy initiatives” (BPS, 2017, p. 36). Psychologists are encouraged to not only recognise that there are links between structural factors and mental health problems, but also that “there is responsibility to highlight” those links (BPS, 2017, p. 36). They are further encouraged to “challenge social conditions, both as individuals and collectively, that contribute to social exclusion and stigmatisation” (BPS, 2017, p. 36). Furthermore, the Division of Clinical Psychology of the BPS developed the “Power Threat Meaning Framework” (Johnstone & Boyle, 2018) for psychological assessment that offers an alternative to psychiatric diagnoses and places the social context and the sociopolitical power dynamics at the core of clinical formulation. These recommendations are in addition to highlighting the importance of practitioners’ self-awareness (BPS, 2018). However, the HCPC Standards for Psychologists (2015) – the only legally binding ones – are much less robust and require practitioners to be aware of the impact of culture, equality and diversity on practice and to be able to practice in a non-discriminatory manner, while providing no guidance on practice and not acknowledging that the impact due to the structural power dynamics in the society is frequently negative (HCPC, 2015, pp. 8-9).

Psychotherapy regulatory bodies take a rather conservative approach to social responsibility. The UKCP’s (2017) guideline for Mental Health Familiarisation that is a prerequisite of registered status requires psychotherapists to work within social responsibility framework and to gain “an understanding of their role within a system of restoring balance and justice towards better treatment of people with exceptional needs and prevention of additional mental health distress caused by normative social expectation and exclusion” (UKCP, 2017, p. 3). Elsewhere UKCP (2019) regards social responsibility to be of key importance to ethical practice. However, it seems to be that there is a lack of ambition for how that knowledge should be put into practice and the narrow view of psychotherapists’ social responsibility prevails. Their recommendations are limited to urging therapists to recognise that issues of diversity and equality affect their work and that they have to be actively considered through self-enquiry and professional development. The practitioners are further directed to not allow prejudice to adversely affect their relationships with clients and to avoid behaviour that could be seen as abusive or detrimental to clients and colleagues (UKCP, 2019, p. 4). BACP takes an even more

noncommittal stance with the only requirement being that all therapists accept that they are “vulnerable to prejudice and recognise the importance of self-inquiry, personal and professional development” (BACP, 2018b, p. 15).

This short review provides a snapshot of how, in 2020, professional bodies position themselves within a wider sociopolitical context. The therapists taking part in the current study viewed psychotherapy as politically disengaged and this review shows that their opinion is compatible with the state of the profession. Psychotherapy and counselling bodies seem to focus on finding their place within the existing sociopolitical context. Even though the BPS takes a significantly more progressive stance it is important to remember that only one therapist taking part in the current research identified as a psychologist and it was in addition to also being a psychotherapist. The BPS envisages psychology as a discipline that is not only mindful of the wider sociopolitical context but as a discipline that is active in challenging it. From the critical theory’s perspective, only the BPS is driven by objective reason (Adorno & Horkheimer, 1944/2008). This research demonstrates that the therapists who took part would like to see psychotherapy and counselling disciplines to be more involved in challenging the sociopolitical power dynamics and structures in the interest of the clients who are negatively impacted by them.

### **Conclusions and Recommendations**

The current study corroborates the findings of a number of existing studies and also contributes some new insights.

This study corroborates Samuels’ (1993) findings that therapists do engage with political material in therapy. Similar to Samuels’ study, therapists engaged with the reality of the political, as well as its meaning to their clients. The samples of participants are not comparable, but it is worth noting that all the therapists interviewed in the current research did engage with the reality of the presented political material.

The current study also provides qualitative support to the quantitative findings of Solomonov and Barber (2018). In both studies, many clients engaged with political issues in therapy sessions. Both studies show that there is a significant proportion of therapists who are open about their political views with clients. Solomonov and Barber found out that half of the participants of their study felt that engaging with the political had a positive effect on the

therapeutic alliance between clients and their therapists, while 11% felt that this effect was negative. Therapists taking part in the current study reported only positive effects of engaging with the political. They did not talk about any negative effects of engaging with the political on the client. That discrepancy between the studies may be due to the sample size or the perception of therapists. Even though only seven therapists contributed to this study, because of their years of practice they would have seen a significant number of clients. If we take Solomonov and Barber's results as indicative of a wider trend then it could suggest that the therapists in his study either did not report instances when engagement with the political was not welcomed by the client and/or they did not recognise that the client was negatively impacted by such engagement. Even though it is possible, there is another, and in my view a more plausible, explanation of that discrepancy. It needs to be noted that Solomonov and Barber's study focused on the party political material and was conducted shortly after the US presidential election of 2016. The patients taking part in the study were asked about their political affiliation and for whom they were voting in the election. It means that the focus of Solomonov and Barber's study was very different from the focus of the current research. The therapists that were interviewed for the current study reported on engaging with the clients in regards to widely understood political and not party political material.

There were also commonalities with the findings of other qualitative studies presented in these pages. The current research highlights that therapists are actively engaging with political material in clinical practice and that they view it as aligned with professional practice. This shows similarity with the research by Winter and Hanley (2015) that was concerned with the understanding of social justice among counselling psychologists who also saw an alignment between the values of their profession and the issues of social justice. Interestingly, both of these studies pointed to struggles with a clear articulation of the place of wider sociopolitical issues within their clinical framework. This was also problematic to some participants in the current study. The difficulty with the articulation of the framework was also present in the research on the impact of social class on psychoanalytical practice (Ryan, 2014). Furthermore, Day's (2010) research, which focused on power in psychotherapy, showed that therapists who took part did not reflect on sociopolitical dimensions when they discussed power dynamics in their clinical work. This commonality highlights the fact that a variety of professional training in psychological therapies does not provide adequate learning on clinical engagement with the issues relating to the sociopolitical context.

### ***Contribution to the Field***

This research contributes to the field of psychological therapy in several ways.

- This study provides some insights into an under-researched aspect of clinical practice. It sheds light on the willingness of therapists to engage with political material in therapy and the potential of that engagement to facilitate strong therapeutic relationships, but also on the fact that mainstream clinical training does not prepare therapists to engage with the political in therapeutic work.
- It provides qualitative evidence supporting clinical literature and quantitative research on engagement with the political. The findings of the current research complement the BPS “Power Threat Meaning Framework” (Johnstone & Boyle, 2018) for psychological assessment and can support therapists’ contextual understanding of clients.
- The present research explicitly states what many therapists know implicitly that the context is important, and it provides some insight into practice of therapists who engage with the political. It may also encourage therapists who do not engage with the political in their practice to consider the importance of that engagement.

### ***The Key Findings***

- The therapists are concerned about the sociopolitical positioning of the psychotherapeutic profession. They recognise that there are structural barriers to making the profession more diverse and more accessible to more diverse populations of clients.
- By political material, the therapists understand this to mean the sociopolitical power dynamics that impact on the clients and the values and beliefs that the clients hold about themselves in the context.
- The therapists view engagement with political material as an integral part of clinical practice despite their core training not preparing them to engage with it.

- Experience of sociopolitical otherness and oppression facilitated the therapists' engagement with the political in clinical work.
- The invitation to engage with the political in therapy was welcomed by most clients but some clients did not want to engage with it.
- Engaging with the political with privileged clients posed particular challenges both for the clients and for the therapists.
- Through engaging with the political, the therapists gained deeper knowledge of their clients.
- Lack of sociopolitical self-awareness on the part of the therapist can lead to reinforcement of the contextual power dynamics and can be detrimental to the client.
- Working relationally with the sociopolitical difference between the client and the therapist can benefit the client.
- The therapists disagree about to what extent they should be open with clients about their general political values.

### ***Recommendations***

Based on the findings of this study and the supporting literature, the following recommendations can be made.

The most challenging and far-reaching recommendation that could be made is the one for the professions of psychotherapy and counselling psychology. The therapists taking part in this project raised a number of valid concerns over limited access to psychotherapy training for persons who are not from affluent backgrounds and the consequent impact that it has on clients. Professional bodies should campaign for more comprehensive financial support for trainees, as well as for the end of unpaid placements. These changes would make the profession more accessible to a wider section of society and would improve diversity within the profession.

At an organisational level, training organisations could consider whether the training they provide adequately prepares future therapists to engage with the sociopolitical contexts of their clients. Students might be better equipped to engage with the political if such training was an integrated part of the core professional programme. Such teaching could include contextualisation of psychotherapy and psychology as disciplines that developed in a specific time and place. It could also highlight the impact of various contextual factors on the person of the client and on the person of the therapist. The current research indicates that trainees would benefit if potential configurations of sociopolitical power dynamics within the therapeutic dyad were explored in depth, with trainees being actively encouraged to reflect on their sociopolitical positioning, their values and beliefs, and the potential impact of those on their practice. These considerations could be interwoven into theory and practice and not treated as separate from the rest of the body of knowledge taught to trainees. Trainees could be encouraged to include the impact of the client's context in their clinical formulations. The students would increase their awareness of self in the wider context if expressions of wider sociopolitical dynamics were paid attention to within the experiential parts of the course such as group processes and the students further explored them in personal therapy. (See Appendix 10 – Example Workshop on Engaging With the Political)

Psychological therapists, either in training or already qualified, could benefit their clients by actively increasing their self-awareness regarding their own sociopolitical positioning and how it impacts their practice. If therapists want to actively engage with the political, they need in particular to reflect on what they represent to their clients in a sociopolitical sense and how the representational relationship may support or hinder the process of therapy. This needs to be considered not only when working with a client of a different sociopolitical positioning but also with the client whose life context is similar to the therapist's sociopolitical context. While facilitating mutual understanding, the shared context as with any other shared experience may also create therapeutic blind spots through a lack of attention to experiences or through assumptions that are taken for granted.

Therapists should expand their knowledge about and understanding of contexts, sociopolitical views, values and beliefs that are different from theirs. Particularly about those that are shared and experienced by their clients or prospective clients.



When working with the political, therapists need to be prepared for the possibility that they may work with clients holding views with which they strongly disagree. Therapists need to increase their self-awareness regarding their views and attitudes towards people who hold opposing views and values, and they need to be mindful of their impact on clinical practice. Therapists need to be aware that such work can be emotionally challenging. When working with a client who holds opposing or even offensive views, therapists might seek supervision and self-reflection to stay in the relationship with the client and to address any potential enactments of sociopolitical dynamics. Therapists need to manage such dynamics in a way that is respectful to the client, their autonomy and agency.

Therapists need to consider what level of potential political openness they are comfortable with. They need to consider whether, and in what way, that level of openness is compatible with their theoretical orientation and their personal and professional values. Therapists may want to use their supervision and personal therapy to further explore their values and their impact on their practice. Therapists should be particularly mindful of potential tensions between their personal and professional values.

If therapists would like to engage with the political, they need to introduce the possibility of exploring the political in the clinical session. They need to be aware that because of the mainstream cultural narrative, clients are likely to perceive any contextual issues as not welcomed in a therapeutic setting. By inquiring about wider contextual and sociopolitical issues the therapist would indicate to the client that such issues can be brought to and explored in the therapeutic space. Therapists need to accept that clients may not be interested in such explorations, either at a specific time or at all.

When addressing a sociopolitical difference between the therapists and the client, the therapist may want to share their experience and not only ask about the client's experience. This is particularly important when working with a client who holds less sociopolitical power than the therapist, as the risk of enacting harmful contextual dynamics is higher in such a configuration.

Psychological therapists need to be aware that working with the political is not only relevant when working with underprivileged clients. Privileged clients are also affected by their context.

Therapists need to be respectful of the possibility that privileged clients may not be interested in exploring the impact of their sociopolitical positioning. If the client engages in such work the therapist needs to be sensitive to the challenges that such exploration may pose for the privileged client. As with the work with any client group the therapist should use supervision and self-reflection to explore their emotional responses to sociopolitical power dynamics that can be enacted in the clinical situation.

Supervisors could be encouraged to support supervisees in exploration of the impact of their sociopolitical positioning, their political views and values on their clinical practice. To do so they need to also be aware of their own views and values and how they impact their supervisory practice.

### **Situatedness of the Research Project**

The present research produced new insights into the views and clinical practice of psychotherapists who engage with the political in their therapeutic work. It contributes new knowledge to the field of psychological therapies. However, before any conclusions for applications of the study can be made, the specific context within which the study was conducted needs to be considered.

Firstly, this study was conducted within a critical paradigm with the methodology being underpinned by the Frankfurt School of Critical Theory. Even though I strived to present the views of the interviewed therapists accurately, I did construct the themes and I was impacted by my critical sociopolitical stance. A researcher who occupies a different philosophical position and holds different values might use the data to construct different themes.

Secondly, by asking about both therapists' views and their clinical practice, the scope of this study was focused more on breadth rather than depth of investigation. It means that if the focus was singular, more complex and nuanced insights could be gained.

Finally, this research was conducted on a small sample of self-selecting therapists who largely shared similar political views and high to moderate levels of personal political engagement. The homogeneous sample provided more in-depth insight into the views and practice of experienced, over 50 years old, White, able-bodied, cisgender, middle class,

politically active and progressive/left-wing therapists working in private practice either in London or the South-East of England. Consequently, the present research provided valuable insight into the views and practice of a highly contextualised group of therapists on a topic that is underresearched.

### **Potential Future Research**

Further research on the topic of engaging with the political could contribute valuable knowledge to the field of psychological therapies.

The current research shows that therapists viewed their core training as inadequate in terms of engaging with the political. They felt that it was their life experience and clinical experience that enabled them to engage with those themes. Future research could focus on the views and experience of trainee therapists who work in charitable settings with clients who are often sociopolitically disadvantaged. It would highlight the role of the current core training. A more complex research design could potentially include a provision of specialist training focusing on the engagement with the political and its effects on trainee therapists' practice.

The current research presented the views of therapists. Even though there is a growing body of clinical and empirical literature suggesting that clients benefit from engagement with the political in therapy, a qualitative study focusing on the experience of clients could contribute unique insights. It could specifically ask clients whether they would like to have space to address the political in their therapy and how they were affected when their therapist either engaged with the political or declined to engage with it.

The therapists taking part in the current study did not report any negative effects of engaging with the widely understood political in clinical sessions. However, Solomonov and Barber's (2018) found that 11% of clients experienced engagement with the more narrowly understood political as having a negative effect on the therapeutic alliance. A study of a more complex design could research therapeutic dyads. Such a study could provide valuable insight into two different questions. Firstly whether there are differences between what therapists and clients understand as the political, and secondly how the therapists and clients experience and interpret the clinical process of engaging or declining to engage with the political.

The therapists who took part in this research agreed that it is important to engage with the political in the clinical session. Research focusing on the reasoning of therapists who think that it is important to keep the political outside of the clinical room would contribute to a more complex insight into clinical engagement with the political.

### **Final Reflections**

The process of conducting this research provided me with opportunities to develop as a researcher and as a practitioner. Through the process of interviewing the research participants, I had the opportunity to meet therapists whose ways of working I found thought-provoking and inspiring.

Clinically, through this research process, I became more confident in engaging with the political within my own practice, particularly with the clients who do not fully recognise their privileged positioning. I became more able to gently invite the clients to reflect on the possibility that they can be both oppressed and oppressors and to engage with their values in more depth.

Conducting the current research also impacted my sense of professional identity. Before I started the project I identified as a psychotherapist and felt little emotional connection with the identity of a counselling psychologist. This is, at least in part, because of my educational history. Before I started a psychology degree in Poland I knew that afterwards, I wanted to study psychotherapy, so in a way being a psychotherapist was my ultimate goal. However, through the process of conducting this research, I connected much more with the identity of a counselling psychologist and acknowledged that my political values are more aligned with those of psychology as represented by BPS than psychotherapy as represented by UKCP.

Lastly, engaging with this topic has been an emotional challenge for me. Because of the history of my family and the history of my native country, I associated engagement with the political with a sense of risk and danger, something that may be difficult to relate to by people coming from politically and historically more stable contexts. Through the research process, I have begun overcoming my ambivalence about public engagement with the political.

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## **Appendices**

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## Psychotherapy and Politics

What do you think about working clinically with political material in therapy?

Do you engage with political themes in your practice or do you think that therapy is not the right place for it?

If these questions sound interesting to you then I would like to hear from you.

I'm an integrative psychotherapist and a doctoral candidate looking for research participants.

The aim of my research is to explore what psychotherapists consider when making a decision about whether or not to engage with political material in the therapy session and what happens in the room when they engage or not with it.

This is a doctoral dissertation research project registered with Metanoia Institute and Middlesex University.

**If you would like to contribute to the professional debate on engaging with political material in clinical practice please contact me for more details.**

You're welcome to take part if you are a fully qualified psychological therapist (a psychotherapist or a counselling psychologist) with at least five years of post-qualification experience and with current professional registration.

**Please contact me at [malgorzata.milewicz@metanoia.ac.uk](mailto:malgorzata.milewicz@metanoia.ac.uk)**

Malgorzata Milewicz | Metanoia Institute | 13 Gunnersbury Avenue | London W5 3XD

Alternatively, you may like to contact my research supervisor Dr Biljana Van Rijn at [biljana.vanrijn@metanoia.ac.uk](mailto:biljana.vanrijn@metanoia.ac.uk)

Dr Biljana Van Rijn | Metanoia Institute | 13 Gunnersbury Avenue | London W5 3XD

I conduct research interviews (up to 90 minutes of your time) in February and March 2019.

## Appendix 2 – Information Sheet for Research Participants

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### INFORMATION SHEET

January 2019

#### **EXPLORING PSYCHOTHERAPISTS' VIEWS REGARDING, AND PRACTICE OF, ENGAGEMENT WITH POLITICAL MATERIAL IN THE THERAPY SESSION**

I would like to invite you to take part in my doctoral research project exploring clinical engagement with political material in the therapy session. You do not need to be actively engaging with political material in therapy sessions to take part, I am interested in exploring a wide range of views on the topic.

I have described the purpose of the study, and what it will involve, in the text below. Please read the information carefully so that you can decide whether you would like to take part. You are welcome to ask me if there is anything that is not clear or if you would like more information.

#### **What is the purpose of this study?**

The aim of this research project is to find out what psychotherapists consider when making a decision about whether or not to engage with political material in the session and how do they experience clinical process in that context.

The term 'political material' in this research relates to material concerning issues of power and control in wider society. These include impact of established societal structures, power dynamics between different social groups, as well as specific and individual political convictions.

The term 'clinical process' in this research relates to internal and external reactions of the client and the therapist, as well as the content and dynamics of their interactions.

#### **Who are the participants of this study?**

To take part you need to be a fully qualified psychological therapist with at least five years of post-qualification clinical experience and current professional registration.

You are welcome to take part in my study regardless of your views on the engagement with political material in the clinical session. You do not need experience of actively working with political material in the clinical session.

**Why have I been chosen to take part?**

You have not been specifically chosen to take part in my research project. All therapists who responded to the call and met the criteria were invited to take part.

**Do I have to take part?**

It is your decision whether or not to take part in this research project. If you decide to take part you can still withdraw your participation, without giving a reason, until the point of submission of the dissertation.

**What will I have to do?**

If you decide to take part I will contact you to arrange a research interview at the time that is convenient to you. This can take place either in your or my consulting room. It is important that we meet in a space that ensures confidentiality and facilitates reflexive conversation. Your willingness to reflect at depth on clinical process and to share your experience will be very helpful.

The interview will last between 60 and 90 minutes.

I will ask about your views on engaging with political material in therapy and about your practice in this regard. I will also ask a few questions about your sociopolitical background and your professional training. You can choose not to respond to any of the specific questions.

The interviews are going to be audio-recorded and transcribed.

**Are there any risks of taking part?**

I believe that it is unlikely that there will be any risk to you through taking part in the research. However, in the event that any unsettling material comes up as a result of the research, I will be also happy to meet for a debriefing session with you.

**What are the possible benefits of taking part?**

I hope that participating in this study will be both interesting and useful to you. It will give you the opportunity to reflect in depth on your practice and explore your views on engaging with political material within the therapeutic hour. This research also has the potential to contribute to the debate regarding engaging with political material in psychotherapy, as well as to the understanding of clinical process with regards to engaging or not with political material. By participating in this research project you can share your practice with other therapists and contribute to the wider professional debate.

**What about confidentiality?**

All the audio recordings of interviews and their transcripts will be kept confidential and your name will not be included in the research dissertation or any publications. Identifiable details not relevant to the study will not be included.

Please note that although your name is not going to be used in the written dissertation portions of verbatim from the interview are likely to be quoted in the findings section.

**How will you store my data?**

All data will be stored, analysed, reported and deleted in compliance with the UK Data Protection Act 1998 and the European General Data Protection Regulation 2018.

**What will happen to the results of the research study?**

The results of the research will be published as part of my doctoral dissertation and may be published in professional journals and/or presented at professional conferences. Your contribution will be kept confidential in all published materials.

**Who has reviewed the study?**

This study has been reviewed and approved by Metanoia's Research Ethics Committee.

**Contact for further information.**

Please feel free to contact me with any questions or comments at  
malgorzata.milewicz@metanoia.ac.uk  
Malgorzata Milewicz  
Metanoia Institute  
13 Gunnersbury Avenue  
London W5 3XD

You are also welcome to contact my research supervisor  
Dr Biljana Van Rijn  
biljana.vanrijn@metanoia.ac.uk  
Metanoia Institute  
13 Gunnersbury Avenue  
London W5 3XD

**Thank you for taking time to read this information sheet!**



## Appendix 3 – Consent Form for Participants

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### CONSENT FORM

**Participant Identification Number:**

**Title of Project:**

**Exploring Psychotherapists' Views regarding and Practice of Clinical Engagement with Political Material in the Therapy Session**

**Name of Researcher:** Malgorzata M Milewicz

**Please initial box**

1. I confirm that I have read and understand the information sheet dated January 2019 for the above study and have had the opportunity to ask questions.
2. I understand that my participation is voluntary and that I am free to withdraw from the study, without giving any reason, until the point of submission of the dissertation. If I choose to withdraw, I can decide what happens to any data I have provided.
3. I understand that my interview will be audio recorded and subsequently transcribed.
4. I understand that this research will be published as a doctoral dissertation and may be published in professional journals and/or presented at professional conferences.
5. I agree to take part in the above study.

\_\_\_\_\_  
Name of participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name of person taking consent  
(if different from researcher)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Researcher

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

1 copy for participant; 1 copy for researcher

## Appendix 4 – Background Form

Title of the Project: Exploring Psychotherapists' Views regarding and Practice of Clinical Engagement with Political Material in the Therapy Session

Organisation: Metanoia Institute/Middlesex University

Name of Researcher: Malgorzata M Milewicz

Participant Identification Number: .....

Date of the interview: .....

|                           | Background question   | Participant's Answer |
|---------------------------|---|----------------------|
| Age                       | <i>How old are you?</i>   |                      |
| Gender                    | <i>What is your gender?</i>   |                      |
| Ethnicity                 | <i>What is your ethnicity?</i>  |                      |
| Current Social Class      | <i>How would you describe your current social positioning (social class)?</i>                                 |                      |
| Previous Social Class     | <i>Has your social positioning (social class) been stable or changed over time?</i>                           |                      |
| Minority Status           | <i>Have you ever considered yourself as belonging to a sociopolitical minority group?</i>                     |                      |
| Political Engagement      | <i>How would you describe your past and current level of political engagement?</i>                            |                      |
| Political Views           | <i>How would you describe your political views?</i>   |                      |
| Change of Political Views | <i>Have your political views been stable or have changed over time?</i>                                       |                      |
| Theoretical Orientation   | <i>How would you describe your theoretical orientation?</i>   |                      |
| Registration              | <i>What is your professional registration body?</i>   |                      |
| Original Training         | <i>Is your current theoretical framework the one you originally trained? What was your original training?</i> |                      |

|                                |  |  |
|--------------------------------|--|--|
| Post Qualification Experience  | <i>How long have you been practising as a qualified therapist?</i>       |  |
| Political Material in Training | <i>Was working with political material a part of your core training?</i> |  |
| Clinical Settings              | <i>In what kind of settings have you been working clinically?</i>        |  |
| Research recruitment           | <i>How did you learn about this research project?</i>                    |  |

## Appendix 5 – Semi-Structured Interview Schedule

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### Introduction to the Interview

As you know, there were no other selection criteria to take part in that research than five years of post-qualification experience.

I intentionally left it open as I did not want to risk excluding anyone.

Said that I believe that the sociopolitical profile of therapists who have chosen to take part in this project is a source of data in itself.

Because of that before we move to the main part of the interview I would like to ask you a few questions about your sociopolitical background and history, as well as your professional training and current political affiliations. You can obviously choose not to answer any of the questions.

### Go to Background Form

#### Main interview

#### 1. Could you tell me what do you think about engaging with political material in the therapy session?

*Prompts:*

1a. In your opinion are there **advantages of engaging** with political material in the session?

1b. In your opinion are there **disadvantages of engaging** with political material in the session?

1c. In your opinion are there **advantages of not engaging** with political material in the session?

1d. In your opinion are there **disadvantages of not engaging** with political material in the session?

#### 2. Could you tell me how do you decide whether or not to engage with political/sociopolitical material in the therapy session?

*Prompts:*

2a. when you think about your clients do you consider their political/sociopolitical positioning?

2b. do you consider it relevant in terms of the psychotherapeutic work with them?

2c. do your clients bring political themes into the therapy session?

**3. Could you tell me how you react when political material is brought up in the therapy session?**

*Prompts:*

3a. Do you engage with political material in the therapy session?

**YES (the participant engages with political material)**

3b. **What do you do** when you engage with political material in the therapy session?

3c. Can you tell me about your **experience of the clinical process** of engaging with political material in the therapy session?

3d. Is your experience of **clinical process in any way different depending on** whether the **political views presented by the client** are aligned or opposite to your views?

3e. When you engage with the political material in the clinical session **do you ever bring up sociopolitical themes yourself?**

3f. What is your **client's reaction** when you engage with political material in the session?

3g. Does the **client's sociopolitical background** in any way influence the way you engage with sociopolitical material in the session?

3h. **What facilitates your engagement** with political material in the session?

**4. Do you feel that your training provided you with a useful framework to work with political material in the session?**

**5. Is there anything else you would like to add?**

Thank you very much for your time.

**NO (the participant does not engage with political material)**

3b. **What do you do** when you decide not to engage with political material in the therapy session?

3c. Can you tell me about **your experience of the clinical process** when you decide not to

engage with political material in the therapy session?

3d. Is your **experience of clinical process in any way different depending on** whether the **political views presented by the client** are aligned or opposite to your views?

3e. When you do not engage with the political material in the clinical session **do you ever consider sociopolitical themes relevant to the client** when you think about the client?

3f. What is your **client's reaction** when you do not engage with political material in the session?

3g. Does the **client's sociopolitical background** in any way contribute to your decision to not engage with sociopolitical material in the session?

**3h. What stops you from engaging** with political material in the session?

**4. Do you feel that your training provided you with a useful framework to work with political material in the session?**

**5. Is there anything else you would like to add?**

Thank you very much for your time.

## Appendix 6 – Ethical Approval Letter

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13 Gunnersbury Avenue  
Ealing, London W5 3XD  
Telephone: 020 8579 2505  
Facsimile: 020 8932 2070  
www.metanoia.ac.uk

Malgorzata Milewicz  
Doctorate in Counselling Psychology and Psychotherapy by Professional Studies (DCPsych)  
Metanoia Institute

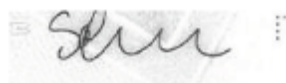
15<sup>th</sup> January 2019  
Ref. 4/18-19

Dear Malgorzata,

*Re: Exploring psychotherapists' views regarding and practice of clinical engagement with political material in the therapy session*

I am pleased to let you know that the above project has been granted ethical approval by Metanoia Research Ethics Committee. If in the course of carrying out the project there are any new developments that may have ethical implications, please inform me as research ethics representative for the DCPsych programme.

Yours sincerely,

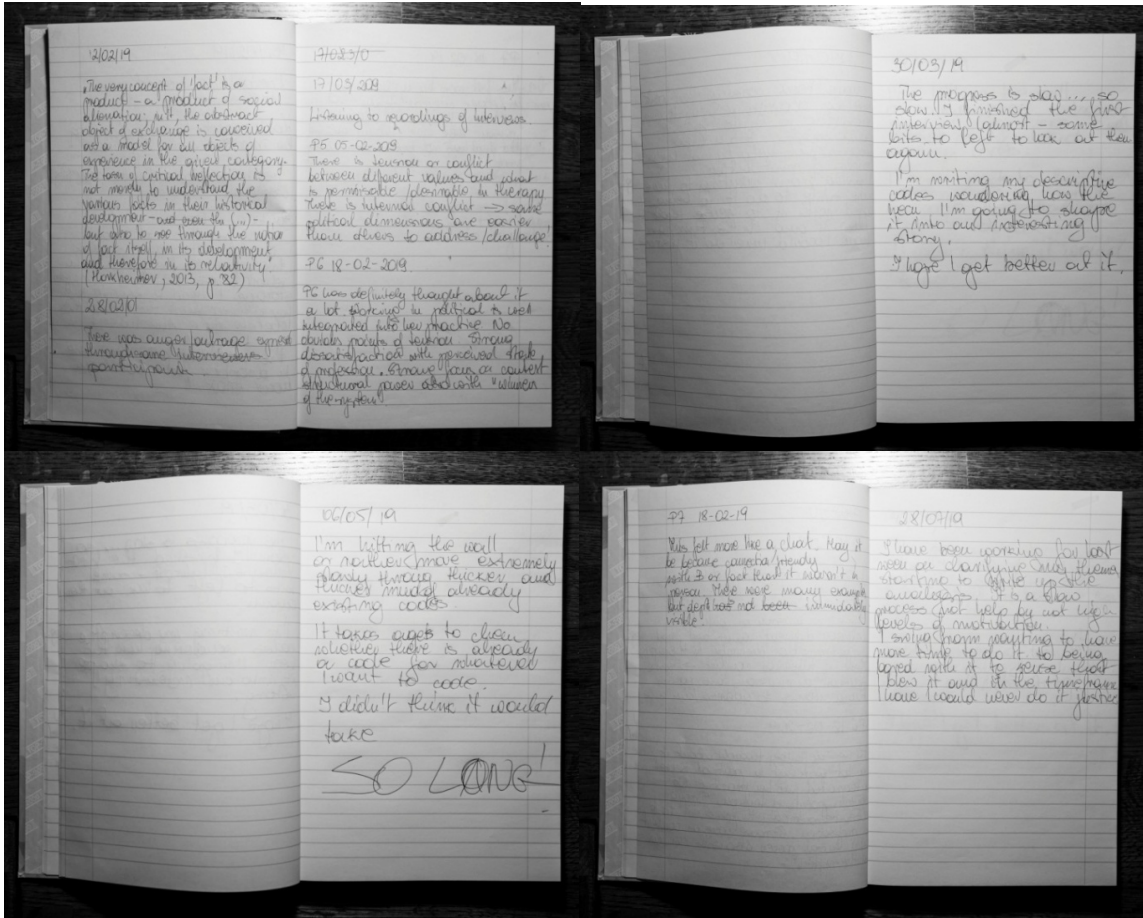


Dr Sofie Bager-Charleson  
Director of Studies DCPsych  
Faculty of Post-Qualification and Professional Doctorates

On behalf of Metanoia Research Ethics Committee

Registered in England at the  
above address No. 2313520  
Registered Charity No. 1059175

## Appendix 7 – Snapshot of Research Journal





## Appendix 8 – Tables of Participants Background Information

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**Table 1**

*Participants' Demographic Information*

| PARTICIPANTS' DEMOGRAPHIC INFORMATION |                        |                |
|---------------------------------------|------------------------|----------------|
| Age                                   | 50+                    | 3 participants |
|                                       | 60+                    | 3 participants |
|                                       | 70+                    | 1 participant  |
| Gender                                | Female                 | 5 participants |
|                                       | Male                   | 2 participant  |
| Ethnicity                             | White British          | 4 participants |
|                                       | White Other            | 3 participants |
| Social class                          | Upper middle class     | 2 participants |
|                                       | Middle class           | 4 participants |
|                                       | Middle class/precariat | 1 participant  |
| Social class of family of origin      | Middle class           | 3 participants |
|                                       | Poor middle class      | 1 participant  |
|                                       | Working/middle class   | 1 participant  |
|                                       | Working class          | 2 participants |
| Self-identified minority status       | Yes                    | 2 participants |
|                                       | No                     | 5 participants |

**Table 2**

*Participants' Political Information*

| PARTICIPANTS' POLITICAL INFORMATION      |          |                |
|--|----------|----------------|
| Political engagement<br>(self-declared)  | Moderate | 2 participants |
|  | High     | 5 participants |
| Political views (self-declared)          | Centrist | 1 participant  |
|  | Left     | 6 participants |
| Significant change of<br>political views | Yes      | 1 participant  |
|  | No       | 5 participants |

**Table 3***Participants' Professional Information*

| PARTICIPANTS' PROFESSIONAL INFORMATION  |                             |                |
|---|-----------------------------|----------------|
| Declared theoretical orientation<br>(participants declared more than one theoretical orientation) | Eclectic                    | 1 participant  |
|   | Existential                 | 2 participants |
|   | Humanistic                  | 1 participant  |
|   | Integrative                 | 3 participants |
|   | Narrative                   | 1 participant  |
|   | Person-Centred              | 1 participant  |
|   | Political                   | 1 participant  |
|   | Psychosynthesis             | 1 participant  |
|   | Relational                  | 7 participants |
|   | Transactional Analysis      | 1 participant  |
| Professional qualification<br>(one participant held dual registration)                            | Counsellor                  | 1 participant  |
|   | Counselling Psychologist    | 1 participant  |
|   | Counselling Psychotherapist | 1 participant  |
|   | Psychotherapist             | 5 participants |
| Working with the political included in core training  | Yes                         | 1 participant  |
|   | Very little/Some            | 2 participants |
|   | No                          | 4 participants |
| Post qualification experience   | 5+ years                    | 2 participants |
|   | 10+ years                   | 2 participants |
|   | 15+ years                   | 1 participant  |
|   | 20+ years                   | 2 participants |
| Current clinical setting<br>(some participants worked in more than one settings)                  | Charitable setting          | 2 participants |
|   | Private practice            | 7 participants |

## Appendix 9 – Tables of Themes with Example Quotes

**Table 4**

*Theme 1, Subtheme 1 – Example Quotes*

|           |   |
|-----------|---|
|           | <p><b>Theme 1: Holding the tension: the politically engaged therapist within a disengaged profession</b></p> <p><i>‘Being a therapist is very much a political decision’ (P5)</i></p> <p><b>Subtheme 1:</b></p> <p><b>The political is personal</b></p> <p><i>‘You become politicised with <u>an emotional jolt</u>’ (P5)</i></p>   |
| <b>P1</b> | <i>Well, I think people who have been marginalised, or, um, suffered discrimination, that is likely to be a topic that they will bring up. Um, just in terms of how they’re recounting their experience.</i>  |
| <b>P2</b> | <i>The structure of the profession and its training and the, you know, this work for free requirement (R: hmm), means that it is very, <u>very difficult</u>, if not impossible (R: hmm), for people who don’t have money behind them to train, and the people who don’t have money behind them, are likely to be black, women, you know, minorities of every kind.</i>   |
| <b>P3</b> | <i>The sociopolitical level, I think psychotherapy is a <u>scandal</u>. (R: hmm) Um, I know that people are self-employed, they want, you know, they get mortgages, (R: hmm) they’ve got smart places to live, some, you know, they want to keep a lifestyle and um, um by charging a lot, they feel it gives them status, and I think, no (sigh). (R: hmm) It’s not the way socialists behave (R: hmm). (pause) Most of them are not socialists let’s face it (laughs).</i>  |
| <b>P4</b> | <i>Uh, um, that was a big thing for me. I wanted to, to learn, in a way, I probably succeeded in a way, uh, uh to be a cool, calm and collected English woman (R: hmm), which talks always like this (speaks softly).</i>   |
| <b>P5</b> | <i>I think (pause) any successful therapeutic relationship (pause) is grassroots action (R: hmm). However they use it it, it will make a conversation go better at home, it will, the way they work with their children will (pause), it’s, (pause) it’s building in resilience to the world and, uh, whenever we build resilience in the world at grassroots makes the, it makes something work for (pause) and, and that’s that working from the bottom up. The, the world will be a better place for having had that conversation.</i> |
| <b>P6</b> | <i>I was born into a middle-class family, but we, culturally, we were middle-class, financially, we were very poor indeed.</i>  |
| <b>P7</b> | <i>I, I assume that no therapy happens in a vacuum (R: hmm). Um, that the political backdrop is, is important</i>   |

**Table 5**

*Theme 1, Subtheme 2 – Example Quotes*

|           |  |
|-----------|--|
|           | <p style="text-align: center;"><b>Theme 1: Holding the tension: the politically engaged therapist within a disengaged profession</b></p> <p style="text-align: center;"><i>‘Being a therapist is very much a political decision’ (P5)</i></p> <p style="text-align: center;"><b>Subtheme 2:</b></p> <p style="text-align: center;"><b>Finding your own way</b></p> <p style="text-align: center;"><i>‘R: was working with political material a part of your training?’</i></p> <p style="text-align: center;"><i>P4: No, no, of course not’ (P4)</i></p> |
| <b>P1</b> | <i>But there’s you know, there’s, it, it, it can’t cover everything, can it? That’s the problem (R: yes). So we have to do things in CPD wise to try and top up in areas where we’re lacking.</i>  |
| <b>P2</b> | <i>Because I think this is an important area. Um, I think it isn’t given a great deal of, well certainly, when I trained, it wasn’t given sufficient, um, emphasis.</i>  |
| <b>P3</b> | <i>No quote available</i>  |
| <b>P4</b> | <i>Well, uh, uh, I, my personal view was that they were wrong not to engage (R: hmm), that they didn’t see, they probably did not have enough, well, will have different understandings (R: hmm), ah, and, um, (pause) I, I, I felt supported by a lot of literature from <u>narrative therapy</u> um, that is very helpful (R: hmm), I felt quite comfortable when discussing those questions (R: hmm), with clients.</i>   |
| <b>P5</b> | <i>Um, um, uh, I don’t, I think [my institute] taught, taught how to do politics by not doing it. So, so it’s kind of don’t do it (R: hmm). It was so, such a small part of the training, that it’s really, that is not what this is about. We work in a dyad, that’s it (R: hmm), um, pretty much.</i>  |
| <b>P6</b> | <i>My experience as a person was really different from my peers’ experience, and I wasn’t hearing myself reflected in the room at all, at all. Um, I imagine that it’s similar to the way that Black people don’t hear their experience reflected. I was able to get away with it, on one hand, I was able to pass, and on the other hand, I was not able to say, you’re not listening to me, because I’m different from you.</i>  |
| <b>P7</b> | <i>R: Was working with political material a part of your training?<br/>P7: Not at all.</i>   |

**Table 6**

*Theme 2 – Example Quotes*

| <b>Theme 2: Clients are impacted by the wider political context</b><br><i>‘we cannot talk about experiences in, life experiences, without talking politics’ (P4)</i> |  |
|--|--|
| <b>P1</b>  | <i>Understanding a bit more about their opinions, their context, their background. I, it doesn't, not something that comes up much, as I say, but... in terms of their convictions, anyway, but, in terms of their experience it can do in terms of being discriminated against or, um, discriminating or, (laughs) um, you know, um, being assaulted or whatever it might be.</i>   |
| <b>P2</b>  | <i>So, if somebody has, in the last two years, found themselves no longer feeling at home here, you know, and that's <u>not allowed</u>, well, to find a way of saying actually, actually that's <u>really crucial</u> (R: hmm). Um, it, you know, opens that right up, there's, there's huge relief and suddenly we have the possibility of addressing what's going on, which may well be a combination of that external reality and something inner (R: hmm), you know a, a feeling of not having belonged in the family, kind of material.</i>  |
| <b>P3</b>  | <i>But, but they all were suffering a lot, much more in the past from internalised oppression. <u>much</u> more. There's much less of it now, except with trans people, who are having a hell of a time. Um, so in the past I would be working with internalised oppression, but in a very personal way.</i>   |
| <b>P4</b>  | <i>Um, maybe ... (pause).. maybe some clients (pause) maybe the clients who cons- uh, who see themselves, um, (pause) <u>as not belonging</u> to the White, middle-class English background, but see themselves as different in some way (R: hmm), find it easier that they have more interest in discussing politics (R: hmm) because they feel the <u>effects</u> of those politics (pause) more strongly, or more (pause) painfully as well.</i>  |
| <b>P5</b>  | <i>And, and so I think I'm, I'm looking at, is, is there a sense of, uh, conflict or tension around the issue we're looking at? So for the oil executive, I, I quickly picked up that she was quite angry towards, um, patriarchy, she may not use that term, but both her husband and the workplace where she felt disadvantaged. (R: hmm) She may have not said that, but it, it, it's, it was in the field. So, I get that sense that I'm working with something that's, um, (pause) going to be fertile for, yeah.</i>   |
| <b>P6</b>  | <i>Um, but if a client comes in and says, I, I'm in a situation that I can't find my way out of, um, I don't know, I have just got divorced and I'm having to sell-up the house a, a, and I need time off work because of this, that and the other, (...), um, then there's something to be said about exploring areas of resilience, choice and what not in the client. And then there comes a point where, I think it's reasonable to say, it sounds as if you have done everything that you are capable of doing now. And yet you are still blaming yourself for things that you may have no control over. And I think that sort of statement is political. In domestic violence there are no shelters left, there's no security for women who escape that sort of, and it's not their fault. Actually, it's a political reality.</i> |
| <b>P7</b>  | <i>And I think when people are privileged, they need to be made aware of their privilege. And the people who are not, uh, they need to, to be assured and reaffirmed in, um (pause) how should I put this? Uh, yes they contribute to this situation, obviously, but, it's not the, it's not the whole story, they're embedded in a system.</i>  |

**Table 7**

*Theme 3 – Example Quotes*

|                  | <p><b>Theme 3: The complexity of working with the political in a relational way</b><br/> <i>'I don't have to agree with you about it and you don't have to agree with me' (P3)</i></p>   |
|------------------|--|
| <p><b>P1</b></p> | <p><i>And yet, more sort of sophisticated clients (pause) might wonder and therefore be quite tentative about what they say, in terms of their viewpoint. I'm thinking of another particular client who was very ingratiating all the time, a journalist, you know, a very intelligent guy, (pause) I don't .. think he ever risks saying anything very overtly political. And also, had a slight concern about, he always wanted to be very P.C. so, um, yeah, wanted to show his kind of feminist credentials, um, worried about me judging him, if actually, he had more baser instincts or desires, so that kind of thing of, you know, trying to please the therapist, ingratiate yourself with the therapist( R: hmm), not do something that they would disapprove of.</i></p> |
| <p><b>P2</b></p> | <p><i>So, one of the things I will often do is actually draw threads from both sides (R: hmm) and again, if the political is present in the consulting room, then I can actually draw threads from their outer world life in the present and their interaction with the (R: hmm), you know, the narrowly political.</i></p>  |
| <p><b>P3</b></p> | <p><i>They come here, in my previous places (R: hmm), they come to relatively nice rooms, and I <u>absolutely deplore</u> the power dynamics in the psychoanalytic, psychotherapy, uh, psychoanalysts sense of it where, um, the, I, you know, where none of those power dynamics and inequalities are paid attention to.</i></p>  |
| <p><b>P4</b></p> | <p><i>I remember when I was, um, in therapy, um, for quite a long number of years, I, I, I felt really puzzled by, um, my therapist, who didn't say much about herself (R: hmm). And then after a while, we discussed that. I thought it was very unfair, I want to know who I'm talking to (R: hmm), you know whether you, you, you can understand me.</i></p>  |
| <p><b>P5</b></p> | <p><i>I worked with a, um, British Indian, so this is one of my few, um, BAME clients, and, last week she brought up her identity at the NHS, she's an NHS therapist, (R: hmm) and so that was quite interesting working with that and <u>naming</u> (R: hmm) where I was, um, that's different from how, how she is, so, so I was naming, (pause) I can get where you are, but maybe I can't fully, just, just saying, I'm a man, I'm middle-class, I don't often, I'm not, I'm not on the back foot.</i></p>   |
| <p><b>P6</b></p> | <p><i>Well, I, I, primarily I build a relationship. That's the single most important thing, through that process, I get to know where the client wants to go, you get a feel of what's going on. Um, (pause) with clients that I've worked with for, I don't know, six months, we might look at each other and go, 'austerity', uh, (pause) and we know what that means.</i></p>   |
| <p><b>P7</b></p> | <p><i>Um, and (pause) the advantage could be that, if, if it is a minority view, for example, if somebody says: 'well I'm the only, the only person in my um, in my um, in my family who voted to remain' then, they would find that they have a sen-, some sort of a sense of, um, support from me, you know (R: hmm).</i></p>  |

## Appendix 10 – Example Workshop on Engaging With the Political

---

**Subject:** The political and psychotherapy: importance of a wider context within psychotherapy practice.

**Assumed prior knowledge:** Students in their first and above year of clinical practice; they have the substantial clinical knowledge and are consciously developing their clinical framework.

**Notes on facilitation:** The list of possible questions and points of discussion are indicative only. The actual questions asked of the group will be moderated by the engagement of the group. If there is a higher level of resistance within the group to engage with the topic the questions may be more direct and more specific to start the discussion. If the group is more open and engaging with the topic the questions would focus on deeper engagement with the topic. The timings are indicative and depend on the group engagement.

### **Aims and objectives of the session:**

- 1) For students to recognise that psychotherapy is situated within a specific sociopolitical context and is influenced by that context. To recognise implications of that to their clinical practice.

#### Objectives:

- Discussion within the training group about the context of psychotherapy  
Potential questions to the group:
  - What is psychotherapy?
  - What is the aim of psychotherapy?
  - Is psychotherapy universal?
  - Can it be applied across cultures?
  - What influences development of psychotherapeutic ideas.
- Short teaching about the impact of context on development of psychotherapy by using an example of psychoanalysis and how historical and cultural context impacted development of theory.

- Follow up discussion
    - Comments/reflections
    - What are the recent developments that in your view do or may impact development of psychotherapy?
- 2) To increase students' awareness of sociopolitical issues that impact on clients seeking therapy. To encourage students to reflect on the link between emotional health and the wider context that their clients live in. To recognise their own attitudes that may remain out of the awareness towards social class and regional accents.

Objectives:

- Group discussion on what contextual issues impact their clients.  
Examples of questions encouraging discussion:
  - As relational therapists what type of relationship do you pay attention to in your work with the client?
  - Which of these issues the clients discuss openly, which of them are in the background but not brought up by the client.
  - Why do you think clients do not talk about some things/contextual issues that impact on their life
  
- Exercise – regional accents  
Instruction: sit back and listen to a few sound recordings. While you are listening, remember that what the speakers talk about is not particularly relevant to this exercise. After you listen to a short recording write down your impressions, your thoughts or fantasies about each speaker, your bodily sensations if you observed any. You would not need to share your notes with the group.  
<https://www.bl.uk/collection-items/cardiff-accent-edith-community-spirit-tiger-bay>  
<https://www.bl.uk/collection-items/belfast-accent-paul-equal-opportunity-issues-disabled-people>  
<https://www.bl.uk/collection-items/received-pronunciation-julian-landscape-architecture>



<https://www.bl.uk/collection-items/middlesbrough-accent-vin-confronting-racial-prejudice>

<https://www.bl.uk/collection-items/pakistani-english-ramesh-arranged-marriage>

- Group discussion following the exercise, including students reflections after the exercise and sharing their observations if they would like to.
  
  - Further questions to be reflected on:
    - If you see clients in different settings – what differences are there between settings and do they impact on clients group you see there? If you do not see clients in various settings think about the differences between the service you provide therapy in and the setting in which you access your personal psychotherapy.
    - What the clients may imagine about your stance on some of the contextual factors that impact on their life. Does it depend on the setting in which they access psychotherapy?
    - Are there some client groups that are more impacted by contextual factors than other client groups? If so who are they?
- 3) To increase students' awareness of sociopolitical issues that impact on them as therapists, their values and their representation in the psychotherapeutic practice.

Objectives:

- Exercise. In small groups of three to discuss factors that helped you to be on this course, made you confident that you can do it and those factors that worked against you being here. Note whether there are similarities between you.
  
- Group discussion following the small groups' exercise:
  - What are the factors that helped you to study psychotherapy and those that were in the way?
  - How much attention do you pay to internal factors vs. external factors vs. structural factors in your life? How important those factors are in your life? How important they are in your clients' lives?

- What is your internal reaction when you hear about client experiences that are very different from yours? Could you give some examples that stayed with you?
- 4) To encourage students to engage with the idea of including the political within the clinical work and what form would that take.

Objectives:

- 10-15 minute teaching on the inclusion of the political/the contextual within psychotherapy practice. Students to be given a printed copy of the presentation.
  - Impact of the political/the context on the mental health
  - Many clients already engage with the political in therapy
  - Impossibility of being politically neutral
  - Unlinking of the personal and political
  - Political dimensions are part of human experience
  - Facilitating reflection on the client's relationship with authority and the resistance to change/commitment to the status quo
  - Lowering the risks of misattribution of symptoms and increasing reflexivity regarding self in the context
  - Recognising politically influenced power dynamics in therapy – anti-oppressive practice
  
- Group discussion reflecting on the inclusion of the political within psychotherapy practice
  - How do you feel about the prospect of including the political/contextual issues within therapeutic work?
  - What may be the risks and benefits of working that way?
  - What is required of you as a therapist to work in that way?
  - How prepared you are as a therapist to work in that way?

**Suggested reading:**

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