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“Is that my agenda or is that serving the client?”: Perspectives of Social Justice-Oriented Counsellors on Working with Clients Who Express Oppressive Views

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Abstract

Current North American public discourse is strongly influenced by widespread sociopolitical divide. Given that sociopolitical events seem to permeate conversations in the therapy room (Farber, 2018; MacLeod, 2013), it is essential that therapists are prepared to navigate conversations with clients who have beliefs different from their own. This qualitative study explored the experiences of Canadian social justice-oriented counsellors who have worked with clients with oppressive views. Seven counsellors were interviewed about their experiences of working with oppression in the therapy room. Through qualitative content analysis, informed by a phenomenological approach, five core themes emerged: effect of personal identities, determination of therapist's responsibilities, strategies for working with oppressive views, influence of career contexts, and impact of response on client. This study's findings provide a nuanced representation of what it is like to work with clients' oppressive views and highlight a wide range of experiences among therapists navigating this ethically complex work.

Keywords: counselling, psychotherapy, social justice, oppression, prejudice, phenomenology

Summary for Lay Audience

There is a strong sense of sociopolitical disagreement present in current North American society. Given that events in broader society seem to have an effect on conversations in the therapy room (Farber, 2018; MacLeod, 2013), it is essential that therapists are prepared to navigate conversations with clients who have beliefs different from their own. This qualitative research study explored the experiences of Canadian social justice-oriented counsellors who have worked with clients with oppressive views. Seven counsellors were interviewed about their experiences of working with oppression in the therapy room. Through qualitative content analysis, with an interest in understanding the essence of participants' experiences, five core themes emerged: effect of personal identities, determination of therapist's responsibilities, strategies for working with oppressive views, influence of career contexts, and impact of response on client. This study's findings provide a nuanced representation of what it is like to work with clients' oppressive views and highlight a wide range of experiences among therapists navigating this ethically complex work.

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Chapter 1: Introduction

Our current (North American) public discourse is strongly influenced by widespread sociopolitical divide and disagreement. The election of Donald Trump as president of the United States is often cited as an activating event that brought more vitriolic and oppressive views to the forefront of public consciousness (Farber, 2018; Markowitz, 2017). The years of Trump's presidency had severe deleterious impacts beyond policy and politics, exacerbating existing physical and mental health concerns, and creating new stressors for many individuals (DeJonckheere, 2018; Farber, 2018; Markowitz, 2017). Over the past decade, many counsellors/therapists[1] have observed and documented how sociopolitical events, such as Trump's presidency and social movements like #MeToo, have not only been discussed in therapy but have transformed their work with some clients (Birbilis, 2018; Farber, 2018; Solomonov & Barber, 2018).

The influence on therapeutic discourse of this sociopolitical divide has been discussed by therapists as dramatic, ongoing, and nearly unprecedented (Birbilis, 2018; Farber, 2018). Therapists have reported a variety of positive and negative effects on the therapeutic process resulting from divisive current events (Birbilis, 2018; Farber, 2018; Raskin, 2018; Solomonov & Barber, 2018). With some clients, therapists felt that their connection was strengthened by the discovery of shared political beliefs (Raskin, 2018; Solomonov & Barber, 2018), and, with others, the strength of the therapeutic relationship was threatened when drastically different beliefs were discovered (Coren, 2018; Yourman, 2018). Interestingly, when these challenges arose, the ensuing process was not exclusively disastrous, but often nuanced, and sometimes radically transformative for both client and therapist (Birbilis, 2018; Farber, 2018; Yourman, 2018).

Since it appears that a mismatch in political beliefs between a therapist and client can be both problematic and beneficial, it is also important to consider (inclusive of and beyond politics) the experiences of therapists who have worked with clients with discriminatory beliefs. There is currently limited exploration and guidance offered in the counselling psychology literature to support counsellors in navigating this uniquely challenging and ethically complex work (King, 2014; Guiffrida et al., 2019; MacLeod, 2013; Spong, 2012). The limited literature existent on this topic seems to consist primarily of papers that either: a) detail authors' theoretical recommendations, supported by illustrative vignettes (Bartoli & Pyati, 2009; MacLeod, 2013), b) provide a case study of a therapist's work with a single client (Coren, 2018; Yourman, 2018), or c) offer a model for ethical, clinical, or supervision-related decision-making (Drustrup, 2020; Drustrup, 2021; Guiffrida et al., 2019). It seems that only two studies have sought to engage the perspectives of multiple practicing counsellors on the particular topic of working with clients' prejudicial views (King, 2014; Spong, 2012). The findings of these two studies highlight the many complex factors and ethical tensions that can impact therapists' experiences of working with clients with oppressive views. (King, 2014; Spong, 2012).

Given the deepened socio-political divide in both public and psychotherapeutic discourses in recent years, the myriad of possible ethical tensions involved in working with clients' prejudices, and the dearth of literature on this topic, more research is needed. As "societal norms of discrimination are very much felt at the relational plane" (Prilleltensky, 2003, p. 198) and addressing clients' prejudices may be "a way to create change at the micro level of social advocacy" (MacLeod, 2013, p. 172), it is imperative that we further explore how counsellors can navigate supporting clients who have views drastically different than their own. The current study is the first to center the unique experiences of social justice-oriented therapists

who have worked with clients with oppressive views. Oppressive views will be defined in this study as explicitly discriminatory beliefs rooted in an ideology that a dominating group should have *power over* a marginalized group (e.g., racism, cissexism, ableism, fatphobia etc.). The purpose of this study is to understand more deeply the perspectives of Canadian social justice-oriented counsellors on working with clients who express oppressive views in counselling.

Chapter 2: Literature Review

The aim of this review of the literature is to provide a broad background on key topics explored in this study and establish a more grounded understanding of the complex challenges social justice-oriented therapists may be facing when working with clients with oppressive views. First, the concepts of oppression and social justice-oriented counselling will be defined and described. Then, the idea of working with oppressive views in counselling will be introduced and characterized. Finally, the critical issues and tensions that have been discussed in the literature will be examined to contextualize the objectives of the current study.

Key Concepts

Oppression

Oppression is a multifaceted concept that has been described as both a state and a process (Brown, 2019; Prilleltensky & Gonick, 1996; Speight & Vera, 2004). Prilleltensky and Gonick (1996, p. 129) define oppression as "a state of asymmetric power relations characterized by domination, subordination, and resistance", in which dominant groups exert power over subordinated groups through fear, exploitation, and discrimination. As a pervasive, systemic process, oppression exists at both structural and personal levels, reflecting one's positionality and status in society (Brown, 2019). Oppression is "cumulative and omnipresent, invading one's psyche while constraining one's body", even "in the mundane activities of daily life" (Speight &

Vera, 2004, p. 112). Oppression is understood to be simultaneously an *effect* of unchallenged privilege and inequality (Black & Stone, 2005; Brown, 2019) and a *cause* of stereotypes and discrimination (Prilleltensky, 2003). Racism, ableism, sexism, and ageism are all examples of prejudicial attitudes that are symptomatic of, and contribute to, oppression (Prilleltensky, 2003).

Social justice-oriented counselling

Given its pervasive and destructive presence - at not only systemic, but also personal and relational levels (Brown, 2019; Speight & Vera, 2004) - it makes sense that a framework has been created within the counselling field to specifically respond to, and combat, oppression. As outlined by Brown (2019), an anti-oppressive counselling framework involves acknowledging and challenging manifestations of privilege and power, both within and outside of the counselling room. Another element of an anti-oppressive approach is the active and critical self-awareness of the researcher/counsellor (Brown, 2019). Lastly, anti-oppressive practice (AOP) is sensitive to multiple ways of knowing and highly responsive to shifting socio-cultural contexts (Brown, 2019). Since AOP is grounded in the pursuit of justice and is actively aware of "social problems and their effects on the lives of individuals" (Brown, 2019, p. 55), it is aligned with - although perhaps more action-focused than - a broader social justice-oriented approach to counselling.

Conversations about social justice are increasingly ubiquitous within the field of counselling psychology (Steele, 2008). Ratts (2009) argued that social justice may be the *fifth force* in counselling, because it has encouraged a transformation in the roles and work of counsellors that is as significant as past paradigm shifts. Social justice-oriented counselling engages "social advocacy and activism as a means to address inequitable social, political, and economic conditions that impede on the academic, career, and personal/social development of

individuals, families, and communities" (Ratts, 2009, p. 160). A social justice approach requires therapists to be aware of how systemic and environmental factors impact their clients, to assess when talk therapy may not be enough, and to engage in necessary social advocacy to both support their clients and promote a more equitable society (Ratts, 2009). Strongly linked to the multicultural movement in counselling, social justice-oriented counselling recognizes the influence of oppression on clients' mental health and encourages "integrating systemic-level change efforts into microlevel counseling practice" (Ratts et al., 2016, p. 43).

Working With Oppressive Views in Counselling

The idea that working towards systemic change also involves transforming the way a therapist works one-on-one with clients is reflected frequently in the recent counselling literature (Bartoli & Pyati, 2009; MacLeod, 2013; Ratts et al., 2016). Some counsellors have even gone so far as to argue that "it is unethical to exclude the individual from social justice objectives" (MacLeod, 2013, p. 182). Much of the current literature discussing the microlevel therapeutic implications of social justice-oriented counselling has focused on how therapists should approach work with clients who are victims of oppression (Guiffrida et al., 2019; MacLeod, 2013). However, some counsellors and researchers have begun to ask questions about how to navigate therapeutic work with clients who are perpetrating oppression through their actions and words, perhaps even in the therapy room (Bartoli & Pyati, 2009; Guiffrida et al., 2019; MacLeod, 2013; Spong, 2012).

When prejudice is a symptom

While there is no diagnostic category that includes prejudicial beliefs (Bartoli & Pyati, 2009; Guindon et al., 2003; Lee, 2005), and it is rare that a client would enter therapy to seek support in addressing their prejudices (MacLeod, 2013), there is literature to support the notion

that holding prejudicial attitudes can negatively impact one's mental health and well-being (Birtel & Crisp, 2015; Helms, 1993; Sullaway & Dunbar, 1996; Thompson & Neville, 1999). Most notably, Thompson and Neville (1999, p. 216) argued that racial prejudice "regardless of whether it is acknowledged, affects the psychological development and functioning of all racial groups and, therefore, enters into the practices of psychotherapists". They illustrated, by outlining numerous defence mechanisms that white people use to reduce cognitive dissonance and maintain white supremacy, how racism is dehumanizing and relationship-harming, even for those who perpetrate and uphold it (Thompson & Neville, 1999). Thompson and Neville (1999) posit that if white people work towards a more realistic and adaptive view of what it means to be white in a racist society (and how they may be perpetuating racism and oppression), they may achieve greater self-awareness, coping abilities, and overall mental well-being.

Other authors have also argued for the importance of addressing clients' racial prejudices and other prejudices in the therapy room. Drustrup (2021) suggests that the necessity of discussing these topics, so that clients may develop critical self-awareness, far outweighs the risks that these discussions may pose for the therapeutic alliance (the working relationship between client and therapist). MacLeod (2013, p. 176) argues that when therapists understand and address clients' prejudicial attitudes, it not only supports client growth but also helps the therapist to "better understand clients' concerns and formulate treatment that aligns with social justice and individual needs". Bartoli and Pyati (2009) also endorse the idea that exploring clients' prejudices has the power to deepen and enrich the psychotherapeutic process and the relationship between client and therapist, rather than only complicating or weakening therapy.

Critical Issues and Tensions

Therapist self-disclosure

One critical issue that is tied to the notion of therapists responding to clients' prejudices is the complex question of therapist self-disclosure. Self-disclosure in therapy has been defined as "verbal statements that reveal something personal about the therapist", which can include "disclosures of facts, feelings, insight, strategies, reassurance/support, challenge, and immediacy" (Knox & Hill, 2003, p. 530). While therapist self-disclosure is generally considered to occur more infrequently than most other interventions, it is also viewed as a useful and powerful tool. Therapist self-disclosure can strengthen the therapeutic relationship, normalize clients' emotions, and help clients feel that their therapist is more human (Knox & Hill, 2003). Feminist-oriented therapists, in particular, highlight the importance of self-disclosure for not only the reasons listed previously but also to give the client more agency in deciding whether a therapist is a good fit for them. Thus, feminist therapists may choose to disclose more details about such areas as political views, personal values, and beliefs than therapists informed by other theoretical orientations (Knox & Hill, 2003; Simi & Mahalik, 1997).

With the many advantages of self-disclosure, there are also important considerations that must be reflected upon before a therapist chooses to self-disclose. Knox and Hill (2003) suggest that therapists must consider the following factors when reflecting upon self-disclosure: frequency, level of intimacy, relatedness to the client's concerns and preferences, and potential impact on the client. They argue that self-disclosure can benefit the therapeutic process "when used sparingly, when containing nonthreatening and moderately intimate content, and when done in the service of the client" (Knox and Hill, 2003, p. 538). Reflecting a common perception in the literature, Knox and Hill (2003) emphasize that in order to be appropriate and effective, therapist self-disclosures must always be specifically serving clients' needs.

Related to self-disclosure, the issue of therapist influence has also been discussed in the counselling literature. While it is common for the therapeutic relationship to be viewed as a "force for change", the influence "of the counsellor as an individual (including their personality, views, beliefs and actions) is more problematic" (Spong, 2007, p. 331). Spong (2007) interviewed counsellors about the idea of influencing clients and found that three perspectives came up the most: counsellors must avoid influencing their clients, it is inevitable that counsellors will influence their clients, and influence is inherent to the counselling process. These perspectives may seem to contradict each other, but Spong found that many participants were simultaneously committed to two, or even all three, of them. In order "to manage the differences and contradictions between the three core positions", counsellors leaned into ideas like intention, perspective, transparency, direction, and change, most of which are themselves paradoxes (Spong, 2007, p. 342). Rather than paradoxical ideas being unhelpful, Spong suggests that beginning to understand which particular paradoxes we are most drawn to can aid us in becoming more aware of how we position ourselves with respect "to issues of power and influence in counselling" (Spong, 2007, p. 343).

When counsellors are targeted by clients' oppressive views

The issue of power in the counselling space is even more complex for counsellors with marginalized identities. Just as political issues will inevitably influence discussions in therapy, oppressive forces like racism also permeate the counselling room (Ali et al., 2005). This puts BIPOC therapists in the position of navigating "not only through their own racial attitudes and racism but also those of their clients" (Ali et al., 2005, p. 6). The burden on BIPOC therapists is only increased by the lack of acknowledgement of their experiences and the absence of guidance directed toward them in both the literature and in training programs (Ali et al., 2005; Lee, 2005).

This paucity of necessary information is further compounded by the messaging in the counselling field that therapists must avoid discussing issues like racism in session, which perpetuates false blindness and lack of consciousness around race and racism in the field (Lee, 2005).

The "tremendous price to pay in perpetuating the silence around racism" is that BIPOC therapists may "walk away with the feeling that they silently colluded in their own oppression" (Lee, 2005, p. 4). Conversely, if a BIPOC therapist chooses to confront and discuss a client's racist statement, the client may act defensively and become upset, which then forces the therapist to soothe the client's feelings (Lee, 2005). King (2014) found that for BIPOC therapists in their study, ethnic identity was a more influential factor in deciding whether, and in what manner, to address a client's racism, than it was for white therapists. While conversations about race in therapy are relevant, nuanced, and complex for both white and BIPOC therapists, Lee (2005) highlights that there is a much more significant impact on BIPOC therapists when clients express racist, oppressive views in therapy. The impact of "absorbing these disturbing and hurtful statements" has "a cumulative, caustic effect", which can include: pain; shame; and effects on authenticity, the "use of self", and the ability to be present in therapy (Lee, 2005, p. 2). Lee (2005, p. 4) suggests that, in order to promote a therapeutic environment where conversations about oppression can take place, and BIPOC counsellors can safely show up as their whole selves, the counselling field must be able to "question some basic tenets of practice—in particular, therapeutic neutrality and the notion that the therapeutic encounter is immune to racism".

Ethical decision-making

While several counsellors have argued for the necessity of addressing clients' discriminatory beliefs in therapy, the literature has also outlined a multitude of ethical concerns related to doing so (Bartoli & Pyati, 2009; Drustrup, 2021; Ratts, 2009). There is fear in addressing this topic, that a therapist's efforts "might appear self-righteous or politically motivated and, thus, nontherapeutic" (Thompson & Neville, 1999, p. 202), or that it may not be in the client's best interest, in general (Ratts, 2009). Ratts (2009, p. 169) asks, "What if clients have one goal (to solve their personal problem) and the counselor has another goal (social justice)?". While it is important to reflect on and understand the ethical implications of addressing clients' prejudicial attitudes, Thompson and Neville (1999) caution against therapists shying away from this topic because of fear around ethical concerns. They argue that in avoiding exploring clients' racial prejudices more deeply, the therapist and client are, in effect, recreating the same kind of ignorance and avoidance around racism that is present at a societal and systemic level (Thompson & Neville, 1999).

Models for critical ethical decision-making around addressing clients' prejudices (specifically racial prejudices) have been advanced by some counselling researchers (Bartoli & Pyati, 2009; Drustrup, 2021). Steps in Bartoli and Pyati's (2009) model include understanding discriminatory views in the context of systemic racism, exploring any connections between the client's prejudices and presenting concerns, reflecting on the implications of the client's views for the therapeutic relationship, critically assessing one's own motivations for addressing prejudice, and lastly, determining the most ideal timing to bring this up with the client. Drustrup's (2021) model for white therapists involves engaging in ongoing efforts to develop their own consciousness related to racism and to educate themselves, working to listen and empathize with the client to strengthen the therapeutic alliance, seeking a deeper understanding

of the client's views on racism, and exploring with the client how race may be connected to their presenting concerns. Both models seem to emphasize the vital importance of the therapist engaging in ongoing self-reflection and offering continued containment and empathy for the client, on the basis that "sustaining our clients as they delve into painful topics is extremely important for the intervention to be effective" (Bartoli & Pyati, 2009, p. 152).

The various ethical, practical, and moral tensions involved in working with clients' prejudices were explored in Spong's (2012) study. Spong (2012, p. 115) asked several focus groups of counsellors to respond to the question, "Should counsellors challenge their clients' prejudices?", and analyzed the main tensions that emerged in the ensuing group discourses. Participants generally aligned with one of three positions on challenging prejudice: arguing for challenging prejudice, arguing against challenging prejudice, or arguing for what Spong termed an "exit response", which meant ceasing work with these clients (Spong, 2012, p. 120). The main tensions that participants struggled with were congruence vs. non-judgment, responsibility to self vs. responsibility to the client, and social responsibility vs. focus on the therapeutic process. Spong (2012, p. 122) argues that these findings demonstrate that "the difficulty of working with prejudices is not located in either the client or in the counsellor (for example in his or her personal development or moral quality), but is an artefact of counselling itself".

Spong's statement that these tensions are inherent to counselling is perhaps alluding to the fact that several of the tensions represent the intersection of qualities that are considered *common factors* (e.g., positive regard, empathy, alliance, congruence/genuineness) of successful psychotherapy (Rogers, 1992; Wampold, 2015). It is interesting to consider how the literature on counsellors working with clients' prejudicial views seems to emphasize the necessity of counsellors being able to hold space for the tensions between some of these common factors. For

example, Coren (2018, p.741) expresses the importance of "a therapeutic stance that holds the tension between two therapeutic values, neutrality and conviction, that seem mutually exclusive".

King's (2014) exploratory study contributed more insight to the literature about the complex web of factors that may be impacting counsellors in their decision-making when working with clients' prejudices. King aimed to investigate how clinical and counselling psychologists responded when their clients made racist comments in therapy. In their two-phase study, King first interviewed clinicians about how they had responded or wanted to respond to racist comments in therapy to establish a list of "Behaviors and Influencing Factors", and then they asked a new set of participating clinicians to rate these factors based on their own experiences. King found that the most common behaviours that clinicians either engaged in or wanted to engage in included: not addressing the comment, directly challenging the client, challenging the client through self-disclosure, and intervening to change the client's belief or behaviour. The most common factors that participants rated as influencing their decision-making and behaviour in King's study included: their personal values and/or worldview, their client's level of openness to changing their beliefs, an interest in maintaining the therapeutic alliance, and an interest in avoiding any negative consequences (King, 2014).

Summary

Much of the current literature consists of individual authors' theoretical insights and recommendations for how therapists should navigate the many tensions that present themselves in the complex work of addressing clients' prejudices. However, Spong (2012) and King's (2014) studies highlight the richness and depth that can be contributed to this topic when multiple counsellors are asked about their perspectives. Given the lack of research on this

phenomenon, the paucity of guidance for counsellors, and this topic's connection to the very roots of counselling, more studies are needed to explore counsellors' perspectives on working with clients' oppressive views. The current study will seek to answer the question, "What is it like for social justice-oriented counsellors to work with clients who express oppressive views?".

Chapter 3: Method

This chapter will discuss the methodological approach used in this study and provide further information on this study's participants and data collection procedure. This chapter will also explain the process chosen for the analysis of data and explore how I situated myself in the research.

Philosophical Assumptions

As a person and researcher, my central epistemological belief is that there are a multitude of realities existing concurrently, and all knowledge is socially, historically, and culturally constructed. Therefore, I tend to resist claims of one objective truth, and I find it troubling when academic researchers attempt to own and gatekeep knowledge. With respect to ontology, my basic belief is that people are best understood not just as individuals, but also as operating within intersecting identities, communities, and systems. Consequently, I believe that, while it is important to maintain a focus on supporting individuals, the pressure for change must also be applied to the systems and structures that uphold privilege and oppression. Lastly, regarding axiology, my belief is that researchers' values and beliefs inform and influence the research process at every stage, from the research question to knowledge mobilization. Thus, I do not view research as neutral, but rather as a deeply personal and political process.

In congruence with these philosophical assumptions - and in alignment with my goal of understanding, rather than explaining participant's experiences - this study will use a

phenomenological approach, which seeks to understand the essence of a phenomenon from the perspective of those who have lived the phenomenon (Neubauer et al., 2019). A phenomenological approach is situated within a constructivist-interpretivist paradigm, which posits that reality is subjectively constructed in socio-historical contexts (Ponterotto, 2005). The phenomenon of interest in this study is the experience of social justice-oriented counsellors who have worked with clients with oppressive views.

Participants

Before participants were recruited, all study procedures were approved by Western University's Research Ethics Board (Appendix A). Participants were recruited using purposive and convenience sampling. A mass email (Appendix B) was sent to promote the study to all members of the Social Justice Chapter of the Canadian Counselling and Psychotherapy Association (CCPA). To be eligible to participate, participants were required to be current members of the CCPA and to have experience relevant to answering the focal question, "When you consider clients who have expressed oppressive views in a session, what comes up for you?". There was no compensation for participation in the study. Members interested in participating in the study contacted me by email and were then provided with a copy of the Letter of Information (Appendix C) and the Interview Guide (Appendix D). At a mutually agreed upon time, I met with each interested participant, and, after all their questions were answered, informed consent was provided by each participant. A total of seven participants completed interviews. Table 1 provides further information on participant demographics.

Table 1

Participant Demographic Information

Participant	Age	Gender Identities	Ethnic Identities	Racial Identities	Employment Setting	# of Years Since Registration
Cleo	30-39	Transgender female	White, settler	White, settler	Private practice, community, crisis	0-4
Eden	60-69	Female	Croatian, Irish	Caucasian	Private practice	5-9
Alix	30-39	Non-binary	White, settler, Canadian	Western European	Private practice, Employee Assistance Program	5-9
Jamie	30-39	Cisgender male	White, settler	White, settler	Private practice	0-4
Devon	40-49	Female	White, Canadian	White	Employee Assistance Program	5-9
Sam	30-39	Agender	Black	Black	Human services, student	0-4
Riley	30-39	Gender queer, non-binary	White	White, European descent	Private practice	5-9

Note. Participants' names have been changed to pseudonyms for the purpose of confidentiality. Participants' identities (e.g., gender identities) and employment settings are written as reported by participants.

Data Collection

This study's procedure consisted of seven semi-structured, individual interviews, carried out on the *Zoom* video call platform (to allow me to meet with participants located across Canada). Interviews lasted approximately thirty minutes to one hour each. Consistent with a phenomenological approach, during the interviews I asked participants a small number of open-ended questions related to my main focal question (Creswell, 2007). See Appendix B for the interview guide. With participants' consent, I audio-recorded each interview, in order to capture as much detail of responses as possible and to facilitate later transcription and analysis. After each interview was completed, I emailed participants a copy of the Debriefing form (Appendix E).

Data Analysis

Analysis of interview data followed a process informed by both Creswell's method of qualitative content analysis (Crewswell, 2009) and Moustakas' modification of Van Kaam's method of phenomenological analysis (Moustakas, 1994). To immerse myself as much as possible in a participant's experience, I first listened to each interview recording and read each transcript several times. As I read through each transcript, I highlighted sections that felt immediately relevant to that participant's overall experience, took some notes, and began to "obtain a *general sense* of the information and to reflect on its overall meaning" (Creswell, 2009, p. 185). I then listed these meaning units for each transcript. To further evaluate whether a meaning unit should be included in the final stage of analysis, I reflected first on whether that particular unit of text was expressing something unique from other units of that transcript, then I reflected on whether it contained information necessary for understanding the essence of that participant's experience.

Once this process was completed for all transcripts, I read the list of all meaning units multiple times and clustered related meaning units into groups. I then organized and characterized these groups using thematic labels, which became the five core themes of the interviews: effect of personal identities, determination of therapist's responsibilities, strategies for working with oppressive views, influence of career contexts, and impact of response on client. Lastly, I divided these five core themes into sub-themes to further clarify the elements of that experience. For example, the theme of "effect of personal identities" was broken down into the sub-themes of "therapist's personal identities as resources", "therapist's personal identities as vulnerabilities", and "impact of client-therapist identity matching".

Trustworthiness

As I conducted participant interviews and analyzed interview data on my own, I took numerous steps throughout the research process to promote trustworthiness. First, I kept a voice journal, in which I recorded my reflections and observations at various stages of both data collection and analysis. This voice journal served as a record of my own experience while engaging with the data and promoted ongoing reflexivity. Another method I utilized to promote trustworthiness was meeting regularly (usually bi-weekly) with a group of advisors, including my supervisor, another faculty member, and a fellow masters' student to discuss my process. In earlier stages of the project, I would share how I was reflecting upon and immersing myself in the data, and later, while engaged in analyzing the data, I would share examples of how I was validating meaning units, forming clusters, determining themes, etc. These meetings provided the opportunity for both further reflection and valuable feedback from others who could offer a different perspective from outside my own process. A final way in which I am promoting

trustworthiness is my inclusion of verbatim quotations from participants in my description of the results of this study (Creswell, 2009; Moustakas, 1994).

Researcher Positionality

In keeping with my belief that research is both personal and political, and as recommended in Moustakas' (1994) approach to phenomenological analysis, I will aim to locate myself in this research as a person, a researcher, and a counsellor-in-training. I am a white, settler, cisgender female, and I am a daughter, a sister, a partner, and a friend. I am in my second year of an MA Counselling Psychology program, and I am currently completing my internship placement at a community counselling agency. My current approach to my therapeutic work with clients is integrative, anti-oppressive, and strongly informed by Relational-Cultural theory and Internal Family Systems theory. I am the filter through which my participants' experiences have been analyzed, and, as such, I feel it is important to explore my own feelings about this topic and what inspired me to begin exploring it more deeply.

I was motivated to develop this study because I have felt my conversations, relationships, and educational experiences become increasingly impacted by the divisiveness in our current public discourse. I have felt the shift as our political views have become central to how we define and understand ourselves and others. I have felt simultaneously grateful for the greater acknowledgment that politics are personal *and* saddened to witness how this rapid personalization has perpetuated a deep divide and an increasingly entrenched "us vs. them" mentality in many spaces. It is my belief that public discourse will inevitably influence discussions in the therapy room, and given that social justice is one of my core values, I have reflected on what it would feel like and how I would respond if a client made an oppressive comment during therapy. More specifically, given my positionality as a white, settler therapist, I

have reflected on how I would respond if a client attempted to collude with me on racist sentiment, for example. When I looked to the counselling literature to guide my reflection process, I was discouraged to find that few articles have addressed this highly relevant topic. These reflections led to my interest in developing this study to explore therapists' experiences of holding social justice-oriented values while working with clients with oppressive views.

Summary

This chapter explored how I situate my own positionality and philosophical beliefs within this research. This study's methodology, including its theoretical underpinnings, data collection procedure, and data analysis process were also characterized and discussed.

Chapter 4: Results

The aim of this study was to answer the question, "What is it like for social justice-oriented counsellors to work with clients who express oppressive views?". Seven individual interviews were conducted and then transcribed and analyzed through a phenomenological lens. This chapter will explore and contextualize participants' experiences of working with clients' oppressive views in the therapy room.

Theme 1: Effect of Personal Identities

Sub-theme 1.1: Therapist's personal identities as resources

Four out of seven participants described how their personal identities had been helpful in their work with oppressive views in therapy. Some participants described identities as sources of insight, highlighting lived experience and awareness. For example, Alix described how some of their marginalized identities provide important insight to explore other more privileged aspects of their identity, which assists them in their work with clients.

> And I think for my own self, the areas of my identity that are not privileged, oppressed, help me understand other areas where I'm holding privilege. It illuminates all the parts and it helps me, I think, to be more ethical in my interactions and that sort of thing.

Other participants described utilizing their identities as tools for deepening exploration with clients. For example, Sam described their willingness to lean into clients' curiosities about their identities as a means of generating a deeper conversation around clients' views, if clients are able to engage in the conversation.

> And I am willing to use myself and to occupy the role of an object of curiosity in session. But I am going to be meta with it. And if my clients aren't able to kind of recognize that that's what they're doing and kind of have a conversation about it in the context of the therapeutic relationship, then I kind of ease back on it.

Sub-theme 1.2: Therapist's personal identities as vulnerabilities

All but one participant identified ways in which their personal identities produce challenges in their therapeutic practices, including impacting their navigation of oppressive views in the therapy room and their relationships with clients. Several participants discussed how the onus of addressing clients' oppressive views in therapy tends to fall on therapists with marginalized identities. For example, Jamie identified that their privileged positionality, as a white, cisgender, male therapist makes it more possible for them than others to avoid addressing oppression when it comes up in the therapy room. Jamie viewed this as a problem since they believe it is important that they talk about oppression with clients.

> Especially from my, uh, my social location. I feel like it is easy to not address it. And for other people, it might not be.

Similarly, Sam described the unique burden carried by therapists with marginalized identities, who have to face more instances of clients expressing oppressive views, more decisions about whether to address it, and more significant consequences.

> But I don't think it's fair that the burden of making ethical decisions in that situation around whether to maintain or risk a therapeutic alliance, when moments like that come

> up, the burden for that is 100% on the people who experience those marginalized subject positions and meet those attitudes in therapy offices.

Participants also described their internal experience when clients were expressing oppressive views related to their own identities. For example, Cleo, described their heightened internal response when a client expressed oppressive beliefs about transgender people.

> In this example, I'm the target that's being attacked. So there's always that much more somatic visceral response.

Riley described how a client's oppressive beliefs can impact their ability to show up authentically in their relationship with the client.

> Like, I actually kind of feel like I am putting on, like, my heteronormative suit with some folks because I don't feel like fully safe or safe is not quite the right word, but comfortable maybe to be just fully myself. And then I do worry that that affects the quality of my work. Not that I don't feel like they're still getting good counseling, but there is a there's just a lack of connection there then.

Sub-theme 1.3: Impact of client-therapist identity and value matching

Three participants discussed circumstances in which their identities (including their core values) either matched or did not match clients' identities, and the impact of such circumstances. Participants highlighted both advantages and disadvantages related to client-therapist matching and described their experiences of intentionally seeking a matching of identities and values with clients when setting up their private practices. For example, Alix discussed their experience of working with clients who were not a match, in terms of identity, in a low/no cost counselling setting and compared this experience to working in private practice, where they have experienced better matches with clients.

> I think there's definitely the perspective of the way that mental health care isn't covered by public systems, because I think there's a way that, for example, when counselors and clients are able to make that good match, the work is so much more generative and respectful and like it has, it sort of flies. Whereas I've trudged with a lot of people in a way that in the situation it's what was required. But potentially those people might have

> been better served by someone who was more aligned with their identity or a different sort of like age or demographic.

Similarly, Riley described their choice to be open about their identities and values in the physical and virtual spaces of their private practice and discussed the outcome on matching with clients.

> And so, you know, sometimes I try to like I have tried with like just what little I can like signaling both like spaces like my office, but then also in my bio I do try to be very out and open about those identities as an invitation for people to ask questions. And a lot of times it's folks who have similar values or identities who end up wanting to come. But then there are folks who have like opposite who, who end up sitting with me.

Riley also discussed the nature of the work they've done with white clients who share their value of anti-racism.

> I do definitely notice too there are like I do have folks who come to see me and they do focus a lot on their own, like anti-racism work, like, you know, obviously usually other white folks and, and, or I hear that in their words. And so in that context, it's like I'm usually very like eager to bring those things out and I've seen a lot of really deep and beautiful work when I can bring those things up.

Conversely, Jamie discussed negative experiences of having clients assume they would agree with oppressive views as a result of their shared privileged identities.

> "This is like some white cis het like middle class dude, like, he's going to get it. He's going to think that's true." And like I also, I certainly don't want people to be thinking like, I like rubber stamp that idea.

Theme 2: Determination of Therapist's Responsibilities

Sub-theme 2.1: Evaluating therapeutic relevance

All participants discussed a process of evaluating whether a client's oppressive views were relevant to the therapy. This evaluation of therapeutic relevance was described by several participants as a means of determining their responsibility to either address or not address the oppressive views in question. For example, Alix discussed differentiating between cases where a

client's oppressive views need to be addressed in the moment versus when they present information but do not require immediate attention.

> I think from my experience, there are some cases where that's very relevant, especially if the oppressive views are maybe about a family member or about someone they have conflict with at work or something where there's something active that needs to be addressed. And sometimes it's a passing comment where it gives me information about who they are and where they're at. But that's more behind the scenes than something that I would address with them.

Similarly, Devon discussed an instance in which a client's racist views were directly related to their presenting issue, in contrast to other past clients whose oppressive beliefs were not related to presenting concerns.

> Obviously, you don't always want to address those things because it depends on what the client is seeking out of therapy. Like, for example, my client that I have right now, who I consider to be racist, we are addressing that in session because it has to do with her presenting issue. Like, it's very it's very tied in to her presenting issue. So we are addressing it. But I've had other clients, I don't remember what the situation was, but I remember that I've had other clients in the past who expressed oppressive views, but they had nothing to do with their presenting issue.

Other participants used a broader lens to describe how exploring systems of oppression is therapeutically relevant for all clients. For example, Jamie spoke to the universal therapeutic relevance of a systemic perspective, even if this is not directly tied to a client's presenting concern.

> Like I think there is therapeutic relevance to like understanding the systems of the world around you and like having some basis for understanding difference and like other people's experience. Um. But it just might not be the therapeutic relevance, like I wrote down what our goal was today on the, on my note and it's like not maybe that thing, if that makes sense.

Similarly, Riley described how their perspective on healing influences their beliefs about the therapeutic relevance of discussing oppressive structures and how they integrate these beliefs into practice.

> Like because I feel like, I mean for me, like dismantling white supremacy and like heteronormative patriarchal structures are really like the essence of, like people's healing, like in the world's healing. So I feel like for me that's kind of what I hold in my heart. And I know not everyone views it that way, but I really try to like, really try to work with that at the center. And so I'm always kind of assessing like those systems, like even if it's just in my own mind, like. Because I think that there's nothing more relevant to people's healing, especially collectively. And so in order for us to heal collectively, I do feel like people have to recognize those systems.

Sub-theme 2.2: Differentiating between personal values and professional responsibilities

Another method of determining the therapist's responsibilities, which was discussed by five participants, was a process of differentiation between one's personal values and professional obligations. For example, Alix highlighted a reflexive question they utilize when trying to determine whether to address oppression in the therapy room.

> And I've always tried to remind myself of like if something comes up and it's a topic of oppression and I want to dig into it, I have to ask myself first, like, is that my agenda or is that serving the client?

Similarly, Jamie described a process of reflecting on how they are feeling in the moment to determine where their motivation to address the client's oppressive statement is coming from.

> Or if it, if I can feel myself getting sort of defensive or like self-righteous or, or almost like if it feels like I should step in right in that moment, I'm like, that's a flag that I shouldn't. Like, This is going to I'm going to, like, overstep or I'm going to do too much.

Conversely, Cleo discussed the problem that can arise when therapists, particularly those with who carry privilege as a result of their identities, listen too much to their own internal discomfort and not enough to their responsibility to promote social justice.

> But then it comes in conflict with that notion of like we're social justice-y, and it's like, well, what does that mean? Right, if you can - again, it speaks to a level of privilege, right? Where it's like I can say I'm all social justice-y unless like something uncomfortable happens and I just don't want to deal with it.

Theme 3: Strategies for Working with Oppressive Views

Sub-theme 3.1: Assessing client readiness

Two participants discussed, in depth, a process of assessing a client's readiness to receive a conversation about their oppressive beliefs. For example, Eden highlighted what they look for in a client to help them decide how best to navigate a client's oppressive views.

> But I'm always trying to figure, I'm always listening for their, the level of safety that they feel and what level is okay for them to talk about. So I don't actually push that much. I try to invite and make safe.

Similarly, Riley described their process of assessing whether it would be beneficial or potentially damaging to a client to address an oppressive statement in a given moment during therapy.

> So I just have to assess like, is this the moment where this is going to actually really help with healing or. Or is it going to hinder their healing in this moment? And that doesn't mean we can't come back to it. It's just like a lot of assessing.

Sub-theme 3.2: Applying a theory on oppressive views

Five out of seven participants outlined their own theory or belief about the development of oppressive views and described how their theory helps them navigate oppression when it comes up in the therapy room. For example, Alix highlighted a process of leaning into their philosophy around clients' innate goodness to help them to sit with oppressive views in the therapy room.

> I think my, my personal almost like philosophy or like orienting principle is that people are ultimately like good, for lack of a better word. Like underneath all of these, like things that people have learned or ways they've been hurt or all those things that there's like a core of humans are good. And so with that view, I can see oppressive views as something that's like covering up their essence, but not like who they are. So I think that's how I can sit with somebody who has expressed something really upsetting to me and be like, okay, they're speaking from a position of hurt or not having had the access to education that I've had or all these pieces.

Similarly, Devon explained how their belief that oppressive views always come from something in a client's life (i.e., these views are not innate) allows them to explore these views with compassionate curiosity.

> You know, our thoughts, our emotions and our actions don't come from nowhere. They always come from somewhere, right? And that's what I try to do when I work with clients who have oppressive views, or clients who are challenging in other respects, too, is I always ask questions to know what their good reasons are, to get to know them or find out how, how can you be thinking this right now? How can you be behaving this way? How can you be experiencing these emotions? What are your good reasons? I know you have some. I believe you have some. I'm, it's my job, I really view this as my job. It's my role as a therapist to identify what your good reasons are. And when I identify my clients' good reasons, without fail, without fail, that always leads me back to compassion and nonjudgment.

Sam also described a theory about the development of oppressive views, highlighting that it makes sense for people to have internalized these views, given the pervasiveness of oppression in our society. Sam also highlighted their belief that the majority of clients would like to do something about oppression once they become more aware of it.

> It's just kind of like, my sentiment is there's no surprise that people, it's no surprise to me that people walk into therapy for the first time with this stuff internalized, regardless of how they move through the world, what their experiences have been like. You know, we are in a soup of violence like all the time. And so it's no surprise to me. But I you know, I do I do think that most people would prefer to not be in that soup. And I think that most people have the ability to at least, like, recognize that they're in the soup and want to do something about it.

Sub-theme 3.3: Importance of self-awareness

Five out of seven participants highlighted the vital role of self-awareness when working with clients' oppressive views. For example, Cleo identified the particular importance of being aware of what types of oppressive views are most challenging for them to work with, as this may be unique for each therapist.

> I think self-awareness, which is something we always need in this profession for literally everything, but I think particularly as it pertains to these kinds of things, like what are the, you know, there are a million different flavors of oppression, right? But what are the

> ones that may be more of a hot button issue to you and the dynamics that that kind of creates? Because like, how do I explain this? Different things, you know, different things, I talked about, like something, something could escalate you too much and then you're no longer where you need to be, present, centered, in self, as we would say in internal family systems therapy. And then you're not really doing the work at all.

Sam explained the harm that can arise when a therapist is not aware of their own readiness (or lack thereof) to do this type of work with clients and the importance of being honest with oneself, and with clients, about this.

> And I think that I think that a lot of like harm in A.O. environments comes when people force themselves through something like before they're completely ready. And I think that we should take like a long game approach to it as therapists and recognize when we're out of our element and either refer or be honest with clients and say like, I'm really sorry, I don't know. And if you want to, you know, you can take on your readings or your learnings or whatever you want together.

Devon highlighted their own experience of discovering that it was more useful to be self-aware when judgment arose so they could navigate that, rather than trying to force non-judgment when this contradicted their true feelings.

> Like, I remember being in grad school thinking, oh my god, nonjudgmental. I'm going to have absolute non-judgment of all my clients at all times, no matter what they say or do you know. And then I got into the real world of counseling and I had a lot of anger towards my clients sometimes and a lot of, you know, a lot of judgment for sure. And I had to face that. And that was part of my clinical growth. Like, I had to face that and I had to realize, okay, that's normal. I'm a human being. You know, it's, it's not about, I think I learned in a practical sense on the job that the goal is not to never have judgment of your clients, because that's impossible, the goal is to handle your judgment appropriately. Like to know what to do with it.

Sub-theme 3.4: Utilizing ongoing supervision and consultation

Four out of seven participants discussed engaging in ongoing supervision and consultation as a strategy that supports them in working with clients' oppressive views. For example, Alix discussed the value of supervision to give them an outside perspective on this work.

> I think having support to debrief things is important. Even now, with my professional designation, I don't need supervision according to my governing body, but I do have it. Like once a month, I meet with the supervisor that I've chosen. And that's something that, that I can, I can talk about the snags or the, the potential or just like having some outside eye on the situation.

In addition to supervision, Jamie highlighted the importance of consulting with like-minded colleagues about working with oppression in therapy, especially since their supervisor is more likely to be supportive rather than challenging.

> So it's like knowing that I want to be able to check what I'm doing with people, and I have a supervisor who maybe isn't as radical as I am, so I can check with him, but he's going to tell me I'm okay. So, so then I have some other some other folks like in my circle, like a couple of people I went to school with for counseling, who I can talk to about this sort of thing.

Theme 4: Influence of Career Contexts

Sub-theme 4.1: Expectations in different settings

All seven participants discussed the idea that there can be different expectations in different settings about how to navigate clients' oppressive views. Several participants specifically highlighted the differences between working in community agencies and in private practice. For example, Alix described the expectation they experienced when working in a community setting to prioritize more urgent needs over addressing oppression if it came up.

> There's something with the free, low barrier services that the purpose is to be welcoming and accepting of where people are at and when the place that they're at is a very closed minded or oppressive kind of view, we still, it's like the purpose might be to make sure that they're safe in other ways or work alongside them with some pretty urgent concerns. And so needing to sort of see where the, the priority is.

Similarly, Jamie highlighted the pressure they experienced when they worked for a community agency to work well with any client, regardless of fit.

> And there was a lot more pressure to push through because like, this is your caseload. Like this person is yours to take care of. And to not be working well with them puts more on other people, doesn't reflect well on you. You know, there's like a whole myriad of

> ways that that might affect your sort of professional standing among, among coworkers and also with your boss.

Both Alix and Jamie's statements above were positioned in contrast to the freedom they have experienced in their private practice work to be able to address oppression in the therapy room. Similarly, Cleo highlighted the ability in private practice to make one's own decisions about how to proceed with addressing (or not addressing) clients' oppressive views.

> So when you're kind of your own boss, you can, you have so much leeway in terms of how you go about things and especially once you start to build confidence in yourself.

Eden echoed this sentiment around the benefit of being self-employed.

> I'm not employed, so there's my big advantage.

Sub-theme 4.2: Perspectives in different career stages

Two participants discussed how being in different stages of their careers impacted their perspective on working with oppressive views in therapy. For example, Alix described how they felt early in their career about being able to work well with any client, in contrast to how they feel about this now.

> I'm more willing to admit that now, ten years into my career, because there's a way at first it almost felt like I needed to be a good, sturdy therapist for anyone who wanted to work with me. Now there's more of a sense of building my work life and my caseload in a way that suits better.

Similarly, Cleo described how used to feel that it was important that they could help everyone but now feel that they don't have to be able to sit with all clients with all beliefs.

> And then there's also you put that pressure on yourself sometimes too, I think, especially when you're a very young clinician, we're talking about that incident with that women was like two months after I graduated. So there's like, I need to fix everybody. I need to help everybody, right? I can take it. You can say whatever you want to me. And I think, yeah, as you gain more autonomy, which obviously is naturally going to happen in that kind of more private practice-y setting, um you don't have to take it as much.

Theme 5: Impact of Response on Client

Sub-theme 5.1: Positive impact on client

Four participants discussed instances where intervening and addressing clients' oppressive views seemed to have a positive impact and promote change. For example, Alix noted that for one particular client, while it was also challenging, discussing their oppressive views had a transformational effect.

> Pretty intense, pretty tender. But I think in, in one situation that I'm remembering specifically, it, it did, it was transformative. Like it had a, a benefit.

Similarly, Riley described the liberation they have witnessed in clients after unpacking their internalized oppressive beliefs.

> Like you can kind of see these connections being made of these internalized beliefs and they're kind of, sometimes, that can sometimes move into kind of a liberating feeling, like not that it's easy, but like, oh, like it's like a weight they were carrying as their own.

Sub-theme 5.2: Negative or no impact on client

Three participants described instances when addressing a client's oppressive beliefs led to either a negative impact on the client or no change in the client. For example, Jamie described a specific case when addressing a client's perspective on weight loss was experienced by the client as hurtful.

> So, yeah, I stepped into the, like, hey, have you ever heard of the idea that, like, you know, people are healthy despite whatever the scales and that went okay in the moment, at least in my view. Like, like I was like okay, like he was receptive to that information. And then later, like, I don't know, 5 sessions later, which was like five months later, he came back and was like, Man, that hurt. Like, I was making progress on a goal. And you were like, I don't care about that. I was like, Yeah, that's true. I'm sorry about that. But here's what was going on for me. And we did come to a mutual understanding and I think, like, that's helpful to the overall relationship going forward, but that's one of the things that comes up.

Riley discussed a reaction they have witnessed in some clients of being caught off guard by a discussion of oppression and wanting to change the topic out of discomfort.

> And then there's times where it's kind of like a little bit jarring for folks. They're just a little bit like what? Like. Like, I can tell their wheels are turning and they're thinking about it, but it's not like clicking, right? They're like, Oh, what? Like, I'm like. Like, I'll bring up some things like, oh, you know, like I'll bring up sometimes, like that might be linked to white supremacy if we were to like, really look at that and someone will be like, But I'm white and I'll be like, Yeah, yeah, you know? And like that people will like, they might want to talk about it a little, but then I can see they kind of want to move away, right?

Summary

This chapter presented a description of the findings of this study on participants' experiences of working with clients' oppressive views in therapy. Participants' experiences were described within the context of five major themes: Effect of personal identities; Determination of therapist's responsibilities; Strategies for working with oppressive views; Influence of career contexts; Impact of response on client.

Chapter 5: Discussion

This study was conducted to explore, through a phenomenological lens, the experiences of social justice-oriented counsellors who have worked with clients with oppressive views. Through the qualitative analysis of participant interviews, five core themes emerged, which were described in the results chapter. This discussion chapter will further examine these themes by contextualizing them within the existing literature on this topic.

Effects of Personal Identities

All but one participant experienced impacts of personal identities on their work with clients with oppressive views. Some participants described experiences when their personal identities felt like resources, while others described how their identities had made them more vulnerable to the negative impacts of doing this work with clients, and several participants had experienced their identities as both strengths and vulnerabilities. These findings align with the limited discussion in the counselling psychology literature on the nuances and challenges of

navigating clients' oppressive views, particularly for therapists with marginalized identities (Ali et al., 2005; Lee, 2005). While the majority of the literature on this topic (and the majority of the entire literature on counselling) is focused on the white therapist-white client dyad (Drustrup, 2020; Drustrup 2021; King, 2014; MacLeod, 2013), some authors have begun to address the experiences of BIPOC therapists and therapists who occupy other marginalized identities. Consistent with several of my participants highlighting the additional burden carried by marginalized therapists in this work, Ali et al. (2005) discussed how BIPOC therapists face clients' racist attitudes more frequently and are thus also more frequently burdened with the decision of whether or not to address clients' racism. Compounding this is that the choice to address a client's racist beliefs brings with it a much higher likelihood of further violence and harm to a BIPOC therapist than to a white therapist (Ali et al., 2005).

Lee (2005) highlighted several harmful effects that can be experienced by marginalized therapists when working with clients' prejudices, including pain, shame, and not being able to be present and authentic in the therapy room. Similar effects were reflected in some of my participants' experiences, including Cleo's "visceral response" when a client verbally attacked transgender people and Riley's experience of feeling less "comfortable maybe to just be fully myself" and feeling the need to put on their "heteronormative suit". These experiences seem to indicate a salience of participants' marginalized identities when they were working with clients who expressed oppressive views in therapy. This is, in part, consistent with King's (2014) finding that BIPOC therapists rated their ethnic identity as a more influential factor in their decision-making when navigating clients' racist views in therapy, and in the current study, participants also discussed how their marginalized and non-marginalized identities impacted their decision-making and experiences.

Another finding related to client and therapist identities was that several participants had experienced more movement and growth in their work with clients who had shared values. This is consistent with Solomonov and Barber's (2019) finding that the therapeutic alliance was rated as stronger by both clients and therapists when the therapist and client had discovered their shared political views vs. when there was a discovery of different political views. One participant in the current study, Jamie, described their negative experience of clients assuming that they would "rubber stamp" racist beliefs as a result of shared identities (i.e., client and therapist both being white, cisgender, etc.), despite their values being drastically different. Other participants discussed how conversations about internalized racism have a different feeling, and are more productive, with clients who share similar anti-racist values. Participants discussed how these types of experiences have led them to be more open in their marketing, on their websites, and in their clinical work about their identities and values. This connects to the literature on feminist- and social justice-oriented therapeutic approaches, which highlights the value of therapist self-disclosure (e.g., disclosing personal values) to promote client agency and a good fit in the therapeutic relationship (Knox & Hill, 2003; Simi & Mahalik, 1997).

Determination of Therapist's Responsibilities

All participants in this study discussed experiences related to determining their professional responsibilities as therapists navigating clients' oppressive views. All participants discussed the idea of therapeutic relevance as a factor in deciding whether addressing a client's oppressive statement was a professional responsibility. Several participants also described a process of differentiating between their personal values and their professional and ethical obligations as a therapist to aid in their decision-making. These ideas are similarly reflected in

the counselling literature, particularly in the literature on ethical decision-making related to clients' oppressive beliefs (Bartoli & Pyati, 2009; Drustrup, 2021; Ratts, 2009).

Bartoli and Pyati (2009) highlighted the importance of therapists critically assessing their own motivations for addressing prejudice before bringing it up with a client. Similarly, Spong (2012) found that a primary tension that therapists struggled with on the topic of responding to clients' prejudices was their responsibility to self vs. their responsibility to their client. Spong (2007) also found similar tensions in therapists' beliefs about influencing clients in any capacity. Ratts (2009) highlighted their concern about the impact on a client when they have the goal of working on their presenting concern, while their therapist has the goal of promoting their value of social justice. A participant in this study, Alix, asked a similar question when discussing their process of determining whether to address a client's oppressive views: "Is that my agenda or is that serving the client?".

There is much discussion in the literature on the importance of evaluating whether a client's oppressive beliefs are connected to their presenting concerns and, thus, relevant to the therapy (e.g., Bartoli & Pyati, 2009; Drustrup, 2012; Knox & Hill, 2003). For example, both Bartoli and Pyati (2009) and Drustrup (2012) include in their ethical decision-making models a step that involves exploring whether a client's oppressive views are related to their presenting concerns. This was also a frequent topic of discussion in my interviews with participants. Several participants described both instances in which they determined that a client's views were clearly tied to their presenting concerns and, conversely, instances in which they believed that a client's views were extraneous and unconnected to the therapy. A common belief that seems to be present in both this study and the broader literature is that the degree of relatedness to a client's

reasons for seeking therapy is a highly important factor in determining whether a therapist *can* and *should* address a client's oppressive views in therapy.

Interestingly, another line of thinking that appears in the literature and in my participants' reflections is that addressing oppression is always therapeutically relevant, even if it is not directly tied to a client's presenting issues. For example, Riley noted, "I feel like, I mean for me, like dismantling white supremacy and like heteronormative patriarchal structures are really like the essence of, like people's healing". Similarly, Thompson and Neville (1999), Bartoli and Pyati (2009), and MacLeod (2013) have discussed the ways in which holding racial prejudice, and other prejudicial beliefs, can adversely impact clients' psychological health and well-being, and are thus relevant areas for treatment in therapy. In King's (2014) study on therapists' responses to clients' racist comments, many of their participants were in agreement that racism is a relevant and important clinical issue, and should thus be addressed in therapy. However, other participants in King's study believed strongly that it was not appropriate for therapists to address clients' racist comments in the therapy room.

There is a tension present here between the idea that therapeutic treatment is best when targeted exclusively to clients' presenting concerns vs. the idea that therapists should also consider the acknowledgment of broader structures and systems of oppression as essential to client healing. This is consistent with Spong's (2012, p.122) finding that a major area of tension in therapists' discourse on challenging clients' prejudicial beliefs was "between maintaining a therapeutic focus and being cognisant of social responsibility". Drustrup (2020, p.183) also discusses this tension, noting the "two competing therapeutic responsibilities" between "client autonomy and self-determination" and "antiracist responsibility to client & community". It is

evident, both in the literature and in the present study, that this topic represents a complex challenge for therapists, in which they must face many paradoxical decisions and dilemmas.

Strategies for Working with Oppressive Views

To manage the challenge of navigating clients' oppressive views in therapy, participants highlighted a number of key strategies. Some participants described how they listen and assess a client's readiness to talk more about their oppressive beliefs. This is consistent with Bartoli and Pyati's (2009) recommendation for therapists to consider the most ideal timing for bringing up this conversation with clients and Drustrup's (2020) recommendation that therapists evaluate a client's capacity to analyze their oppressive views. This is also consistent with King's (2014) finding that client readiness was an important factor in therapists' decision-making on whether and how to address client's racism.

In addition to assessing clients' readiness and capacity, analyzing one's own internal responses and capacity was another strategy brought forth in both the literature and the present study. For example, several participants in this study highlighted the vital importance of self-awareness in all aspects of clinical work, but particularly in working with clients' oppressive beliefs. Participants underlined the importance of being honest with oneself, tuning into their internal responses to clients, and being conscious of how these responses could impact their behaviours. In the literature, Drustrup (2021) encourages therapists to continually expand their conscious awareness of their own perspective on oppression. Similarly, Giuffrida (2018, p.108) highlights the importance of therapists reflecting "on their internal reactions to and feelings about their clients" and exploring how these reactions may potentially affect their clinical work.

Another strategy discussed by participants for working with clients' oppressive views was applying a personal theory on the development of oppressive views. Several participants

described how their understanding of how oppressive views develop allows them to continue supporting clients with views that are drastically different from their own. Participants' theories, such as that people are innately good, and they have had experiences that have led them to develop oppressive views, or that oppression is so pervasive in our society that everyone has some oppressive beliefs that they have internalized, seemed to be important to their process of maintaining compassion and curiosity in working with clients with oppressive views. While the literature discusses the importance of therapists increasing their awareness of systems of oppression, and of how their own identities and values intersect with these systems (Bartoli & Pyati, 2009; Drustrup, 2021; Giuffrida, 2018; Lee, 2005), there is limited discussion of how a personal perspective on the development of oppressive views could be essential in navigating this complex work with clients. King (2014) found that personal values, worldview, and theoretical orientation were relevant factors in therapists' decision-making around responding to clients' racism in therapy. However, the current study adds unique information about how therapists' personal theories on the development of oppressive views can be a valuable resource for remaining compassionate and effective when responding to clients' prejudices.

A final strategy highlighted by participants in this study was engaging in supervision and consultation on the topic of working with clients' oppressive views. Participants discussed the value of working with a supervisor and consulting with colleagues with similar values to get different perspectives and talk more deeply about the process. For example, Alix noted that supervision is an opportunity to "talk about the snags or the, the potential or just like having some outside eye on the situation". There is limited discussion in the literature on the role of supervision and consultation for therapists working with clients with oppressive views. King (2014) found that some of their participants addressed a client's racist comment outside of

therapy in supervision, rather than addressing it in-session with the client. This is not consistent with the approach described by participants in the current study, who viewed supervision and consultation as a resource to support them in determining whether, and how, to address oppressive comments in therapy. More in line with the perspective of participants in the present study, Ali et al. (2005) suggested that therapists should seek supervision and consultation so that they have a safe space, in which they can be supported and challenged on their ideas and perspectives. Similarly, Guiffrida et al. (2019, p. 111) highlighted the importance of supervisees having "empathic, nonjudgmental relationships" with their supervisors to aid them in critically self-reflecting on this issue.

Influence of Career Contexts

There is also limited discussion in the literature of how different career contexts can impact how therapists work with clients' oppressive beliefs. Drustrup (2020, p. 191) highlighted that service settings may influence therapists' ability to address clients' oppressive views, including "session limits or insurance companies and funding agencies who dictate the types and models of treatment". Drustrup (2020) also noted that different settings can shape the nature of services provided and the types of concerns clients may present with, including concerns that require more urgent and immediate care, which could also impact therapists' capacity or willingness to address clients' prejudices. Similarly, participants in this study discussed differences in their experiences of working in community settings vs. working in their own private practices. Some participants discussed feeling that prioritizing presenting concerns and maintaining therapeutic relationships at all costs was more encouraged in community settings, while private practice work offers more flexibility in terms of navigating clients' oppressive views.

Participants also discussed how their approach to working with clients' oppressive beliefs evolved and changed throughout different stages of their careers. For example, Alix noted "at first it almost felt like I needed to be a good, sturdy therapist for anyone" and Cleo noted that earlier in their career they thought "I need to help everybody". This finding is consistent with King's (2014) finding that there was a relationship between the number of years a participant had been working with clients and the extent to which a participant reported actually responding to a client's racist comments in therapy. In both the current study and King's (2014) study, it appears that therapists may feel more comfortable responding genuinely (or as they would like) to clients' prejudices when they are more experienced than when they are just starting out in the field.

Impact of Response on Client

The final core theme identified in this study was the impact on clients of therapists responding to their oppressive beliefs. Some participants described instances when responding to a client's oppressive statement seemed to have a positive effect on the client. For example, Riley described how for some clients it can be "liberating" to understand how they have internalized oppression, and Alix noted how for one particular client "it was transformative" to discuss and explore their oppressive beliefs. Other participants discussed instances when they responded to a client's oppressive views and it seemed to have a negative effect on the client, or there was no movement in the client's perspective. One participant, Jamie, who had a client express hurt and discomfort in response to them addressing an oppressive comment, also noted that they were still able to maintain the therapeutic relationship and repair with the client. There appears to be no discussion or exploration in the existing literature of how clients were impacted when therapists addressed their oppressive beliefs in the therapy room. The findings in the current study seem to

be the first to identify how clients may have been impacted by their therapist responding to their oppressive comment in therapy.

Summary

This chapter contextualized the findings of this study within the limited existing literature. Findings were organized by theme, and similarities and differences between participants' experiences in this study and the literature were identified and discussed. Comparisons were limited by the paucity of literature on this topic, and it seems that some findings of this study present new information yet to be explored in past research.

Chapter 6: Conclusion

This chapter will discuss the implications of this study, including contributions to the literature and implications for counselling training programs. Limitations of this study's methodology and recommendations for future research are also explored.

Implications

The sense of sociopolitical dissonance permeating current North American society seems to have only increased since the start of this research. Over the past two years, several events have taken place in Canada that have garnered the world's attention and deepened polarization in the country, perhaps most notably the Truckers Convoy protest (Eisler & Lynch, 2022). This protest, which began in January 2022 and had ties to racist and conspiratorial organizations (Eisler & Lynch, 2022), pervaded public discourse in Canada for many months and its effects continue to be felt and discussed, including in my own courses and consultation circles. Given that the counselling literature indicates that sociopolitical events inevitably impact conversations and dynamics in the therapy room (Birbilis, 2018; Farber, 2018; MacLeod, 2013), it is essential that therapists are prepared to navigate conversations with clients who may have beliefs that are

drastically different than their own. Therefore, this study's findings have critical and meaningful implications for the literature on addressing oppressive views in the therapy room and for counselling training programs.

Contributions to the literature

This study adds new information to the limited literature on the experiences of counsellors who have worked with clients with oppressive views. More specifically, this study sheds light on the unique experiences of social justice-oriented counsellors in Canada who have worked with clients with beliefs that are in direct opposition to their core personal and professional values. This study's intentional choice to employ an open-ended, phenomenological design meant that a broader range of experiences could be explored and participants were considered the experts in their own processes. Several participants noted that they appreciated the opportunity to reflect on their process for navigating this complex work. Unlike previous studies on this topic, participants were not limited to discussing only one type of oppression (e.g., racism) or instructed to discuss only particular stages or elements of the process (e.g., ethical decision-making or specific actions that were taken). As a result, this study's findings provide a nuanced and complex representation of the *experience* of navigating clients' oppressive views in the therapy room. This study also seems to be the first to report therapists' perceptions of how clients were impacted by their responses to their oppressive views.

Implications for training programs

It is important that Canadian graduate training programs consider how they are preparing future therapists to navigate the increasingly complex ways in which sociopolitical polarization may permeate in the therapy room and the client-therapist relationship. Based on the findings of this study, educators may consider facilitating in-depth discussions with students on topics such

as: their initial thoughts and emotions related to addressing oppressive views in therapy, how their own identities and values may become resources and/or vulnerabilities when addressing oppression with clients, their own theories and beliefs about how oppressive views develop, and the tensions between their responsibility to their client, responsibility to self, and responsibility to society. This is not an exhaustive list of the important topics that are present in this study, and that may emerge from such discussions if implemented in training programs, but merely a starting point. These conversations may be well-suited for cross-cultural counselling courses, but it is crucial that educators of these courses are aware of their own lens when leading these discussions and avoid focusing solely on the white therapist-white client dyad and erasing the experiences of therapists who occupy marginalized identities. In addition to the overall dearth of literature on this topic, it is important that educators are especially aware of the paucity of guidance to support BIPOC therapists and therapists who occupy other marginalized identities in navigating the complex challenges and risks they may encounter when working with clients with oppressive beliefs (Ali et al., 2005; King, 2014; Lee et al., 2005).

Limitations and Future Research Directions

The limitations of the current study must be considered in the context of the goals and limitations inherent to the study's methodological and philosophical approach. As noted by Maurya et al. (2022, p. 1084), "The goal of phenomenological research is not to generalise findings to a broader population, but to understand the depth and context of experience". With this in mind, this study's findings are limited by its small sample size and its limited recruitment process and timeline. With a sample size of only seven participants, although there is some diversity in participants' identities and positionalities, there are many marginalized identities and lived experiences that are not represented in the participant sample. Future research, which

centers the experiences of therapists who occupy marginalized identities, is necessary to provide more guidance and representation for therapists who may rarely see their experiences represented or find information geared toward them in literature or training programs (Ali et al., 2005; Lee, 2005). As all studies conducted to date on this topic seem to have focused on therapists' perspectives, more research is also needed on how clients are impacted when therapists respond to their oppressive views in therapy. More broadly, a substantial increase in research exploring the topic of encountering and addressing oppressive views in therapy (and, in a broader sense, dissonance between client and therapist) is needed to adequately support all therapists who may be seeking information and guidance on this topic as they navigate, alongside their clients, "what it is to be a person in our world today" (Coren, 2018, p. 742).

Concluding Thoughts

Conducting this research has only deepened my passion for exploring the beautiful curiosity of how two vastly complex human beings who may have never connected outside of therapy can share in developing such a powerful, transformative connection in the therapy room. My love for the magic of therapy is eclipsed only by my profound love for humankind. Despite our messiness, mistakes, and shortcomings, I believe unequivocally in our incredible capacity for connection, cooperation, community, and love. When I heard from participants in this study about how their belief in the inherent goodness of all human beings was a vital resource in supporting clients with views that directly oppose their own, it resonated with me instantly and intensely. I can think of no better way to end this paper than with James Baldwin's words, which have guided me in my personal and professional life and feel deeply connected to the findings of this study: *"If I love you, I have to make you conscious of the things you don't see*".

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Appendix A: Ethics Approval

Western Research

Date: 8 March 2022

To: Dr. Jason Brown

Project ID: 120607

Study Title: Perspectives of Social Justice-Oriented Counsellors on Working With Clients Who Express Oppressive Views

Short Title: Psychotherapists' experiences of oppression

Application Type: NMREB Initial Application

Review Type: Delegated

Full Board Reporting Date: 01/Apr/2022

Date Approval Issued: 08/Mar/2022 14:30

REB Approval Expiry Date: 08/Mar/2023

Dear Dr. Jason Brown

The Western University Non-Medical Research Ethics Board (NMREB) has reviewed and approved the WREM application form for the above mentioned study, as of the date noted above. NMREB approval for this study remains valid until the expiry date noted above, conditional to timely submission and acceptance of NMREB Continuing Ethics Review.

This research study is to be conducted by the investigator noted above. **All other required institutional approvals and mandated training must also be obtained prior to the conduct of the study.**

Documents Approved:

Document Name	Document Type	Document Date	Document Version
Interview Guide	Interview Guide		
Debriefing Form	Debriefing document		
Email advertisement	Recruitment Materials		
Email advertisement	Recruitment Materials	03/Mar/2022	2
LOI	Verbal Consent/Assent	03/Mar/2022	2

No deviations from, or changes to the protocol should be initiated without prior written approval from the NMREB, except when necessary to eliminate immediate hazard(s) to study participants or when the change(s) involves only administrative or logistical aspects of the trial.

The Western University NMREB operates in compliance with the Tri-Council Policy Statement Ethical Conduct for Research Involving Humans (TCPS2), the Ontario Personal Health Information Protection Act (PHIPA, 2004), and the applicable laws and regulations of Ontario. Members of the NMREB who are named as Investigators in research studies do not participate in discussions related to, nor vote on such studies when they are presented to the REB. The NMREB is registered with the U.S. Department of Health & Human Services under the IRB registration number IRB 00000941.

Please do not hesitate to contact us if you have any questions.

Sincerely,

Ms. Zoë Levi, Research Ethics Officer on behalf of Dr. Randal Graham, NMREB Chair

Note: This correspondence includes an electronic signature (validation and approval via an online system that is compliant with all regulations).

Appendix B: Recruitment Email

Study on Psychotherapists' Experiences of Oppression

Jason Brown, Ph.D.
Principal Investigator
1137 Western Road, London, ON, N5P0C3
xxxx@uwo.ca
xxx-xxx-xxxx

The Social Justice Committee Executive are interested in learning about the issues you consider important. We are seeking the views of all CCPA members to inform our Chapter's planning and priority setting.

We are writing to request your participation in a study. We continue to recruit participants for a single 30-60 minute telephone or zoom interview focusing on psychotherapists' experiences. The purpose of the study is to find out how counsellors would deal with clients who express oppressive behaviour. The main research question is: "When you consider clients who have expressed oppressive views in a session, what comes up for you?"

Your views will assist the Chapter Executive with planning and priority setting. Our RA, Lily MacKenzie, will assist with the collection of interview data and use it for her Master's Thesis on Psychotherapists' Experiences of Oppression.

Results of this thesis will be shared with the CCPA membership and appear in scholarly publications.

If you are interested and agree, you would be asked to participate in a telephone or zoom interview at a mutually agreeable time. Questions will be provided in advance of the interview.

For more information about this study, or to volunteer for this study, please contact:
Lily MacKenzie
Email: xxxxx@uwo.ca

Please note that email may not be considered a secure form of communication. For the purposes of recruitment and arranging interviews, we will be using email as the primary method of correspondence, however.

Appendix C: Letter of Information and Consent

Western

Letter of Information and Consent

Project Title: Psychotherapists' Experiences of Oppression

Dr. Jason Brown, Principal Investigator
1110 Althouse, Faculty of Education,
1137 Western Road, London, Ontario
N6G 1G7

Invitation to Participate

Because you are a member of the Canadian Counselling and Psychotherapy Association you are invited to participate in this research study. The study is open to any student or professional member of the Canadian Counselling and Psychotherapy Association.

Why is this study being done?

The purpose of this study is to describe psychotherapists' experiences with clients in therapy who express oppressive views.

How long will you be in this study?

It is expected that you would participate in a single telephone or zoom interview that is approximately 30-60 minutes long.

What are the study procedures?

You would set a mutually agreeable date and time for an interview with the Research Assistant. Interviews can be conducted via zoom or telephone. We will send the letter of information and interview questions to you via email before the date of interview.

On the date of interview, you will have the opportunity to ask any questions about the study. If you give consent to be interviewed and recorded the interview will commence. If the interview is via zoom, the recording captures video as well as audio. We are only interested in the audio data and will destroy the video portion following the interview. A telephone interview would only allow for the collection of audio data.

Interviews will include the main question: When you consider clients who have expressed oppressive views in a session, what comes up for you? Follow up questions include: What have you experienced in your work with such clients? Are there contexts or factors that have impacted your work with such clients? What does it mean for you to work with such clients? Can you describe any strengths and/or resource needs you have in working with such clients?

You can choose not to answer any of the questions.

Direct quotes will be used in reports and publications. Permission to use de-identified direct quotes is required for participation.

What are the risks and harms of participating in the study?

Discussion of oppressive interactions could elicit some emotional response or discomfort.

A list of telephone support services is available at the link below should you experience any discomfort because of participating in this study.

https://www.opencounseling.com/hotlines-ca

What are the benefits?

The possible benefit to you may be to have your experience reflected in research about oppression in psychotherapy practice. The possible benefit to society may be increased wellbeing for individuals receiving or delivering psychotherapy services.

Can participants choose to leave the study?

If you decide to withdraw from the study, you have the right to request (e.g., by phone, in writing) withdrawal of information collected about you. If you wish to have your information removed, please let the researcher know and your information will be destroyed from our records. Once the study has been published, we will not be able to withdraw your information.

How will participants' information be kept confidential?

Zoom recordings will be located on the local computer located in London, Ontario that is used for the interview. They will not be uploaded to zoom's cloud-based recording system.

Interview data will be collected and electronically transmitted by members of the research team, who may be working remotely. Your data will be stored in a secure environment on Office 365 that only the research team will have access to. Once the recording has been transcribed, the interview portion of recording will be deleted.

Researchers will ask participants for demographic information and responses to open ended questions listed in this letter. Only audio recordings (not video if interview is conducted via zoom) will be retained for the purpose of transcription. Only the Principal Investigators and Research Assistant will have access to any of the study data.

The audio files and text files from the study will be retained by the researcher for 7 years. Audio files will be stored on the Principal Investigator's encrypted hard drive and text files will be retained in password-protected Word files. A list linking your name and pseudonym will be kept separate from your study file. If the results are published your name will not be used.

Delegated institutional representatives of Western University and its Non- Medical Research Ethics Board may require access to your study-related records to monitor the conduct of the research in accordance with regulatory requirements.

Teleconferencing/videoconferencing technology has some privacy and security risks. It is possible that information could be intercepted by unauthorized people (hacked) or otherwise shared by accident. This risk can't be eliminated. We want to make you aware of this.

Are participants compensated to be in this study?

You will not be compensated for your participation in this research.

What are the Rights of Participants?

Your participation in this study is voluntary. You may decide not to be in this study. Even if you consent to participate you have the right to not answer individual questions or to withdraw from the study at any time. If you choose not to participate or to leave the study at any time it will have no effect on your professional or employment status. You do not waive any legal right by consenting to this study.

Whom do participants contact for questions?

If you have questions about this research study please contact Jason Brown, Principal Investigator, xxxx@uwo.ca, xxx-xxx-xxxx

If you have any questions about your rights as a research participant or the conduct of this study, you may contact The Office of Human Research Ethics (519) 661-3036, 1-844-720-9816, email: ethics@uwo.ca. The Research Ethics Board is a group of people who oversee the ethical conduct of research studies. The Non-Medical Research Ethics Board is not part of the study team. Everything that you discuss will be kept confidential.

Project Title: Psychotherapists' Experiences of Oppression

Dr. Jason Brown, Principal Investigator
1110 Althouse, Faculty of Education,
1137 Western Road, London, Ontario
N6G 1G7

Participant name: _____

Have you read the Letter of Information and had the nature of the research explained to you?

Have all your questions been answered?

Do you agree to participate? _____ Yes _____ No

I consent to the use of unidentified quotes obtained during the study in the dissemination of this research.

_____ Yes _____ No

I agree to be video and audio-recorded in this research.

_____ Yes _____ No

Appendix D: Interview Guide

Western

Project Title: Psychotherapists' Experiences of Oppression
Interview Guide

Participant Demographics

Employment Setting

_____
e.g. Corrections, Education, Healthcare, Human Services, Private Practice

Number of years since professional registration

_____

Registration Status

_____
e.g. C.Psych., Canadian Counselling and Psychotherapy Association., C.C.C., College of Psychologists of Ontario, College of Registered Psychotherapists of Ontario, R.P.

Age

_____

Highest Degree Awarded

_____
e.g. bachelors, diploma, doctorate, masters

Gender Identities

_____
e.g. Agender, Cisgender Female, Cisgender Male, Genderqueer, Non-binary, Transgender Female, Transgender Male, Prefer not to say

Ethnic Identities

_____
e.g. Canadian, Chinese, Dutch, East Indian, English, Filipino, French, German, Indigenous, Iranian, Irish, Italian, Jamaican, Korean, Pakistani, Polish, Portuguese, Scottish, Sri Lankan

Racial Identities

_____
e.g. Black, East Asian, Indigenous, Latino, Middle Eastern, South Asian, Southeast Asian, White

Class Identities

_____
e.g. low, middle, upper middle, working class, working poor

Religious Identities

_____
e.g. Buddhism, Christianity, Hinduism, Islam, Judaism, Sikhism

Disability Identities
Do you identify as a person with a disability? If yes, how do you identify?

_____
e.g. emotional, intellectual, physical, social

Semi-Structured Interview

Focal Question:
When you consider clients who have expressed oppressive views in a session, what comes up for you?

Prompts:
- *Personal experiences:* **What have you experienced in your work with such clients?**
- *Contexts/factors:* **Are there contexts or factors that have impacted your work with such clients?**
- *Meanings:* **What does it mean for you to work with such clients?**
- *Strengths and resource needs:* **Can you describe any strengths and/or resource needs you have in working with such clients?**

Appendix E: Debriefing Form

Western

DEBRIEFING FORM

Project Title: Psychotherapists' Experiences of Oppression

Principal Investigator: Jason Brown, University of Western Ontario, xxxxx@uwo.ca

Thank you for your participation in this study.

We really appreciate the time you have taken to share your insights.

The purpose of the study is to describe psychotherapists' experiences with clients in therapy who express oppressive views.

Once interviews are complete, the data will be analyzed and summarized.

A summary of the results will be available to all interested participants by the spring of 2023. If you are interested in receiving a copy of results, please send an email to Lily MacKenzie at xxxxx@uwo.ca.