

Electronic Thesis and Dissertation Repository

4-15-2024 12:00 PM

Social Location & Counsellor Identity: a reflexive analysis of social power and the therapeutic use of self

Stephanie R. Page, *Western University*

Supervisor: Dr. Marguerite Lengyell, *The University of Western Ontario*

A thesis submitted in partial fulfillment of the requirements for the Master of Arts degree in Psychology

© Stephanie R. Page 2024

Follow this and additional works at: <https://ir.lib.uwo.ca/etd>



Part of the [Counseling Psychology Commons](#)

Recommended Citation

Page, Stephanie R., "Social Location & Counsellor Identity: a reflexive analysis of social power and the therapeutic use of self" (2024). *Electronic Thesis and Dissertation Repository*. 10037.
<https://ir.lib.uwo.ca/etd/10037>

This Dissertation/Thesis is brought to you for free and open access by Scholarship@Western. It has been accepted for inclusion in Electronic Thesis and Dissertation Repository by an authorized administrator of Scholarship@Western. For more information, please contact wlsadmin@uwo.ca.

Abstract

It has become widely appreciated that health and mental health are impacted by interconnected systems of inequity and individual social location. With demand for psychological services increasing in Canada, there does exist a need to better understand how social location relates to counselling. The Social Justice Chapter of the CCPA is working to raise the critical consciousness of Canadian Counsellors regarding social, structural, and systemic issues. In partnership with the CCPA, a random sample of 19 Canadian Counsellors were interviewed and asked about their social location. Participant responses were transcribed and qualitatively analyzed using the Six-Phase Model for Reflexive Thematic Analysis (Braun & Clarke, 2022). One theme and two sub-themes were carved out: Participant Asset Experiences (25), Self-Identification (15), and Blind Spots (10). Findings relate to intersectionality and its relevance to counsellor identity. In conclusion, Canadian Counsellors who experience social power and privilege can turn an intersectionality-informed lens inward to improve their critical consciousness an practice. to better understand how their social location impacts their counseling and therapeutic use of self.

Keywords

Blind Spot. Canadian Counsellor. Conscientização. Identity-Related Errors. Johari Window. Responsible Stewardship of Intersectionality. Social Location. Social Power & Privilege. Systems of Inequity. Therapeutic Use of Self.

Summary for Lay Audience

Our health and mental health are impacted by many things including socialization, the process of learning how to behave, and how to have relationships. That process is different for each of us and is based somewhat on social location - who we happen to be and where we happen to be situated in society relative to others. Some things that determine social location are in our control. Much of it is not like race, gender, citizenship etc. It is based on collective meaning-making and not just up to us. We know that some social locations experience more marginalization and discrimination than others, and that these traumas impact wellbeing and how we respond to stress in life. We don't understand enough about how social location relates to counselling, which is important because demand for these and related psychological services are on the rise in an increasingly global landscape.

A random sample of 19 CCPA registered Canadian Counsellors were interviewed virtually and asked about their social location. Participant audio responses were transcribed and qualitatively analyzed using the Six-Phase Model for Reflexive Thematic Analysis, which is a way to interpret patterns across participant responses. It was discovered that participants experienced their social location as comprising of Asset Experiences rather than clear advantages or disadvantages, which has implications for how a critical social theory called intersectionality is understood in relation to counselling. Another finding related to counsellor identity and demonstrated how unexamined social privilege can mask unhelpful and harmful ways of thinking. It was concluded that Canadian Counsellors who experience social power and privilege can turn an intersectionality informed lens inward to better understand how their social location impacts their worldview and their work.

Acknowledgments

I'd like to acknowledge and express gratitude towards all the people and opportunities that were involved in the development of this project (and me so far!).

First to the whole 2022/2024 cohort of MACP graduate students I've had the pleasure of learning with for the past year and a half. To Dr. Marguerite Lengyell for teaching and guiding us in the development of counselling competencies so meaningfully, and for supporting me as an academic supervisor. Our conversations helped me discover the role and purpose of reflexive thematic analysis in qualitative practice-based research and so many other things too. Also, to Dr. Jason Brown and Dr. Susan Rodgers who together we call "The Big 3", as in the triad (ironically) of counselling psychology professors who have overseen our cohort's development. In addition, I feel deep gratitude towards Dr. Melissa Jay who collaborated with Dr. Brown and Dr. Lengyell on the larger study being conducted, *Impact of COVID 19 on Counselling: Counsellor & Client Perspectives*. Also, to Dr. Jennifer Ingrey and Dr. Jane Saunders who have agreed to examine my thesis. Thank you!

I'd like to acknowledge the University of Western Ontario, Althouse College, and the Faculty of Education. It's an exciting time to be completing graduate studies in the field of counselling psychology and the opportunities I discovered at UWO to be creative and reflexive while building an evidence-based practice are truly appreciated.

On a personal note, to my husband and daughter who have been learning alongside me for the past two years of study. Finally, to my parents who have encouraged me to be exploratory my whole life.

Table of Content

Abstract	ii
Summary for Lay Audience	iv
Acknowledgments	iv
Table of Contents	v
List of Figures and Tables	vi
List of Appendices (where applicable).....	vii
Preface.....	viii
Chapter 1: Literature Review	1
Chapter 2: Methodology.....	22
Chapter 3: Reflexive Thematic Analysis	30
Chapter 4: Ethical Considerations	43
Chapter 5: Discussion.....	48
Chapter 6: Limitations & Future Directions.....	63
Chapter 7: Conclusion	66
Bibliography	70
Appendix A: LOI/Consent	74
Appendix B: Survey Questions	75
Appendix C: Glossary of Key Terms.....	77
Curriculum Vitae.....	81

List of Figures and Tables

Figure 1: Bronfenbrenner's Ecological Systems Theory.....	4
Figure 2: Sylvia Duckworth's Teaching Tools A.....	10
Figure 3: Sylvia Duckworth's Teaching Tools B.....	11
Figure 4: Coin Model of Privilege & Critical Allyship.....	13
Figure 5: Intersecting Nature of Coin Model.....	13
Figure 6: Trauma & Violence Informed Care.....	19
Figure 7: TVIC Language.....	20
Figure 8: Qualitative Orientation.....	24
Figure 9: Locating Myself in the Canadian Context.....	27
Figure 10: Reflective Thematic Analysis Theme Summary.....	38
Figure 11: Finding Your Physiological Blind Spot.....	41
Table 1: Reflexive Thematic Analysis Results.....	42
Figure 12: Summary of Ethical Considerations.....	43
Figure 13: Johari's Window.....	61

List of Appendices

Appendix A: Sample Letter of Information/Consent	77
Appendix B: Survey Questions.....	78
Appendix C: Glossary of Key Terms.....	80

Preface

To begin we will outline the problem statement, research gap, scope, and objective of this project. We will name the research question and define two preliminary concepts: psychotherapy and Canadian Counsellor. Finally, we will consider epistemological stance and locate this project in the context of the replication crisis and the practice of qualitative research more generally, before proceeding to literature review and analysis.

Problem Statement

As previously stated, it has become widely appreciated that health and mental health are impacted by interconnected systems of inequity and individual social location. As a response to systemic factors impacting health equity, Canadian Counsellors are being asked to integrate a critical and reflexive approach into their helping work (Moodley & Lee, 2020; Moodley & Osazuwa). However, there seems to exist very little dialogue to consult in the clinical and counselling psychology literature relating to social location. Some researchers, such as Tarshis and Baird (2021), have reviewed the literature for it and related concepts and have located a significant gap. They concluded that intersectionality is a helpful framework for understanding social location, but that its integration is underdeveloped in clinical and counselling psychology.

Research Gap

In their scoping review of the clinical and counseling psychology literature, Tarshis and Baird (2021) found only 21 articles relating to intersectionality, social location, and related concepts. Given the narrow body of literature discovered, they concluded that there

exists no clear framework for approaching social location or intersectionality in relation to counselling. The takeaway: there remains a large gap in our understanding of the relationship between social location and counselling intervention as treatment for mental health concerns.

Tarshis and Baird (2021) went on to suggest that researcher-clinicians have a moral obligation to “integrate intersectionality meaningfully and substantively” and that supervisors have an obligation to attend to it in their training of supervisees. However, an intersectionality-informed approach wasn’t taught in past graduate programs. How, then, are emerging researcher-clinicians to build awareness of their positionality, its advantages and disadvantages, or its impact on their counselling practice in supervision? How are they to integrate intersectionality with the therapeutic use of self?

Project Scope & Objective

These are big questions. The scope of this project is counselling in the Canadian Context. It is best contextualized in connection to the Social Justice Chapter of the [CCPA](#), a professional association of Canadian Counsellors committed to enhancing counselling and psychotherapy practices. The CCPA offers practitioner registration and accreditation as well as research and advocacy. One objective of the Social Justice Chapter of the CCPA is “to raise critical consciousness of counsellors regarding social, structural, systemic, eco-justice, global equity issues and human rights” (CCPA Social Justice Chapter, 2022: p. 1). This project is an extension of that objective and a response to the research gap previously identified in the clinical and counselling psychology literature. The core aim of this thesis is to raise the critical consciousness of counsellors, including myself, regarding social, structural, and systemic issues in therapeutic practice.

Research Question

How do Canadian Counsellors locate themselves relative to the majority or dominant groups and why; what are their perceived advantages and disadvantages based on social location?

Defining Canadian Counsellor and Psychotherapy

This project acknowledges the regional nature of accreditation and uses the term Canadian Counsellor interchangeably, to refer to any mental health practitioner authorized to practice counselling and psychotherapy in their context.

According to Feltman and Hanley (SAGE Handbook of Counselling & Psychotherapy 2017: p. 2), counselling and psychotherapy are related concepts and largely interchangeable terms that refer “mainly, though not exclusively, to listening-and-talking based methods of addressing psychological and sometimes psychosomatic problems” which include “deep and prolonged human suffering, situational dilemmas, crisis and developmental needs, and aspirations towards the realization of human potential”. This is often considered personal adjustment work, where individuals experience improvements in functioning through change processes activated by engagement with a therapeutic relationship. One aspect of this relationship is the counsellor's therapeutic use of self, that is, how they import and apply their personality, experiences, worldview etc. into treatment.

The College of Registered Psychotherapists of Ontario (CRPO) recognizes the controlled act of psychotherapy, as set out by the Regulated Health Professions Act (1991), as inherently risky and needing to be performed by qualified healthcare professionals to ensure client/patient safety. The Healthcare Consent Act (HCCA) attends to this need in

Ontario and guides clinicians towards best practice. The CRPO defines psychotherapy as the process of: “...treating, by means of psychotherapy technique, delivered through a therapeutic relationship, an individual’s serious disorder of thought, cognition, mood, emotional regulation, perception or memory that may seriously impair the individual’s judgement, insight, behavior, communication or social functioning” (CRPO, 2023).

I too am a Canadian Counsellor learning to use self therapeutically in counselling and psychotherapy. I'd like to acknowledge my positionality as a counselling psychology student in the process of completing a Master of Arts at Western University. This makes me an insider researcher, someone engaging with a social analysis of the profession they are learning to practice. (Braun & Clarke, 2022)

On Epistemology

What are the nature, origin, and limits of the knowledge we are engaged with? How are we making sense of it more broadly together? It is not the objective of this project to promote one paradigm over another, but to meaningfully situate this analysis in our current research landscape. Currently, counsellors are being taught to build awareness of epistemological violence in research and practice.

Teo (2010: p. 295) helps us understand why it is so important to be aware of epistemological violence in the empirical social sciences. He argues that this form of harm is often indirect and nonphysical, and "closer to personal than structural" forms of violence, where the researcher-clinician is the subject, the participant or observed other are the object, and the interpretation of empirical data is the action. Interpretations that represent the object as inferior or problematized are epistemologically violent, particularly when there are "equally viable alternative interpretations" and power differentials between the interpreting

researcher-clinician and the observed participant-client. When these types of interpretations are applied to systems by the people with which they are comprised, structural harms are (re)created or reinforced. These types of interpretations are also harmful in academic contexts which inform our healthcare and education systems, which are the structural environments within which many Canadians seek mental health support. Teo (2010) helps us understand how interpretation can be masked as fact when empirically oriented social sciences neglect to acknowledge the inevitability of subjectivity in the work we do.

The Replication of Crises

Another epistemological challenge currently faced by researcher-clinicians in clinical and counselling psychology is the replication crisis, which is considered a methodological challenge related to the ongoing discovery that the results of many scientific studies cannot be reproduced. The field of clinical and counselling psychology has been aware of it for about a decade. Malich & Munafo (2022) suggest we consider the plurality of the replication crisis, that we conceptualize it as the replication of crises, because the “current crisis includes more than one” (p. 127). Clinical and counselling psychology are not the only social science fields realizing that “many scientific studies cannot be reproduced” (p. 127). This is a major challenge, as reproducibility is a key evaluative feature of the scientific method, and its absence challenges the objectivity and epistemological primacy of the scientific method in mental health work. This paradigm is shifting, and there seems to be a lot to learn from practice-based, reflexive, qualitative research which acknowledges the inevitability of researcher-clinician subjectivity or in practice, the therapeutic use of self (Malich & Munafo, 2022).

Chapter 1 : Literature Review

1 Introduction

The purpose of this literature review is to collect and synthesize existing knowledge relating to the research question. How do Canadian Counsellors locate themselves relative to the majority or dominant groups and why; what are their perceived advantages and disadvantages based on social location? This section is a summary of existing relevant knowledge and prepares us for the analytic story that follows.

1.1 «On Co-option »

In asking this question as a person who experiences privilege, it's important to acknowledge processes of co-option from the start. The hope here is to practice transparency in the use of intersectionality, to acknowledge the inevitability of co-option, and to secure the precarity of the word.

According to Brown (2019: p. 170) co-option is a “tactic to incorporate one group into another” where a formal alliance shifts into a relationship characterized by relative differences in power. Co-option can be intentional, unintentional, and automatic. It can be useful for silencing critics, accessing specialized information/resources, or influencing others in a non-confrontational way (p. 170).

According to Flood et. al. (2021), co-option is always harmful to a degree, especially when those who are relatively advantaged use the “language of progressive frameworks and goals (“equality,” “rights,” “justice” and so on) to maintain unequal structures and practices”, either intentionally or unintentionally (p. 395). Or when an individual or group uses a progressive idea as though it is their own or neglect to credit the origin of critical

concepts and their original politics (p. 395).

In anti-oppressive counselling (AOC) related research, we can attend to the potential harms of co-option by acknowledging it, by crediting others, and by reporting on the limits of researcher positionality rather than minimizing or denying it's ubiquitousness. It's important to acknowledge, from the beginning, that I am co-opting the concepts of critical consciousness (conscientização) and intersectionality, as well as some others throughout this project. The intention here is to access specialized information/resources to contribute modestly to the research gap identified and to interrogate my own subjectivity as emerging researcher-clinician, modelling how a Canadian Counsellor might work to raise their critical consciousness with an intersectionality-informed lens.

1.2 «Social Location »

According to Collins (2012: p. 227), social location is the idea that “where people are positioned in society is based on somewhat arbitrary, yet collective, choices” around what exactly defines difference (p. 227). Certain characteristics have, over time, been “imbued with societal meaning that is attached to the concept of difference” more so than others (p. 227). For example, skin color is attached to more social difference than eye color, shoe size, blood type, height etc. Social location and the differences we perceive certainly impact us as counsellors and clients who are co-conceptualizing presenting concerns. In Canada, differences in social location are imbued with colonial assumptions that systemically privilege some experiences and pathologize others (Moodley & Osazuwa, 2020).

1.3 «Intersectionality»

According to Tarshis and Baird (2021), intersectionality refers to “multiple interconnected axes of power and privilege” (p. 219) which impact individual experience

of advantage and disadvantage via overlapping systems of discrimination. According to Brown (2019) intersectionality was named by Kimberlé Crenshaw (1988); her analysis addressed the interactional and identity driven nature of discrimination (p. 99). Intersectionality acknowledges that social categorization is interconnected nature, so people occupy many social positions and identities at once, and these intersecting identities shape their experiences and perspectives. Meaning everyone's social location would present a unique set of intersections and experiences of the world and opportunity within it. Her work also highlights double discrimination, where layers of "disadvantaged statuses" correspond with "differential experiences" and therefore health inequities (p. 89). Her work has long informed American civil rights advocacy.

Despite its long and rich history, intersectionality has been largely missed by the clinical and counselling psychology literature until more recently. The origin and scope of intersectionality is of course too complex to capture in one short review. Instead, this section offers a brief survey of its historical context so we can begin to locate ourselves along its journey, which traverses both space and time.

1.4 «Historical Context of Intersectionality»

According to Bastiaa et. al. (2023), intersectionality is generally associated with "Kimberlé Crenshaw, a legal scholar, who coined the term in 1989" (p. 460). The US Black Feminist Movement includes many other scholars and advocates (for example: bell hooks, Gloria Jean Watkins, the Combahee River Collective etc.) who have each contributed to an on-going intersectional analysis of patriarchy and white supremacy, where "race-based inequality" acts as a fundamental structure "shaping gender-based inequality" (p. 461). Another contribution from the US Black Feminist Movement is the explicit rejection of the proposition that "gender, class and race are separate categories of oppression" (p. 461). The sort of violence experienced by many gender minorities is shaped by interacting, interlocked, and intersecting dimensions of identity that cannot be

seen or understood adequately when we separate identity categories, particularly those that are more highly marginalized by arbitrary difference (p. 461).

From a more global perspective, we can begin to appreciate the plurality of intersectional genealogies and knowledges (Bastiaa et. al. 2023: p. 463). Many other communities and thinkers have challenged the oppressive nature of patriarchy and white supremacy in the 19th and 20th centuries. Such approaches have a longer and much more complex history “rooted in grassroots women’s movements in the Global South” where necessary and radical critiques were made “against the dominance of white, middle-class women’s analyses” of the situation and experiences of all women in the world (p. 460).

Or as Saad (2020) beautifully explains it, the issue of white feminism and saviorism has been named many times before, where gender is elevated and separated above other categories of identity- based harm, and where those benefiting from white privilege problematize and work to "fix" those who differ from them.

According to Bastiaa et. al. (2023) these sorts of elitest analyses are now understood to be a form of epistemological violence which advance disempowering representations of “Third World” women that reduce their identities to victim (p. 464). There are other equally viable interpretations. This worldview overgeneralizes and essentializes women in the Global South, it invisibilizes their strength and wholeness as well as the layers of privilege upon which dominant colonial white middle class feminist analyses are built and imported into global relations.

For example, in Latin America “working class and indigenous grassroots women’s organizations” critiqued elite gender-based inequalities and rejected the term ‘feminist’ preferring to use ‘liberation’ instead (Bastiaa et. al. 2023: p. 464). A more specific example is the work of Domitila Barrios de Chungara (1937 – 2012), who challenged elitist representations of feminist politics in her home country of Bolivia, where she led a labor movement before advocating for all women’s liberation

internationally (p. 464).

Since its inception, the concept of intersectionality has travelled along three domains of migration related knowledge: academic research, international policy, and advocacy politics (Bastiaa et. al. 2023: p. 460). Some academic research remains “true to the original politics of the concept”, but much has strayed and cannot be considered intersectional at all (p. 460). In international policy, the concept has been watered down (p. 460). Finally, “we find the greatest continuity” in advocacy politics, where it is applied to challenge elitist feminist discourse and to improve health equity for all women (p. 460).

In summary, intersectionality has a rich and complex historical context. While the term is credited to Crenshaw, its origins are plural, emerging in connection to critiques of elitist feminist analyses across the world. Progressive analyses from the Global South as well as the US Black Feminist Movement “paved the way for the emergence and coining of the term intersectionality” (Bastiaa et. al. 2023: p. 460). It has significantly contributed to our understanding of social privilege, identity-based harm and its impact on health equity. According to Brown (2019), there are four identity related errors which relate to intersectionality, and which can be problematic and fertilize discrimination: overgeneralizing, essentializing, pathologizing, and assimilationism (p. 101).

1.5 «Responsible Stewardship of Intersectionality»

Integrating an intersectionality-informed approach in clinical and counselling psychology requires responsible stewardship, which includes crediting where credit is due. A responsible steward does not apply or advance a pre-existing concept as though it is their own. In the case of intersectionality, responsible stewardship includes crediting Black Feminist scholars like Kimberle Crenshaw (1988), honoring its history and original politics, as well as attending to those processes which create and (re) create

marginalization in our use of the framework, including the impact of my own interest convergence on the shape of this narrative. My use of intersectionality here is most certainly an example of co-option, as previously discussed.

Responsible stewardship looks like acknowledging such processes, sitting in discomfort, and resisting the desire to control or collapse difference. Intersectionality teaches us that healing requires critical awareness, that double and triple and so on discrimination make it hard to recognize things like race-based traumatic injury, the “non-pathological accumulation of and reaction to racism stress” (Brown, 2019: p. 105). Here, it feels important to acknowledge insidious trauma, which can be experienced in the absence of individual trauma history; it is a violation of the spirit and soul, sometimes manifesting as hypervigilance, numbing out, and even invisibility syndrome across generations (p. 105 - 106).

It's my hope that a commitment to responsible stewardship will work against processes of appropriated oppression, to which Brown (2019: p. 106) attributes five dimensions: appropriate negative beliefs, thinking that reinforces negative beliefs, living by dominant group standards, having unpleasant emotional reactions, and minimizing oppressed groups (p. 106). Responsible stewardship of intersectionality looks like attending to each of these dimensions as we construct a narrative around Canadian Counsellor social location.

1.6 «Ecological Systems Approach»

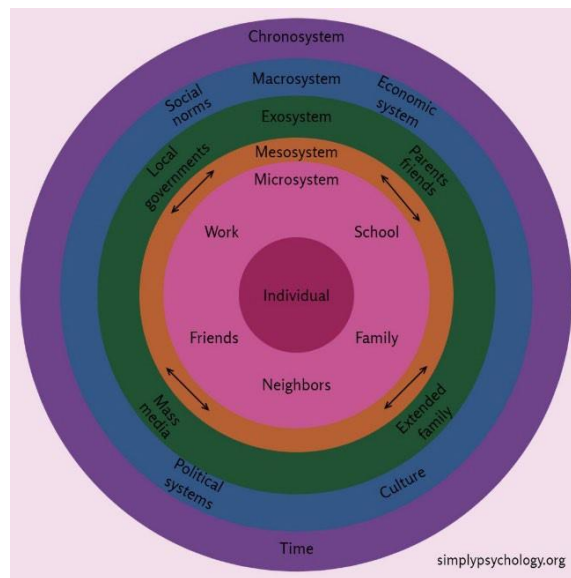
Bronfenbrenner's Ecological Approach or Ecological Systems Theory is a popular framework in clinical and counselling psychology, one that most empirical social science students in North America would have been taught to consider and apply in research and practice over the past several decades. According to Cook (2012), this approach perceives human development, behavior, and mental health as “fundamentally connected to the world around it”, where human omnipotence is more of an illusion than a fact (p. 6).

Like intersectionality, Bronfenbrenner's Ecological Approach emerged as a contextual and alternative framework following the cognitive revolution and offers a systems theory perspective, one which borrows from the field of ecology to foreground the interacting environment in our understanding of the human condition. This approach offers three helpful propositions (Cook 2021: p. 6):

- 1) behavior is influenced by both individual and life context/environment
- 2) behavior is the product of interacting with life context/environment
- 3) behavior is shaped by meaning making processes.

Figure 1: Bronfenbrenner's Ecological Systems Theory

[Bronfenbrenner's Ecological Systems Theory - Simply Psychology](#)



Bronfenbrenner's (1977) Ecological Approach builds on individual explanations of behavior (Cook 2012: p. 3) with the use of ecology as a metaphor for the interlocking systems of living creatures, conditions, and spaces (Cook 2012: p. 5) that make up one's life context. At the heart of it, the ecological approach works within meaning making processes to reduce dis-concordance between client and life context/environment; increased concordance can support improved functioning and mental health, where individuals interact with and influence their life conditions (Cook 2012: p. 271-273).

Bronfenbrenner's model encourages clinicians to work with clients to reduce dis-

concordance between self and context/environment. However, it doesn't seem to hold unjust social contexts accountable to change, and it does seem to erase the visibility of social inequity, a major factor underlying human suffering that relates to socially constructed conditions like race based traumatic injury. This approach remains acritical to power.

1.7 «Social Power and Privilege»

According to Brown (2019; p. 12-13), social privilege is a: "special advantage that is not universal, something bestowed and not earned, something related to a preferred status, something that benefits only those who possess it."

The Wheel of Power and Privilege (Figure 2, Figure 3) is a popular, intersectionality-informed tool being widely disseminated in Canada to attend to social privilege. The version below is credited to Sylvia Duckworth, an award-winning Canadian teacher from Toronto, Ontario. As an emerging researcher-clinician in Canada, this tool has been offered to me in community and in academics several times. Major takeaways include the premise that everyone has their own unique experience of discrimination and privilege which can shift over time and space. Another is that the wheel is incomplete – there exists many more interacting factors relating to power and privilege beyond those represented in the wheel

Figure 2: Sylvia Duckworths Intersectionality-Informed Teaching Tools

WHEEL OF POWER/PRIVILEGE

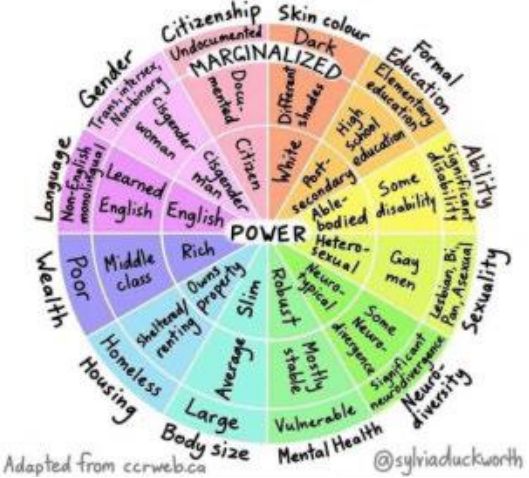
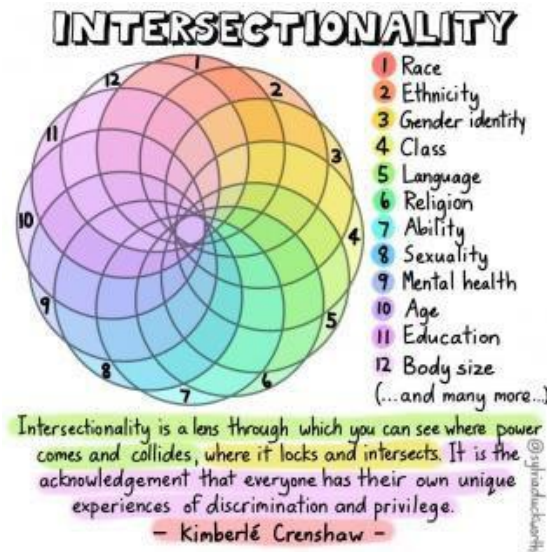


Figure 3: Sylvia Duckworths Intersectionality-Informed Teaching Tools

[Gallery Page | UTSC Campus Curriculum Review \(utoronto.ca\)](#)



Overall, Duckworth’s teaching tools are widely accessible, intersectionality informed, and offer us a starting point for understanding our own social locations. Some have suggested that certain aspects of identity and social location are collectively imbued with more arbitrary difference than others and are therefore more highly marginalized (Moodley et. al. 2020).

White Supremacy Culture (WSC) is another important and relevant concept related to social power and privilege. It is a cultural system which advances harmful beliefs. Saad (2020) explains that WSC is embedded with racist and colonial assumptions that work to create and (re)create conditions within which skin color exists as a highly marginalized aspect of identity, where the arbitrary categories of *black* and *white* or

darker and *lighter* are imbued with deep seated differences in not only social power but belonging, dignity, and safety.

Saad (2020: p 13) summarizes WSC as the dominant paradigm in white-centered societies, like present day Canada, which "forms the foundation from which norms, rules, and laws are created". Racist systems of oppression born from WSC are maintained through these norms, rules, and laws at the personal and structural levels.

According to Saad (2020), WSC has many features including white privilege, white fragility, tone policing, white silence, white exceptionalism, color-blindness, anti-blackness, racist stereotypes, cultural appropriation, optical allyship, white apathy, white centering, tokenism, white saviorism, white feminism, and white defensiveness. Such features and processes contribute to differences in health equity.

In counselling, that might look like accessibility issues (structural) that link with personal biases of the counsellor or helping professional when they are an individual who benefits from unexamined privilege (personal).

1.8 «Health Equity vs. Disparity»

Bowleg (2017) criticizes and builds on the concept of health disparity because "uncritical use of the term reflects epistemologies of ignorance that function to bolster white privilege" (p. 683). Use of the term 'health disparity' creates a deficit-based meaning and problematizes certain identity experiences more than others. It also keeps the locus of disease in the individual as opposed to placing emphasis on oppressive conditions or systems of inequity.

As Audre Lorde wrote in *Sister Outsider* (1984): "the master's tools will never dismantle the master's house" (Bowleg, 2017: p. 683).

A more critical approach is found in the concept of health equity, which accounts for researcher-clinician worldview and its subsequent impact on the shape of psychological services, which themselves are interlocked with various systems of inequity (Nixon, 2019).

[Public Health Ontario](#) recognizes health equity and identifies it as something that is created when we each have the chance to reach our fullest potential, where differences across social and environmental determinants of health are identified and reduced.

1.9 «Systems of Inequity»

Nixon (2019) offers us the Coin Model of Privilege & Critical Allyship. It is one of the few intersectionality informed visualizations of identity in the clinical and counselling psychology literature. It demonstrates positionality of advantaged statuses versus disadvantaged ones and the structural blindness that comes along with it. It brings attention to blindspots which is very compelling, but limited in its representation. There are angles and dimensions of intersectionality not captured by the coin model.

In essence, to be on top of the coin is to have unearned privilege others do not possess simply because of who you happen to be. Nixon (2019: p. 6) highlights how each coin can intersect to co-constitute inequality and complex patterns. On top of the coin, the opacity of social structures keeps us blind to the unearned opportunities from which we benefit; the “effects of invisibilizing privilege” (p. 5). The coin model rejects both “faulty assumptions of innocence and counterproductive attention on guilt” (p. 7), as both work against dismantling oppression. Nixon (2019) suggests that those on top of the coin work to “build insight among others in positions of privilege” (p. 8).

Figure 4: Coin Model of Privilege (Nixon 2019: p. 4)

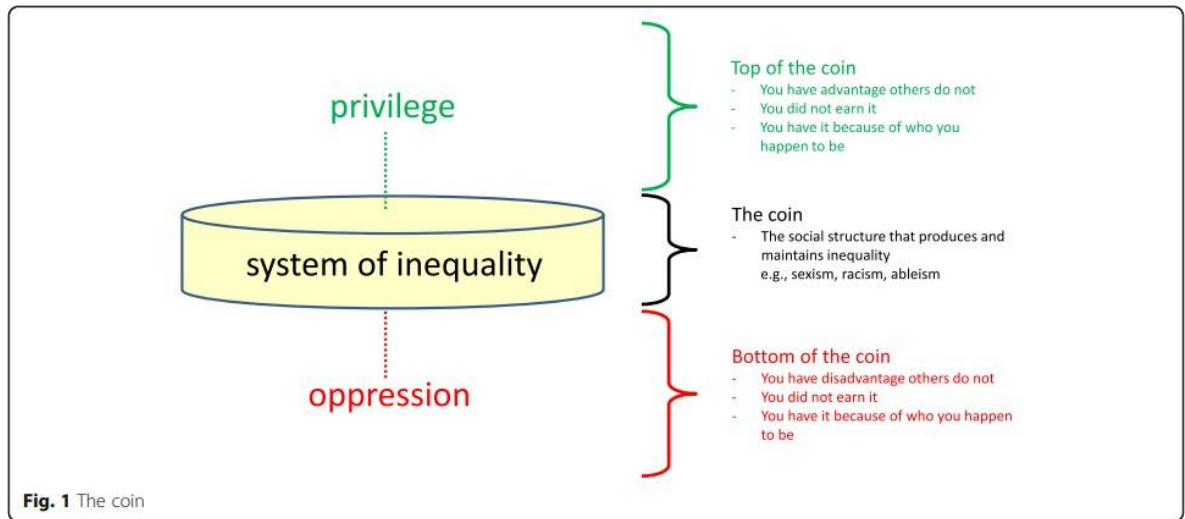
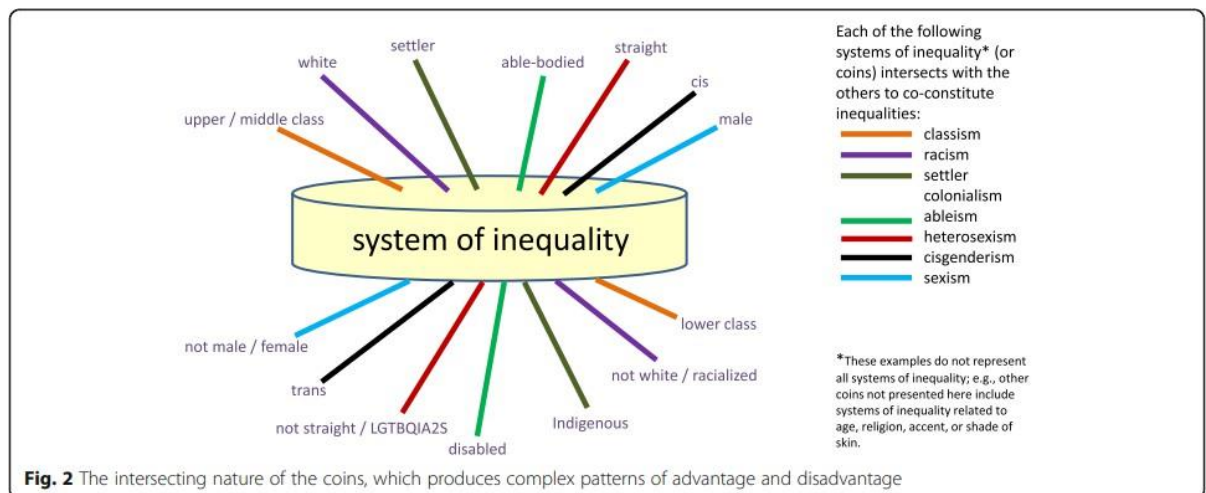


Figure 5: Intersecting Nature of Coins (Nixon 2019: p. 6)



The Coin Model (Nixon, 2019) remains an excellent tool for growing an “active, consistent, and arduous practice of unlearning and re-evaluating” (p. 7). It’s a map for re-orienting self away from dominant ways of thinking when those ways are harmful (p. 7). It is important to note that the coin model is quite limited in its dimensionality and much is lost in such a reduction of identity. While it remains a good way to begin understanding how structural inequities maintain blindspots, it is an incomplete analysis of social location and power. Nixon (2019: p. 8 - 10) offers five tangible actions that an ally with privilege can take to practice critically:

1. Take active steps to learn about the systems of inequality in which we hold privilege.
2. Stop trying to save or fix people on the bottom of the coin.
3. Step back.
4. Recognize need for action at systemic, institutional, interpersonal, and internal levels.
5. Do not use allyship to enhance personal power.

1.10 «The Big 7/8 & Global Mental Health»

To narrow down our analysis of Canadian Counsellor social location, let's consider which aspects of identity are more highly marginalized than others, that is, which aspects are known to be socially, collectively, and systemically imbued with more arbitrary difference and stigmatization.

Oulanova & Moodley (2020: p. 66) consider the Big Seven (skin color, gender, sexual orientation, age, (dis)ability, socioeconomic status, spirituality) plus a less obvious aspect: language. Moodley & Lee (2020) call for mental health practices in Canada to be more integrative and to de-center the Western Eurocentric mental health paradigm so that we can more appropriately attend to the needs of all people accessing services (p. 1 – 4). Moodley & Lee (2020) also connect global mental health to Foucault's (1961/1967) analysis of identity-based formulas of exclusion.

Though Foucault was a French European philosopher, his work demonstrated insight into the processes through which madness and mental disorder are created and (re) created, through power-knowledge relations, where those who suffer subjugation,

alienation, displacement, or other oppressive realities experience a certain kind of harmful exclusion, social out-casting, or fundamental lack of belonging - largely through an attack on wholeness, where identity is fractured and imbued with the oppressor's narrative of race, culture, madness, and what exactly the dominant discourse considers to be disordered vs healthy. In effect, identity-based formulas of exclusion pathologize difference. From here, we can acknowledge processes of psych-colonization and the contributions of Franz Fanon (1961), who famously wrote in *The Wretched of the Earth* that "imperialism leaves behind germs of rot which we must clinically detect and remove from our land but from our minds as well."

From a global perspective, Western paradigms seem especially blind to identity-based formulas of exclusion. This was demonstrated in our compare of Bronfenbrenner's Ecological Systems Theory to intersectionality. Both are contextual, system level frameworks which emerged in America in the 1970s and 80s, but only one became influential in the field of clinical and counselling psychology, and it seems fickle to deny identity-based formulas of exclusion within knowledge producing institutions were not also at work at that time.

Moodley & Osazuwa (2020: p 10) asked a critical question: how have race and science interacted historically? How has this interaction impacted the shape of education and healthcare services?

In their analysis, they offer a definition of racism: "the inability to accept and acknowledge difference without attempting to control and dominate the object that is felt to be different and separate" (p. 14). Such an inability creates and (re) creates a narrative or belief that the quality of separateness does not and should not exist (p. 14). However, it

does and must. The inability to tolerate difference and separateness, the experience of “projective identification” (p. 14) with an object, is an infantile impulse which has its purpose in early stages of life but is limiting beyond it (p. 14).

Moodley & Osazuwa (2020) suggest that a critical approach might challenge this impulse at a fundamental and often unconscious level, it might also acknowledge the permanence of racism (p. 14), the ubiquitousness of white dominance (p. 15), the inadequacies of liberalist ideologies (p. 15), the impact of interest convergence on social change (p. 16), and the value of counter-narratives in healing processes (p. 16).

Oulanova & Moodley (2020) discuss the Big 7/8 marginalized aspects of identity and work to break open and build upon the concept of ‘multiculturalism’ in the Canadian context. The main push here is that, in the process of trying to correct identity-based formulas of exclusion, the concept of multiculturalism in Canada continues to erase or make invisible on-going white dominance and colonial structures; it does not adequately acknowledge marginalization on Turtle Island (p. 59). Oulanova & Moodley (2020) go on to challenge the romanticization of diverse communities (p. 59) and bring forward a critical multiculturalism which de-centers Western Eurocentric narratives of health and healing. Such a shift makes the integration of mental and cultural healing more possible in post-colonial Canada (p. 62), and shifts some implications for diagnostic labels, where identity-based formulas of exclusion are undoubtedly still at work.

1.11 «On Marginalization & Mental Health»

There are more established links between marginalization and mental health than one master’s level thesis can summarize. The important takeaway here is that we have arrived at a multi-disciplinary and collective understanding around the identity driven

nature of suffering, though this insight is not necessarily accepted by all of society or reflected across all aspects of healthcare systems.

Individuals and communities who experience identity based oppressive conditions (for example: those with visible and invisible disabilities as well as Black, Brown, Indigenous, Latin(x), Womxn and LGBTQQ2+ identifying people) are “more vulnerable to negative health and mental health outcomes” (Tarshis and Baird, 2021: p. 220). This is a key appreciation, particularly because relational power dynamics in the therapeutic encounter are real and permanent, even when anti-oppressive measures are factored into the counselling process.

The unique impact of marginalization on mental health is also being explored in medical research, through a rapidly growing body of literature on Adverse Childhood Experiences (ACES), which are measured through a neat and highly structured inventory of factors which mainly relate to early traumas.

According to Finkelhor (2018) the ACEs literature seems to be missing "critical awareness of the systemic and historical nature of the conditions which lead to childhood adversity", much like the broader clinical and counselling psychology literature seems to me missing an intersectionality informed approach for understanding social location. A harm related to this growing edge is the (re)creation of the locus of disease within the individual.

Dr. Gabor Mate leads us through an important lesson on the systemic and historical conditions of addiction and mental health in his book, *The Myth of Normal* (2020). He explains mental health from an epigenetic lens, with reference to the work of

Dr. Elizabeth Blackburn, who won the Nobe Prize in Medicine (2009) for her work on telomeres – a tiny gene structure which protects chromosomal integrity (p. 58).

It turns out that telomeres, like chromosomes, are impacted by life context. When our bodies interact with the environment, genes are turned on or off. This is an adaptive quality which manifests uniquely from one individual to the next. Under oppressive conditions, telomeres will begin to bear actual marks and even shrink following distressful environmental interaction. Shrunken telomeres lead to reduced genetic, cognitive, and behavioral flexibility; cognitive flexibility is an important feature of mental health. At the same time, the mind-body resists changing towards an environment that is known to be harmful. So, the behavioral expression of being less adaptive, difficult, resistant, or rigid makes sense under oppressive conditions, to keep repeatedly confirmed unsafe influences at bay. (p. 58 – 69).

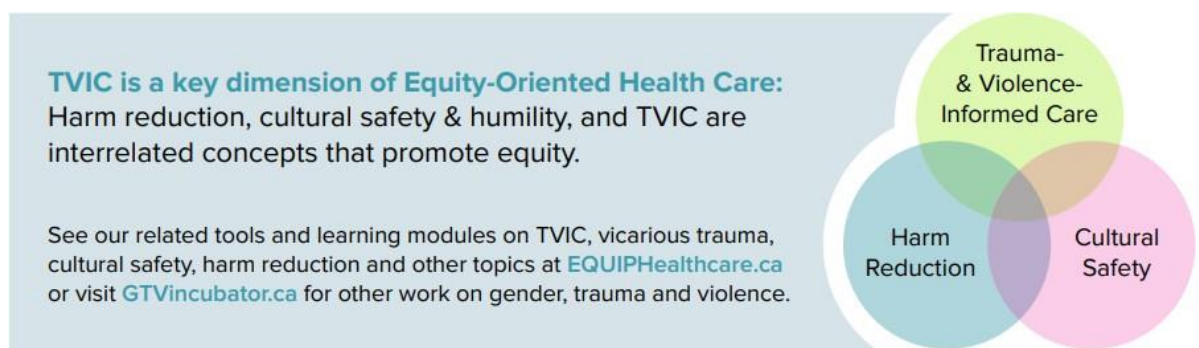
Dr. Blackburn also found that factors such as poverty, racism, colonization, and urban blight (p. 58) lead to telomere changes and therefore differences in genetic and molecular functioning and flexibility, not only of the individual in question, but also of offspring. When a child is conceived, they inherit the telomere structure that their parents had at that moment in time, not the telomere structure that their parents had at their own birth, providing us with tangible scientific evidence that historical trauma compounds and manifests itself in the genetic structure of our children over time.

Dr. Blackburn also found that oppressive conditions, such as racism, can shift disease burden so much so that marginalized identities are typically more advanced in the ageing process. For example, Black women are, on average, seven years more biologically aged than their white counterparts, even when confounding factors are

controlled for (p.66). Women, in general, are more likely to suffer from autoimmune diseases, a phenomenon that has been linked to socialization and the toxic impact of suppressed negative emotion, such as anger, on the endocrine system. (p. 58 – 66)

In response to the link between trauma, health inequity, and social location Wathen & Varcoe (2021) and others have advanced the concept of Health Equity Oriented Care, which puts into practice three interrelated concepts: harm reduction, cultural safety, and trauma & violence informed care (TVIC).

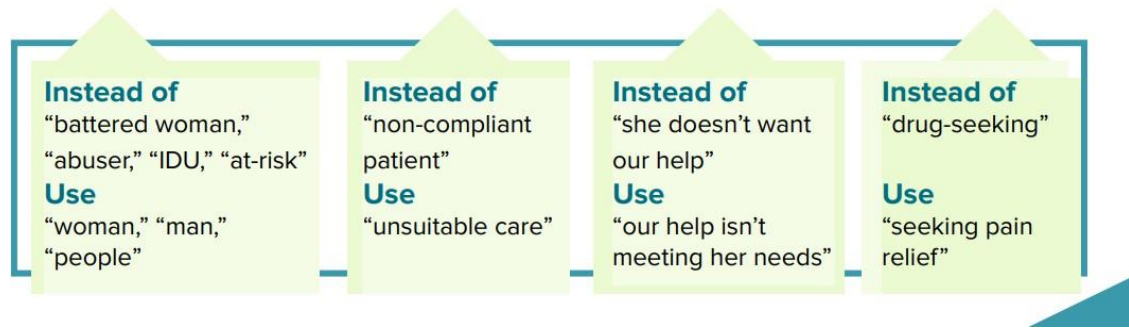
Figure 6: Trauma and Violence Informed Care (Wathen & Varcoe, 2021: p. 3)



Language really matters in Health Equity Oriented Care because it is one of the core tools with which we collectively create and (re) create the social environments and relational ecosystems within which clients/patients come to heal and grow. Shifting diagnostic and acritical language in counselling work is a beneficial option and often a form of universal support that benefits individuals in oppressive conditions.

Figure 7: TVIC Language (Wathen & Varcoe, 2021)

Language Matters!



1.12 « Conscientização and Critical Allyship »

It's been over fifty years since Brazilian educator and philosopher, Paulo Freire (1968), articulated conscientização, also referred to as critical consciousness (CC). He proposed a critical pedagogy based on liberating the oppressed masses that would, today, be considered very reflexive. His work has been deeply influential and widely regarded as an example of liberation psychology, a less dominant pillar of the field in North America.

In *Pedagogy of the Oppressed* (1970), Paulo Freire offers us some tools for critical consciousness. He identified for us instruments of oppression and instruments of liberation, the tools with which we can dismantle inequity or continue to (re)create it. The anti-dialogical actions of conquest, divide and conquer, manipulation, and cultural invasion are themselves reflected in colonial assumptions. Dialogical actions of cooperation, unity, organization, and cultural synthesis are offered as opposite action. Liberation is not about winning a war; it is a mutual process of growth and liberation which benefits the oppressor and the oppressed.

According to Brown (2019), critical consciousness (CC) is a spiritual, moral, philosophical process and means of promoting mental health. CC requires reflection, motivation, and action. Supervisors and clinicians can consider the progression and development of critical consciousness across five steps: naivete, acceptance, naming and resistance, redefinition and reflection, and multi-perspective integration – where it becomes possible to perceive individual identities, broader systems (historical, social, political, physical, environmental) and their relationships (p. 121). This process is understood to support critical allyship.

Brown (2019: p. 136) helps us understand that “holding privileged status while valuing equity produces tension that does not go away” (p. 137). This tension is not a bug to be fixed, it is a lighthouse offering us guidance. An ally moves from acritical to critical when they challenge inequity through the development of conscientização, critical examination of self.

In many ways, this thesis is attempting to achieve just that. What identity-based formulas of exclusion can I detect and shift away from as I conduct a reflexive thematic analysis on Canadian Counsellor social location? How am I remaining critical as I co-opt intersectionality and construct a narrative from a position of privilege? How might this inform an intersectionality-informed approach in clinical and counselling psychology more broadly?

Chapter 2 : Methodology

2 «Introduction»

In this section, the research question is re-stated, and methodology is discussed. We identify qualitative orientation and community of practice, as well as the purpose of reflexive journals and how this tool helped me develop a researcher reflexivity statement. Finally, we identify population, recruitment, and sample before describing the data collection processes undergone.

2.1 « Research Question»

How do Canadian counsellors locate themselves relative to the majority or dominant groups and why; what are their perceived advantages and disadvantages based on social location?

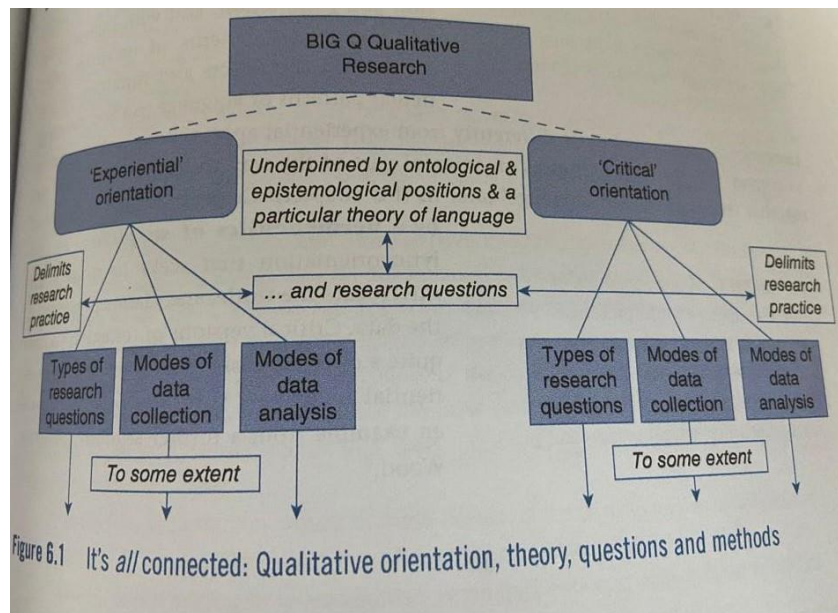
2.2 « Methodology, Method, Model»

Methodology refers to the system of methods employed within a particular area of research. According to Braun & Clarke (2022: p. 159) qualitative methodologies typically reflect an experiential or critical orientation, though Figure 8 demonstrates that it's not so black and white. This qualitative project reflects both. It is critical and experiential in orientation.

It is critical in that it uses dialectical processes to collect data. It is also experiential because it considers the perspectives, experiences, and beliefs of individuals

who have faced the phenomenon selected for research as valid and valuable sources of information. Furthermore, it is critically reflexive because it acknowledges the ubiquitousness of researcher bias and works with the limitations of it to develop knowledge. In terms of method and model, or tool and toolkit, this project draws upon reflexive thematic analysis, and more specifically, the Six Phase Model offered to us by Braun & Clarke (2022).

Figure 8: Qualitative Orientation (Braun and Clarke, 2022: p. 159)



2.3 « Community of Practice »

This project is one piece of a larger SSHRC funded study being conducted by principal investigators at the University of Western Ontario and Athabasca University. This larger study is titled Social Justice, Counselling and COVID. It includes two stages:

service provider perspectives and client perspectives. For both stages, data is being collected through Three Phases: surveys, interviews, sorting. This project, an MACP thesis at the University of Western Ontario, looks at only a small piece of the larger data set being created by the team of researchers. Specifically, this smaller project analyses 20 participant responses to a single interview question posed in Stage 2: Interviews.

Principal Investigators of the larger study include Dr. Jason Brown, Dr. Marguerite Lengyell, Dr. Melissa Jay, and PhD candidate Charlotte Finnigan. The team expects the larger dataset to inform several individual projects and research questions over the next seven or more years, with this project being a preliminary inquiry with a relatively narrow scope. It feels like a real privilege to be working with some of this rich data early on.

From October 2022 to July 2023, I supported the data collection process of this larger study alongside three other Research Assistants (RAs). The data I personally contributed to collecting is the only data being analyzed in this project. For this reason, it is deeper and far less broad and generalizable compared to analyses which may proceed it, or quantitative analyses which might have also considered social location and counselling.

2.4 « Reflexive Journals »

As an insider researcher, it is important to sketch out my own lens and social location before jumping into a reflexive thematic analysis of the perspectives, experiences, and beliefs of Canadian Counsellors more widely. This process began with a Reflexive Journal (RJ).

According to Braun and Clarke (2022), a journal is a key reflective tool for researchers. It's a way to situate ourselves in relation to the data (p. 38). It's also a "space to reflect on and interrogate expectations, assumptions... research practices [and]... design choice" (p. 295). RJs help researchers track their application of the Six Phase Model as well. It's where we can record analytic insight, emotional reactions, challenges, and dilemmas (p. 295).

2.5 « Researcher Reflexivity Statement»

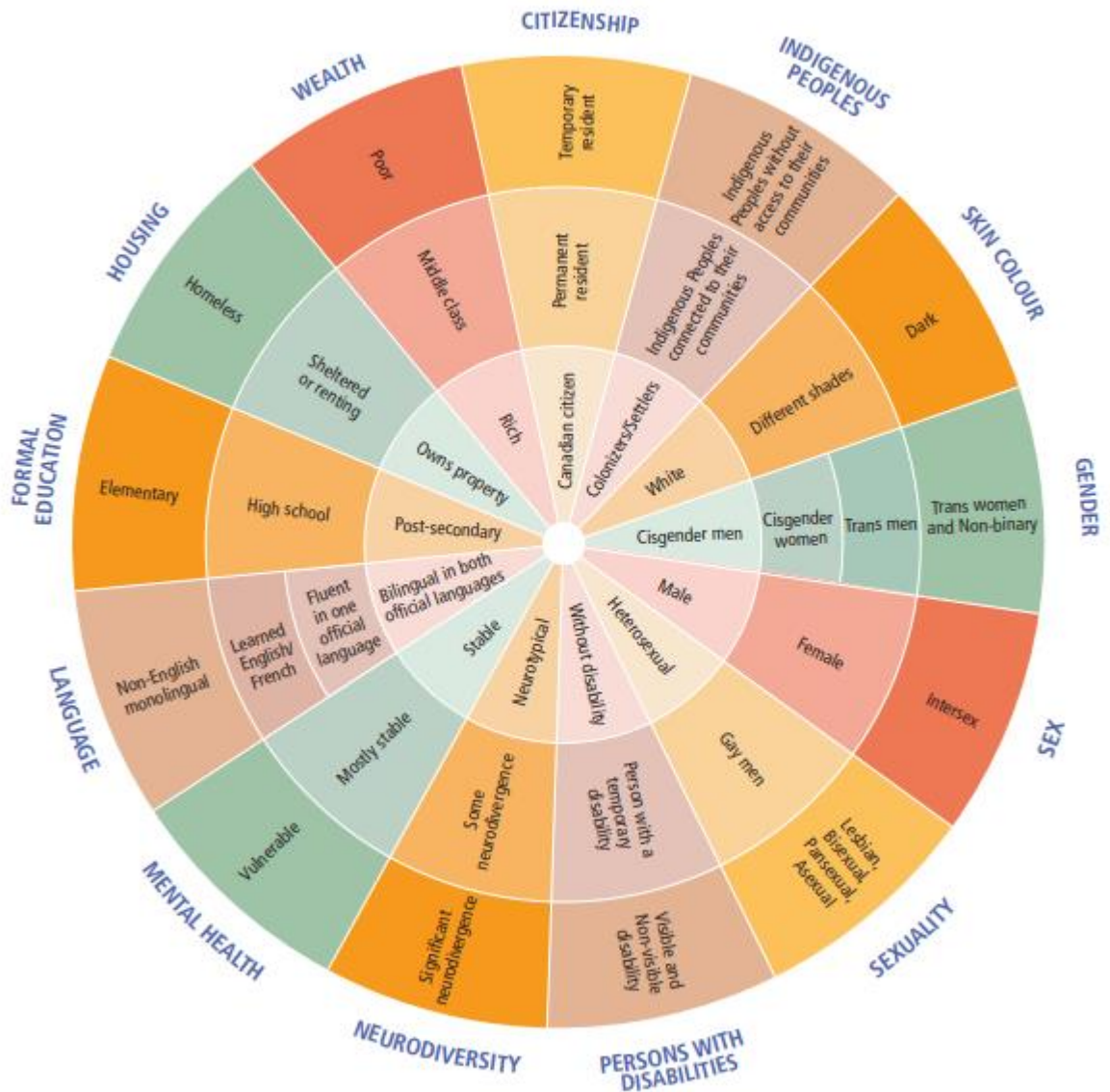
I chose to begin an RJ at the onset of Phase 1: Familiarization with the dataset. It was a simple inventory of notes. I began by considering my own social location in terms of the Big 7/8 marginalized aspects of identity and went on to discover a related tool.

The Government of Canada's (2024) Department of Immigration, Refugees, and Citizenship Canada (IRCC) provides us with another version of the Wheel of Power and Privilege, this time specific to the Canadian Context from a structural perspective. This tool conceptualizes identity in a way that covers, either directly or indirectly, the Big 7/8 marginalized aspects of identity previously discussed as well as the following: Citizenship, Indigenous Peoples, Sex, Neurodiversity, Mental Health, Formal Education, and Housing. It is important to note that this version of the wheel does not include age, which is a significant aspect of social location, one that seems to be often forgot.

Figure 10 is a visual representation of this tool. In what follows, I reflect on my own positionality and create a researcher reflexivity statement.

WHEEL OF PRIVILEGE AND POWER

(the closer you are to the centre, the more privilege you have)



Note: the categories within this wheel are only examples in the Canadian context, and we should not limit ourselves to them. Intersectionality is a broad concept, and this tool is only a beginning point.

FIGURE 9: Locating Self in Canadian Context

Overall, I perceive myself as being relatively quite privileged in Canadian society. If we consider the Coin Model offered to us by Nixon (2019) in connection to Figure 9, I am mostly on top of my coins, though sometimes it doesn't feel that way and they intersect

and interact so that it doesn't always feel like I'm on top of the coin when I am. Given my relatively high degree of privilege in Canadian society, it was decided that a reflexive methodology would be beneficial to develop, because it acknowledges subjectivity and interrogates the circular nature of cause and effect in my belief structure as a developing and interpreting researcher-clinician.

2.6 « Population, Sample, Recruitment, Participants »

The population of interest is Canadian Counsellors, as described in the Introduction. Our research team collaborated with the Social Justice Chapter of the CCPA to better understand the impact of Covid-19 on mental health. The CCPA is a professional association of over 12 000 mental health workers who practice counselling and psychotherapy in some form. Partnering with them allowed the research team to recruit a large sample of over 100 Canadian Counsellors in Phase 1: Survey. This happened through an invitation that was published in the association's monthly newsletter over the course of several months in the Spring of 2023. Our team also shared this invite with the Western University MACP community. For this project, I worked as an RA in the second phase of this broader study – Phase 2: Interviews and was randomly assigned twenty participants who completed the survey and consented to continuing on to a 1:1 virtual interview. All participants who completed Phase 1: Survey were entered into a draw for one of two iPads. Participants who opted-in to Phase 2: Interviews were compensated with a \$50.00 gift card and invited to Phase 3: Sorting.

2.7 « Consent/ Confidentiality »

All RAs were trained to conduct interviews according to a standardized informed consent protocol (see Appendix A for sample). During Phase 2: Interviews, all participants were reminded that their engagement was voluntary and could end at any

time. Verbal consent was obtained using video conferencing software and digitally recorded at the beginning of each interview before data collection commenced. Given the sensitive nature of the interview questions, participants were invited to skip any they preferred not to answer and were able to remain in the study, with compensation, regardless. Participants were also welcomed to remove their data from the set at any time. Furthermore, participants and their responses were de-identified.

2.8 « Data Collection Process »

DC Phase 1: Survey

An electronic survey was created using Qualtrics and launched in December 2022 (See Appendix B). It consisted of 24 questions: closed-ended and open-ended delivered in a semi-structured interview process. Overall, data was collected on counsellor social location as well as their perspectives about the main causes of low income, the ways in which low income affects wellbeing, and the impact of the pandemic on accessibility to counselling.

DC Phase 2: Interviews

Next, interested survey participants were invited to participate in Phase 2: Interviews via email. Four research assistants completed over 100 interviews between January and July 2023. Of those completed, I was responsible for twenty. Out of 20 participants, nineteen responses to the first open ended question were used in this analysis. Participant #08 was omitted due to missed/incomplete response. The interview protocol included the following ten steps:

1. Assigned new participant on master interest list by Project Coordinator.

2. Reach out to participant via email provided.
3. Book interview
4. Share Letter of Information, Consent Form, Zoom Link
5. Begin Interview by Obtaining Verbal Consent with Electronic Signature
6. Conduct and Record Interview (See Appendix for Interview Questions)
7. Download Interview Transcript and Audio Recording
8. Edit Transcript for Errors.
9. Upload Data/Transcript to Shared Drive.
10. Repeat Process for Next Assigned Participant

To summarize, this project developed and considered the research question in relation to one chunk of a broader dataset that was co-constructed by a research team. Specifically, the transcribed interview responses of 20 participants who answered the following question in DC Phase 2: In which categories do you believe you are advantaged or disadvantaged relative to the majority or dominant groups and why?

Chapter 3: Reflexive Thematic Analysis

Following data collection, a reflexive thematic analysis was created. In this section, a general overview of Reflexive Thematic Analysis (RTA) is offered using the Six Phase Model (Braun and Clarke, 2022). Finally, the results of the RTA are presented.

3.1 «General Overview»

According to Braun and Clarke (2022), RTA is “located in a qualitative paradigm” and “foregrounds the active role of the researcher in coding and theme development” (p. 294). It embraces subjectivity as inevitable. In fact, RTA considers subjectivity to be the main tool of analysis. There are three dimensions of reflexivity: personal, functional, and disciplinary (Braun & Clarke 2022: p. 13). Personal reflexivity refers to how the researcher’s own values shape their research and the knowledge produced from it. Functional reflexivity refers to the impact of methods and other aspects of design. Disciplinary reflexivity refers to how disciplines themselves shape knowledge production. Each of these aspects of reflexivity will be further explored in the Discussion section.

3.2 «Ten Core Assumptions of RTA»

In terms of underlying theoretical assumptions, RTA reflects at least the following ten (Braun & Clarke 2022: p. 8). First, researcher subjectivity is inevitable and is better conceptualized as a resource than a methodological weakness. Eliminating personal, functional, or disciplinary bias is near impossible, particularly as an inside researcher writing an RTA, so it makes little sense to attempt to control it. Instead, it’s embraced

and critically considered (Braun & Clarke 2022: p. 8). Examples of how this was done include the development of Sub-Theme 2: Blind Spots.

Second, analysis and interpretation are not understood to be accurate and objective in terms of gross generalizations at the population level. Instead, we think of RTA generated knowledge as weaker or stronger, undeveloped or thoughtful, shallow or deeper, superficial or richer (Braun & Clarke 2022: p. 8).

Third, good coding can be achieved independently or collaboratively. Fourth, good codes and themes require a dual process: immersion for depth, space for reflection. Fifth, themes are not simply summaries of a topic. They are patterns that reflect a shared meaning, idea, or concept. Sixth, codes and themes are analytic output, with the latter needing to exist before the former. Seventh, themes do not passively emerge. They are carved out actively by the researcher through systematic engagement. (Braun & Clarke 2022: p. 8)

Eighth, analysis is always underpinned by theoretical assumptions, and it is necessary to acknowledge them. Ninth, reflexivity helps shape a quality thematic analysis because it enables researchers, methodologies, and disciplines to “own their perspective” and therefore better acknowledge underlying assumptions and limitations (Braun & Clarke 2022: p. 8).

The final assumption of Reflexive Thematic Analysis (RTA) is that analysis itself is more of an art than a science, one that reflects processes of creativity and rigour. (Braun & Clarke 2022: p. 8). A similar assumption can be found in the practice of counselling psychology itself, where knowledge and craft come together. As Carl Rogers

(1961: p. 56-69) explained a long time ago, psychotherapeutic dynamics of change are objectively and subjectively integrative.

3.3 «RTA Six Phase Model»

The Six Phase Model is not fixed, linear, or chronological in nature. Braun and Clarke (2022: p. 35) propose that these six phases can be applied and reapplied, redone, and reworked until the researcher reaches a state of Information Power (IP).

RTA Phase 1) Familiarization with the Dataset

Data is imported, and the researcher begins looking through it, familiarizing themselves. Initial analytic notes are created. Initial reflections on researcher subjectivity and positionality are recorded in reflexive journal.

RTA Phase 2) Coding

The researcher looks over data systematically, considering data from the open-ended question across participants. The researcher identifies meaningful segments, applies code labels and collates/combines data segments under each. Further reflections on researcher subjectivity and positionality are recorded in a reflexive journal.

RTA Phase 3) Generating Initial Themes

Once code labels are created and data segments are collated/combined, the researcher can begin to identify patterns within each code label. These patterns are initial themes. Further reflections on researcher subjectivity and positionality are recorded in reflexive journal.

RTA Phase 4) Developing and Reviewing Themes

Next, the researcher assesses the viability of their original analysis. Initial themes that share a central organizing concept can be collapsed and modified. The researcher begins to consider and note relationships between themes, as well as participant and researcher subjectivity and positionality.

RTA Phase 5) Redefining, Defining, and Naming Themes:

The researcher refines themes by developing a brief synopsis and name for each. In this step, it's possible that some themes might be let go. It's also possible that the analysis itself will be let go, resulting in the researcher returning to an earlier phase. Progression through the six phases is not necessarily linear.

RTA is complete when the analysis reaches a state of information power (IP). IP means themes have reached a point where the researcher is able to meaningfully reflect on the richness of the dataset and how it “meshes with the aims and requirements of the study”. This stands in contrast to a common and, in the realm of reflexive thematic analysis, largely problematic marker of analytic completion: saturation. IP is a more useful marker of analytic completion in qualitative work, where precise calculations seem less relevant, and where saturation might not best support the research question. (Braun & Clarke 2022: p. 29)

RTA Phase 6) Write Up:

Finally, the researcher writes-up the project in full consideration of their own subjectivity. It is the process of writing an analytic story. What are the themes we've discovered, how do they speak to the research question, and what is the impact of my own subjectivity on the knowledge being generated?

3.4 «RTA Process Applied»

Keeping in mind that each step of the Six Phase Model can be applied and reworked in a non-linear way, the following is a summary of the RTA process for this study:

Transcribed data was imported into Microsoft Word from a password protected shared drive, and I began looking through it, familiarizing myself with the data and its participants. Initial analytic notes were created by highlighting statements pertaining to Advantages (blue) and Disadvantages (yellow) across participants.

It became quickly apparent that most, if not all of the participants did not experience their social location as having a clear distinction between an advantage or disadvantage, so a third initial analytic note was created - Interactions (green). Initial reflections on researcher subjectivity and positionality were recorded in a reflexive journal.

After sharing initial analytic notes with thesis supervisor, I randomly shuffled the order and looked across participant responses more systematically. I flagged any data segment within the green zone where the participant seemed to discuss a social vulnerability as an asset.

Using an intext highlight and comment box, I began applying numerical code labels to each of these green segments. For example, Asset 0104 denotes the first asset I recognized for Participant 04.

I was able to find meaningful segments of data relating to the concept of an "asset" within the responses of each participant except for P08, who was omitted due to a missed/incomplete response. Overall, 25 Asset Experiences were located across 19 participants, and the central organizing concept was identified as such.

During this second look, I also identified additional interactions, highlighted them in green and added numerical code labels. Further reflections on researcher subjectivity and positionality were recorded in the reflexive journal. Specifically, I began noting which Asset Experiences (AE) I related to and which I did not.

Next, I reviewed the 25 meaningful data segments in a new random order and added an additional analytic note below each code label, where I attempted to label and describe the asset experience in a one sum sentence, retaining as much of the original participant response as possible. Special attention was paid to avoid paraphrasing, the use of different words to express the idea the participant shared.

At this point, it became apparent that a certain level of Information Power (IP) was achieved, and there was plenty of rich information to tell an analytic story relating to the research question. I chose to take a step back from the Six Phase Model at this point and waited several weeks before returning to the project to collate and combine further.

When I returned to the analysis, I shuffled and reviewed each of the 25 participant Asset Experiences again. This time, I marked some with my initials (SP) when I felt I could personally identify with what was being described in the data. Overall, I Self-

Identified with 15 of the 25 participant Asset Experiences. This observation led to the generation of an initial sub-theme relating to researcher positionality and subjectivity.

Finally, I created a separate list of the 10 participant Asset Experiences I could not identify with and generated a second sub-theme.

I assessed the viability of these three themes: Asset Experiences, Self-Identification, Blind Spots. The themes were certainly rich and relevant enough to guide an answer to the research question, but it still felt too complex and unclear to stop. I scanned the list of Asset Experiences and found many relating to whiteness and womanhood.

I also recognized that most of my learning has been based on quantitative models or qualitative methods that recognize saturation as an adequate marker of completion. As this is the first RTA I have engaged with, it began to make sense that Information Power (IP) was a less practiced concept in my mind, and therefore ending such an analysis would inevitably feel unfamiliar and incomplete. It made sense that I would still feel discomfort and uncertainty when IP was achieved.

Braun & Clarke (2022: p 118) remind us that qualitative research that applies RTA continues to produce the analysis while writing it up. This contrasts with most quantitative and some qualitative approaches, where results and write up are distinct and separate from analysis and more clearly delineated.

Despite feeling like I could just keep going and going, I decided to stop or pause RTA after carving out the second sub-theme: Blind Spots. The three themes were certainly viable in terms of Information Power (IP), and I worked to trust the process, to trust the analytic story I was telling. I had indeed reached a point where I was able to

meaningfully reflect on the richness of the dataset and how it meshed with the objective and research question of this project.

I let go of further analytic steps for the time being and left one final note: to obtain thesis supervisor feedback before proceeding further and to find an opportunity to revisit the rich dataset in a future project.

Lastly, I finalized theme names, Asset Experience code labels and descriptions, as well as theme and subtheme synopses, working to retain as much of the original data segment and participant language choice as possible.

3.5 «Results»

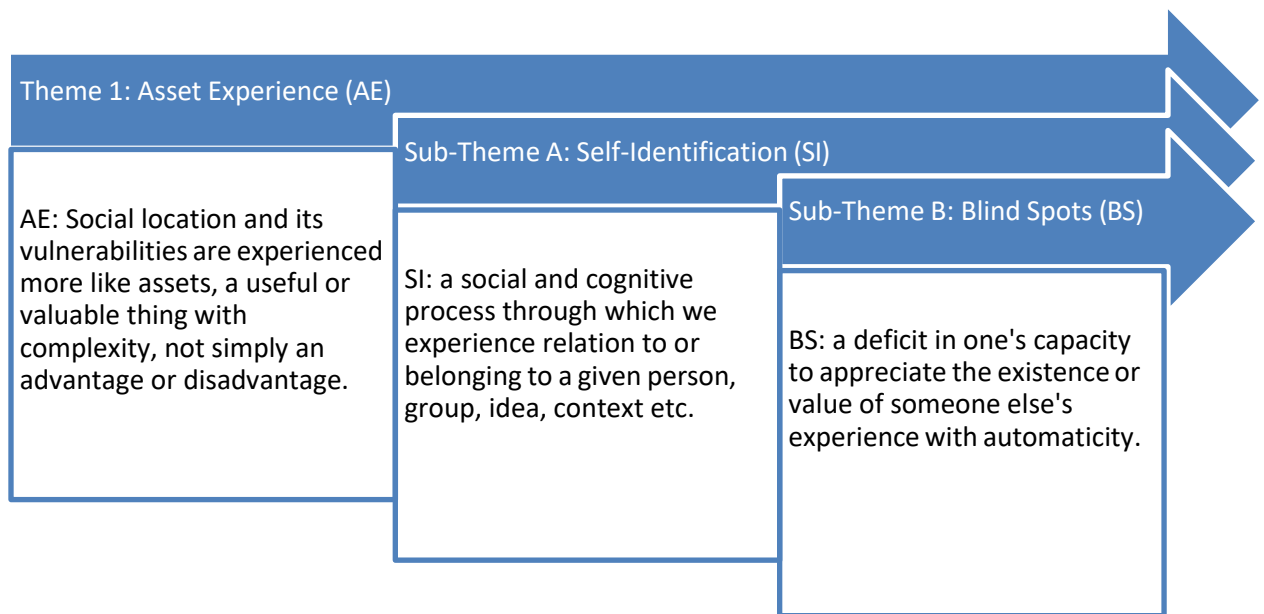
Overall, one central theme and two subthemes were carved out. First, twenty-five distinct Asset Experiences across all nineteen retained participant responses were identified. From there, researcher Self-Identification was detected within fourteen of the twenty-five Asset Experiences. Lastly, ten researcher Blind Spots were identified, each within a participant Asset Experience which I, as an insider researcher, could not meaningfully Self-Identify with automaticity. Figure 11 below is a visual representation of these themes, which are used to answer the research question in what follows.

How do Canadian Counsellors locate themselves relative to the majority or dominant groups and why; what are their perceived advantages and disadvantages based on social location?

Overall, Canadian Counsellors seemed to locate themselves with an intersectional lens, and as having very few clear advantages or disadvantages, but rather a complex set

asset experiences from which various relational processes (such as self-identification and blind spots) stem.

Figure 10: RTA Theme Summary



3.6 «Theme 1: Asset Experiences (AE)»

All 19 participants described themselves as experiencing an interactive mix of advantage and disadvantage relative to the majority or dominant groups. Why related to their self-reported social location, which is understood to reflect a socially constructed distribution of power and privilege based largely on arbitrary permeations of difference. Overall, a clear line between social advantage and disadvantage was difficult to find.

Each participant described at least one social vulnerability as an Asset Experience (AE) rather than a clear disadvantage or oppressive condition, as the experience was

interlocked with other aspects of identity as well, often strengths and valuable, asset like capacities. A disadvantage being more of a corrosive or unfavorable circumstance. With these and related insights in mind, the following two sub-themes were carved out.

3.7 «Sub-Theme A: Self-Identification»

Self-Identification is a social and cognitive process for locating the degree to which we, as social beings, relate to or belong to a given group or context. As an inside researcher, it is also important that we consider how I locate myself relative to the majority or dominant groups and why; what are my perceived advantages and disadvantages.

I personally identify with 15/25 or 60% of Asset Experiences (AE) carved out. Given the qualitative and subjective nature of this project, it makes sense that I would relate to the results to a degree that is higher than chance. I am embedded within them.

According to Braun & Clarke (2022: p. 197), RTA conceptualizes the analytic task as storytelling rather than truth-telling; it acknowledges and even embraces the role of interpretation in making sense of the data and in producing new knowledge.

Typically, Big Q qualitative styles of report writing contain an analysis section in which the analytic story is connected to existing research and theory, and possibly the wider context (p. 131). Braun & Clarke (2022: p. 203) also suggest that interpretive aspects of an analytic story should work to bring forward the “conceptually informed lens” of the researcher to “interrogate the ideas expressed” (p. 203).

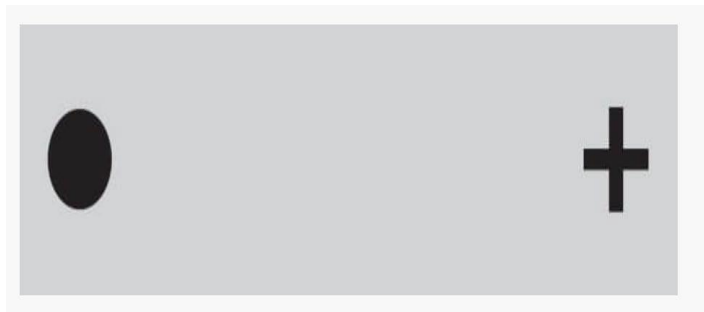
3.8 «Sub-Theme B: Blind Spots»

I do not identify with 10/25 Asset Experiences (AE) carved out. When I reviewed the list of AEs, I was not able to draw upon my own identity and experiential knowledge, through the process of self-identification, to appreciate the participants social vulnerability as an asset with automaticity until they named it for me. This gap in awareness is a Blind-Spot (BS), a deficit in my capacity to collect and interpret social and relational data. More specifically, it is an example of privilege blindness (Saad, 2020).

As a metaphor, let's consider the punctum caecum, also known as the physiological blind spot. It is a well documented obstruction to the visual field resulting from a lack of light detecting photoreceptors on the optic disc where the optic nerve passes through, making a chunk of the visual field invisible to the receptive eye. Though the punctum caecum is ubiquitous among terrestrial vertebrates, we live largely unaware of it because our brains interpolate a best guess of what is there, in that blind spot, and fills in this blank for the sake of more fluid perception.

In the context of counselling, privilege blindness based on social location impairs our ability to recognize, acknowledge, and make sense of the differential experiences and statuses of those who do not share in on the same advantages we may have. Below is a simple and popular activity for locating our physiological blind spots which we all have. I invite you to consider it as a metaphor for finding our social blind spots, which we will consider in more detail in Chapter 5 Discussion.

Figure 11: Finding Your Physiological Blind Spot



[Retrieved 02/15/2024 from [What to Know About Blind Spots \(Scotoma\) \(webmd.com\)](https://www.webmd.com/eye-health/what-to-know-about-blind-spots-scotoma)]

Instructions: Sit roughly a foot away from your screen, close your left eye, stare at the circle, then move closer and further away. The plus sign will disappear. This is your blind spot. Reverse instructions and repeat for the other eye.

The physiological blind spot is a very tangible example of how and why our brains have developed to cognitively distort data as it is filtered in through our five senses. Our brains also interpolate gaps in social perception, using all sorts of processes like generalization and categorization to sort through non-stop social stimuli in our day to day lives, in effect shaping our beliefs, our work, and the knowledge we produce. It is a metaphor for our implicit biases. In the same way that the optic disc impairs the visual field, social privilege might impair perceptions and interpretation, or in the case of helping work, our clinical judgement and therapeutic use of self.

3.9 « Table 1: Reflexive Thematic Analysis Results

Number	Participant #	Theme 1: Asset	Asset Experience Description	Subtheme A: Self Identification	Subtheme B: Blind Spot
1	4	Asset 0104	Halo effect as a conventionally attractive BIPOC female service provider	Y	Y
2	4	Asset 0204	Impact of growing up poor on work ethic as a service provider	Y	
3	4	Asset 0304	Wisdom gained in two culture households		Y
4	4	Asset 0404	Unconventional female behaviours that protects against asian hate crime		Y
5	15	Asset 0115	Impact of experiencing chronic pain on empathic capacity as a service provider	Y	
6	22	Asset 0122	Interlocked nature of womanhood and whiteness	Y	
7	27	Asset 0127	Personal and professional pros and cons of Asian stereotyping in Canada		Y
8	27	Asset 0227	Visible markers of being a male service provider in counselling profession		Y
9	27	Asset 0327	Impact of growing up lower middle class on financial values in adulthood	Y	
10	46	Asset 0146	Navigating multi-cultural urban spaces as a gender and racial minority		Y
11	47	Asset 0147	Visible markers of being mixed-race in establishing therapeutic bond		Y
12	48	Asset 0148	Global privilege as a travelling Canadian and white woman	Y	
13	48	Asset 0248	Experience of being older and undesirable to male gaze		Y
14	50	Asset 0150	Impact of being a cisgender female service provider in the counselling profession	Y	
15	51	Asset 0151	Impact of Christian training and lens on spiritual healthcare work with individuals of different beliefs systems	Y	
16	56	Asset 0156	Impact of being cisgender female rather than transgender female in Canada	Y	
17	57	Asset 0157	Experience of being first generation university student from a working class European settler family	Y	
18	58	Asset 0158	Experience of being monolingual (English) visible minority in multi-lingual and multi-cultural community		Y
19	59	Asset 0159	Experience of being a highly educated Black Canadian academic and service provider		Y
20	60	Asset 0160	Experience of early unplanned parenthood on perceiving structural inequities in education system	Y	
21	61	Asset 0161	Dual impact of age on social power as a service provider in school-based environment	Y	
22	108	Asset 01108	Being an able-bodied white woman in Canada	Y	
23	110	Asset 01110	Being in a relatively small body	Y	
24	112	Asset 01112	Navigating Canada as a person with French-Canadian heritage and identity	Y	
25	113	Asset 01113	Experience of being an older service provider in the third space and in society	Y	

Chapter 4: Ethical Considerations

According to Braun & Clarke (2022: p. 13), reflexivity means “turning the researcher lens back onto oneself” to take “responsibility for one’s situatedness and the effect it might have” on the knowledge being produced. This is an important aspect of good and current research, as we are beginning to see a paradigm shift taking place around the scientification of helping work. Before turning the researcher lens back on myself, let’s pause and name key ethical considerations relating to personal, functional, and disciplinary reflexivity.

4.1 «Figure 12: Summary of Ethical Considerations»

Type of Reflexivity	Definition (Braun & Clarke 2022: p. 13)	In this Context
Personal	How the researcher’s values shape their research and the knowledge produced.	<ul style="list-style-type: none"> - Active Imagination - Synchronicity - Transference Configuration - Cognitive Rigidity - Privilege Blindness - Desire to be Seen as Good
Functional	How the methods and other aspects of design shape the research and knowledge produced.	<ul style="list-style-type: none"> - White supremacy culture - Colonial assumptions - Social Justice as Intentional Objective - Preserving Participant Sense Making
Disciplinary	How academics shape knowledge production.	<ul style="list-style-type: none"> - Replication of Crises - PBR vs RBP

4.2 «Personal Considerations»

It's difficult to consider how my values might shape this research without acknowledging what they are. If you were to give me a list of 1000 values, I'd probably relate most to the following: Empathy, Adventure, Knowledge, Humour, Authenticity.

How does my social location impact my value system? As demonstrated earlier, I am a person who holds a relatively high degree of social power and privilege in Canadian society. Though I am a woman in a patriarchal world, I am also a power holder along other axes of identity, such as skin colour, education, and citizenship. It feels like sometimes my personal values mask privilege blindness. Notice I am not naming values like justice, equity, or peace. I do value these things, but they do not bubble up to the top when I consider those personal values through which I live more generally.

Saad (2020: p. 183) encourages us to release the desire to be seen as 'good' so that we can better explore our values as a person with privilege. She asks: to what extent do your values help your ability to practice anti-racism and to what extent do they contradict it? What about anti-oppression and critical consciousness? Do my values reinforce cognitive rigidity and structural oppression? While each of my core values seem appropriate at first glance, a deeper analysis reveals that they are acritical and largely unexamined.

In the Sage Handbook of Counselling and Psychotherapy, Stiles (2017: p. 67) reminds us that transference refers to the "repetition of past conflict with significant others such that feelings, attitudes, and behaviours belonging rightfully in those earlier relationships are displaced" and that this configuration consists of both client transference and researcher-clinician countertransference. While transference can support empathic

processes, it is important to understand that displaced and unintegrated personal narratives, traumas, and values can harm the client engaged with treatment or contribute to epistemological violence in research and practice. In addition to my core values, what are my core wounds and how do they contribute to cognitive rigidity, bias, systems of inequity?

Saad (2020) reminds us throughout her work that being seen as a ‘good’ person in the here-and-now is not an adequate reason to engage with anti-racism or anti-oppression. The good-bad dichotomy is not particularly helpful in dismantling systems of inequity as things are just not that simple – axes of power and privilege are interlocked, intersecting, and interacting. It’s also quite self-serving to do so. As I complete this analytic story, it will be important for me to consider how my core values are informing my interpretations of the data in Sub-Theme 2: Blind-Spots and if the little voice inside me that says “be good, be good” is overriding my critical consciousness. There is also a distinction to be made between working to be seen as a good person in the here-and-now and working to be a good ancestor for the benefit of future generations.

Williams (2017: p. 188) reminds us of some Jungian tools for personal reflexivity including Active Imagination, Synchronicity, and several key analytic insights: the change process is slow, there are various stages of transformation, and the process of individuation works through karmic tasks. What about the process of critical consciousness, could it also be fueled by karmic tasks?

4.3 «Functional Considerations»

How do these personal considerations impact the design of this Reflexive Thematic Analysis (RTA) and how does this, in turn, shape the research and knowledge being produced?

Of the 10 Blind-Spots identified, only one of them came from responses belonging to a participant who identified themselves as white. This was undoubtedly telling, as whiteness was overrepresented across the participant sample. Clearly, my experience as a white person made it more difficult for me to appreciate race-related social vulnerability as an Asset-Experience.

As mentioned, the overall objective of this project is to raise the critical consciousness of Canadian Counsellors. The objective is not to make sense of those with experiences I cannot self-identify with. I am aware of positivism creep and the danger of leaning into it when the impulse to rationalize my privilege comes up. As a researcher-clinician in Canada, it is important to be aware of the impact colonialization and white supremacy culture has on my worldview, education, and work. How are systems of inequity impacting this analytic story?

The Six-Phase-Model used in this RTA was chosen because it allows for the acknowledgement of researcher bias and positionality. It also works to preserve participant sense making. Given my privilege (especially white privilege), it feels more ethical to turn the lens on myself at this point, the insider researcher, than to dig deeper into participant identity or Asset-Experience in the absence of their consent or voice.

Doing so risks problematizing the other, pathologizing difference, and perhaps even masking interpretation as fact.

4.4 «Disciplinary Considerations»

As mentioned in the Introduction, the replication crisis and practice-based research are two important disciplinary considerations. The ongoing discovery that many scientific studies cannot be reproduced (Malich & Munafo, 2022) can be interpreted as proof of the inevitable impact of researcher subjectivity on knowledge production. For this reason, academics involved in the creation, interpretation, and implementation of clinical and counselling knowledge can bolster the validity of their contribution by working to understand the impact of their own positionality rather than denying it. It seems that in the absence disciplinary reflexivity, we risk advancing epistemological violence where scientific evidence informs practice (Malich & Munafo, 2022).

4.5 «Final Thought»

Saad (2020) asks us to create the change the world needs by creating change within ourselves. Similarly, Brown (2019) teaches us about the synchronicity of personal and social change. This is also one of the lessons offered to us through Paulo Freire and the concept of critical consciousness, that multi-perspective integration manifests the emancipatory conditions necessary for social change. Similarly, Braun & Clarke (2022:p. 15) note that reflexivity is never complete and is personal as well as functional and disciplinary in nature, that it is an on-going process of raising insight. Taken together - these considerations will prepare us for turning the lens inward and digging deeper into Sub-Theme B: Blind-Spots.

Chapter 5: Discussion

So far, this analytic story has been largely descriptive, in that the three themes were designed to stay close to the data and “participant sense making” (Braun & Clarke 2022: p. 203). In this section, we will dig deeper into Sub-Theme B: Blind-Spots and connect these interpretations to some of the existing research, theory, and context discussed in the literature review. It is a chance to interrogate my own subjectivity as an insider researcher. This pivot also supports the overall aim of this project, which is “to raise the critical consciousness of counsellors regarding social, structural, systemic” issues (CCPA Social Justice Chapter, 2022: p. 1). I was tempted to dig deeper into the Asset Experiences of each participant initially, but as I considered all the ethical factors at play, it felt much more anti-oppressive and reflective of the core aim of this project to instead dig deeper into myself. We must leave others to be the experts of their own story.

5.1 «White Exceptionalism»

Before jumping into my blindspots, let's revisit the concept of white exceptionalism (Saad 2020: p. 31). It is the belief that a person benefiting from white privilege can be "exempt from the effects, benefits, and conditioning of white supremacy culture", often because they do not intend to be oppressive and, as a result, aren't the kind of person who needs to intentionally do the work of anti-racism and anti-oppression. Or as Paulo Freire (1970) might have described it, aren't the oppressor so aren't the ones who need to engage in dialogical action with the oppressed. *I am not the problem. I am an exception.* Acknowledging these Blind-Spots feels a lot like an opportunity to challenge my own white exceptionalism as a Canadian Counsellor, someone who is trying very genuinely to do helping work, to practice and form interpretations through anti-

oppressive processes, but who still passively benefits from a relatively high degree of social privilege, and therefore risks importing and (re)creating systems of inequity (such as white supremacy culture) into my craft, where left unexamined. How might unexamined Blind Spots impact my empathic window and capacity to provide responsible care? What about one's capacity for karmic tasks?

5.2 «Blind Spot 1»

Asset 0104: Halo effect as an attractive BIPOC female service provider.

Participant 04: "I'm ...from a BIPOC category. I still feel as though being appealing or at least not being difficult to look at creates a lot of advantages, halo effect, right?"

Beneath my inability to self-identify with this Asset Experience is the capacity to support racist stereotypes, white centering, and assimilationism around beauty standards. Saad (2020: p. 137) reminds us that white centering shows up in the "affirmation and valuing of European standards of beauty over BIPOC standards". As a person who exists in a white body in a white-centered culture, its important to acknowledge I am prone to elevating certain beauty standards over others at a subconscious level, even if I don't intend to, based on my experience of belonging to the dominant group. Internal engagement with automatic feelings and thoughts that come up, with curiosity and suspended judgement, rather than externalizing the tension onto others, seems like a helpful way to challenge the conditioning of white supremacy culture.

5.3 «Blind Spot 2»

Asset 0304: Wisdom gained in two culture households.

Participant 04: "...learned early that both cultures were full of sh**...I would ... do things that were outside of [a] norm and ...got used to not really worrying too much about judgment."

Upon reflection, my inability to self-identify with this experience with automaticity seems contradictory and perhaps holds space for some assimilationist thinking and white superiority relating to colonial assumptions. I do come from a two-culture household, but as I listened to Participant 04 described theirs, I did not experience Self-Identification in that moment. Growing up my household was certainly influenced by more than one culture, but as European settlers in Canada we lost that multi-cultural identity through the hegemonizing nature of whiteness. Our cultural plurality and origins got quieter and by the time I was born, the arbitrary difference between my family system and someone who identified as Chinese Canadian was already imbued.

5.4 «Blind Spot 3»

Asset 0404: Unconventional female behaviours that protects against Asian hate crime.

Participant 04: "...after COVID, the increase in Asian hate crimes... haven't had to deal with any of that yet...I'm not a really great target because I'm loud and I jump around and stuff..."

Upon reflection, my inability to self-identify with this Asset Experience might support some effects or conditioning related to tone policing BIPOC (Saad 2020: p. 229), which is a focus on the way something is said rather than the content of a critical message being relayed by someone who does not benefit from white privilege. Tone policing is particularly harmful when an individual experiencing marginalization is advocating for themselves but being dismissed or trivialized based on features of the delivery.

5.5 «Blind Spot 4»

Asset 0127: Pros and cons of Asian Stereotypes in Canada.

Participant 27: "...visible minority, some benefits and some non benefits growing up, stereotyping especially with Asians, the ideal immigrant sets a pre-disposition for benefiting Asians even though that's in theory a control..."

Upon reflection, my inability to self-identify with this Asset Experience, which is specifically related to economic status and the 'ideal immigrant', seems like it could support the capacity for tokenism among other things. Saad (2020: p. 143) defines tokenism as a superficial or symbolic effort and tactic, often used by organizations and brands, to prove white exceptionalism or an anti-oppressive status. Emotional labour tokenism (Saad 2020: p. 143) happens when a person or group with white privilege disproportionately places the burden of attending to racism and other forms of identity-based oppression on BIPOC. Is there an inner working model within me that thinks of the ideal immigrant as someone who is Asian and hardworking, or who shows up and attends

to social justice related things, in addition to their employment duties? Do I place this assumption on anyone I know or have connected with?

5.6 «Blind Spot 5»

Asset 0227: Visible markers of being a male service provider in counselling profession.

Participant 27: "... ironically being a male is a slight disadvantage in the therapy field because most request a female therapist..."

My inability to self-identify with this Asset Experience feels different than that of the others. At first glance, I didn't recognize maleness as being much of a disadvantage at all. Upon reflection, I detected within myself a sort of apathy towards this experience. I didn't feel very sympathetic to him. As Brown (2019: p. 28) writes, "the burden of heteronormativity [is] reflected in attitudes, institutions, and policies that restrict healthy development and experience". My apathy here feels connected to the internalization of misogyny, which places the duty of relational care work disproportionately on women. Digging deeper, I began to recognize my apathy wasn't just interlocked with internalized misogyny, it was also interlocked with white apathy (Saad 2020: p. 103), "a detachment and indifference to racial harm that arises as a self-preservation response". Participant 27 identified as male, but also as Chinese Canadian. My impulse to protect myself against activating internalized misogyny seemed to also support a detachment from the race-related aspects of this participant's sense making. I elevated gender above it instinctively, which blocked empathic processes and indicated the capacity for white feminism (Saad

2020: p. 147), a disproportionate focus on the struggles of white women and gender-based inequities despite the prevalence and presence of other forms of oppression.

5.7 «Blind Spot 6»

Asset 0146: Navigating urban spaces as a gender and racial minority.

Participant 46: "... on account of being a minority in any setting, my racial identity becomes a disadvantage... in majority white settings, but like compared to Toronto where I came from before here, humongous difference and how noteworthy that becomes."

Upon reflection, my inability to self-identify with this Asset Experience seems like it could support some white saviourism (Saad 2020: p. 121), the "belief that people with white privilege... [are] superior in capability and intelligence, [and] have an obligation to "save" BIPOC from their... inferiority and helplessness". When Participant 46 was describing how much easier it was for them to navigate Toronto compared to white-centered small urban spaces outside of it, I felt the impulse to rescue and the desire to be seen as distinct from white ignorance came up. As this feeling to save and keep separate rose, it masked a very harmful colonial assumption below the surface – that their experience was a problem and needed to be changed, and perhaps that diversity exists as an antidote to oppression. The change that needs to happen is in fact more personal and structural in nature.

5.8 «Blind Spot 7»

Asset 0147: Visible markers of being mixed-race in establishing therapeutic bond.

Participant 47: "... for me as an individual, being based off of a mixed-race and culture I don't look like a lot of people who are able to afford counseling or therapy at it's higher rate so for me, [my rate] is like a hundred and ten an hour, for some other people, it's \$200 an hour."

Upon reflection, my inability to self-identify with this Asset Experience seems to support the capacity for white defensiveness and resistance to letting go of the some of the privilege I benefit from. It had not automatically occurred to me that BIPOC in our profession who wish to provide services to individuals who look like them might need to lower their rate to be adequately accessible. According to Saad (2020: p. 195), dismantling systems of inequity will require letting go of certain "privileges, advantages, and comforts...so BIPOC can have more dignity in their lives."

5.9 «Blind Spot 8»

Asset 0248: Experience of being older and undesirable to male gaze.

Participant 48: "... I think being a middle-aged woman, you're invisible and sometimes I like that. I like that advantage. I don't particularly want or need male attention, but also sometimes I feel dismissed... and not valued for intellect or opinion...as I've gotten older."

Upon reflection, my inability to self-identify with this asset experience seems like it could support certain internalized patriarchal forces within myself, in that I do lack an appreciation for the ways in which femininity and agedness are advantageous. Overall, I dread aging and generally have needed to fight for my self-worth as woman. What would it look like to enter a room and not feel vulnerable to male gaze, or valued and assessed disproportionately on standards of female beauty, which almost always seem to reflect youthfulness and fecundity? Perhaps it might look like being able to more fully embrace being a woman.

5.10 «Blind Spot 9»

Asset 0158: Being monolingual (English) in a multi-lingual, multi-cultural community.

Participant 58: "... in my community... I'm disadvantaged because I only speak one language (English). So, I don't know if that's considered a disadvantage... If that qualifies, because perhaps the dominant group also does so I'm saying that's also kind of an advantage."

Upon reflection, my inability to self-identify with this asset experience seems like it could support covert aspects of white superiority (Saad 2020: p. 65). When we consider language, white superiority can percolate through underlying assumptions that paint white-centered practices, like speaking English in Canada, as the right way or most advantageous way to be. I did not recognize the deeper disadvantage here until

Participant 58 named it, that being mono-lingual (English) might have certain benefits in

Canadian society, but within a multi-lingual family system it comes with a great loss, the loss of connection through shared and culturally meaningful language.

5.11 «Blind Spot 10»

Asset 0159: Being a highly educated Black Canadian academic and service provider.

Participant 59: "I would say I'm advantaged because I have a full-time good paying job and disadvantaged in this sense that I'm black and an immigrant. But in terms of, education, I think I'm really advantaged in that area... I'm from a family of also highly educated people."

Upon reflection, my inability to self-identify with this experience as an asset demonstrates the capacity for underlying racist stereotype relating to immigration. Before she shared this detail, I assumed she was from a family system lacking higher education and employment opportunities, hence their decision to come to Canada. In fact, it was the other way around. This participant and her family were highly educated before immigrating. She and her family didn't gain a higher education by coming to Canada, they brought their education and expertise with them and shared it with Canadian society.

5.13 «Reflecting on Blind Spots»

As demonstrated throughout this analytic story, Canadian Counsellors seem to locate themselves along a network of complex identity axes, where there is no clear

delineation between social advantage and disadvantage. Many differential statuses and social vulnerabilities are experienced as assets instead. We found that I self-identified with most of the Asset Experiences carved out, which makes sense when we hold subjectivity to be inevitable and when we acknowledge my relatively high degree of social privilege in Canada.

In terms of Self-Identification and Blind Spots, I seem to perceive my own disadvantages more readily than my advantages and much of my positionality seems invisible, or at least interlocked with other processes that are less recognizable. Unexamined positionality seems to support, or at least fails to prevent, subconscious identity related errors like overgeneralizing, essentializing, pathologizing, and assimilationism (Brown 2019: p. 101).

Though it is difficult to put these processes into words, peeling back the layers of each Blind Spot demonstrated how one might think reflexively when interpreting data. By turning the lens inward, I discovered two intersections with personal insights that challenged white exceptionalism.

First, white apathy and my weaning sympathy for certain male experiences of pain are interlocked. Since having a child of my own during the first part of the Covid-19 pandemic, I find myself feeling less sympathetic towards certain male expressions of pain. I wonder if this discovery might ever prevent empathic processes key to a therapeutic relationship, where I might elevate gender above other social factors with greater automaticity – an example of white feminism (Saad, 2020). Might the impulse to self-preserve in a male privileged world block my capacity to appreciate the full dignity of BIPOC and how they might differentially experience painful systems of inequity?

What about my engagement with karmic tasks? Does the impulse to self-preserve work against these as well?

The second personal insight relates to white saviourism at the intersection of gender and spirituality. It feels like insidious trauma has manifested a core yearning or belief – that I was born with Original Sin, and that I need to work to be good and also to be seen as good.

Overtime, I've become aware that historical tensions in the UK and Ireland have been spiritually traumatic for me and many of my ancestors. Being raised Roman Catholic in Ontario in the 1990s meant being conditioned by a value system that held and holds many colonial assumptions relating to the good-bad dichotomy. One being that there was a superior kind womanhood - one imbued with the perfectionism, whiteness, and the asexuality of the Virgin Mary, whose absence within certain parts of my identity still feels linked to lower self-love and self-worth to this day. It's locked into a level of shame and guilt I feel I have always had, a button that is easily pressed. One of my earliest memories from school was learning about Original Sin, and the feelings of impurity that came up when I self-identified with Eve. It's the part of me that still thinks favourably of frolicking in a magical fruit filled other-worldly garden.

The message to me and other children: We were born guilty and in need of a saviour, we are not enough on our own. As I grew up and began relating to the larger world, I always felt like I needed to prove my worth for grace and belonging. In this way, saviourism became an engrained impulse masked as pseudo-altruistic behaviour. It looked and felt like being pious and charitable, but a deeper level was also working to relieve my own anxieties about the world and my position within it.

Proving worthiness through saviourism sometimes took the form of unintended optical allyship, where I aligned myself with the marginalized and suffering in contradictory ways.

The impulse to prove worthiness by saving others also took form in my academic and vocational interests, where I am disproportionately interested in change work and the social sciences, particularly examinations of social justice and relational healing. It is no surprise then, that I have come to a point in my life where I have manifested a career as a Canadian Counsellor, who witnesses others and supports.

When I consider the historical context of this inner working model, the core belief that I need to work to be good and also to be seen as good makes sense at a certain level, but it also opens up my capacity for white saviourism, the belief that BIPOC are helpless and weaker, in need of saving (Saad, 2020).

A restorative step away from white feminism and saviourism is acknowledging that at a very core level, there is a self-serving nature to the work I am doing. Another is to commit to processes of critical, as opposed to optical, allyship. Shuttling between myself, the client, and our relationship – always asking myself if a given interpretation is for me or for the client, and if not, being willing to interrogate it for unconscious, unintended, or invisibilized harms.

5.14 «Relevance to Practice»

The former reflection is an attempt to understand blind spots in my social perception as a Canadian Counsellor who experiences power and privilege, especially white settler privilege. What is the relevance of this to practice? The relevance is to the

therapeutic use of self and the need to attend to power differentials to ensure responsible care. Regardless of social location, it could be argued that all Canadian Counsellors are working from positions of some level of social power and privilege over their clients. For this reason, we have a duty to work towards understanding blind spots in social perception so we may attend to them and provide safer and more responsible care, so that we may work against systems of inequity, and in my case, against covert colonial assumptions I struggle to appreciate from an unexamined position of privilege. By actively taking accountability for our social location and fallibility as human beings in the work we do, we open space for client-led paradigms and other modalities that better link personal adjustment to social change.

In Chapter 3 we considered the physiological blind spot and a popular exercise for locating it. Just as we moved our open eye closer and further away from the image to find the gap in our field of vision, we can move our curious mind closer and further away from our core beliefs and inner working models to find links between personal beliefs and structural inequity. At these axes, we can acknowledge the intersectional nature of identity and apply intrapersonal interventions like the practice of karmic tasks and critical consciousness to bolster critical allyship.

At this point I'd like to acknowledge Johari's Window because it can help us understand relevance to practice. It is a tool for understanding one's self-concept and has been applied in many ways over the past few decades. It is a long-standing framework for intrapersonal analysis which has impacted my view of self and my understand of how I relate with others. It is certainly a piece of the Western psychological paradigm and seems acritical at times, but overall is very helpful for beginning to look inward.

Figure 13: Johari's Window

(Verklan, M. T., 2007: p. 174)

	Known to self	Unknown to self
Known to others	Open	Blind
Unknown to others	Hidden	Unknown

By now it has been established that this project offers a process for locating blind spots in our social perception, beginning with identification of another person's asset experience based on how we locate ourselves socially. The ten blind spots discussed seem to correspond with the top right pane of Johari's Window, a caveat of self which is known to or sensed by others but not conscious to self.

In this case, we can appreciate that certain social privileges will be known to those who lack it but invisible to those who hold it. This helps us understand why BIPOC researchers and theorists, such as Saad or Kimberlé Crenshaw, are in a meaningful position to understand and analyze social structures like White Supremacy Culture and differential experience. For those who benefit, there is an inherent blindness to the inequitable structure. For those who are oppressed by it, there is a heightened awareness of it because it is a threat. Johari's Window also helps us understand why the same capacity does not happen in reverse. For example, why elitist feminist discourses of marginalized or "Third World Women" lack consensus and tend to import harmful assumptions rather than anti-oppressive insight.

In the introduction we considered the following question: what are the nature, origin, and limits of the knowledge we are engaged with? This project has demonstrated

that knowledge production and clinical interpretation is certainly related to our social location and that there are indirect non-physical and unintentional forms of harm in counselling that are often closer to personal than structural forms of violence. By shining light on that which is unknown to self but sensed by others, the interpreting Canadian Counsellor can dismantle appropriated colonial assumptions in their clinical judgement and consider viable alternative explanations for client presenting concerns, perhaps even moving away from the problematization or pathologization of difference.

Chapter 6: Limitations & Future Directions

This project has many limitations, and its implications should not be generalized beyond its immediate context. The following are some key considerations in this regard:

6.1 «Limitations»

This project chose to conceptualize Canadian Counsellor social location through an intersectional lens for two reasons: it is in line with participant sense making and there is also a need to develop and integrate such a framework into the literature. It is a modest contribution to the research gap, an incomplete exploration. The application of intersectionality and other social justice-oriented concepts like critical consciousness and white supremacy culture is indeed co-option. Although my intention is to use these concepts for good, specifically to raise my own awareness and perhaps the awareness of those in a similar position, it is important that I acknowledge that doing so risks harm to others.

This project is personal and structural in nature. In terms of social location and how it was conceptualized in this project, it is important to acknowledge that the human condition and identity are much more complex than a pie graph. Results and interpretations are limited to Canadian Counsellor social location and the blind spots discovered specifically belonging to me, an insider researcher with lots of social power and privilege. It is my hope that the analysis was adequately contextualized for each reader can make "a judgement about whether, and to what extent, they can safely transfer the analysis to their own context" (Braun & Clarke 2022: p. 148).

Despite my efforts to engage with theory prior to analysis, it is entirely likely that unhelpful underlying assumptions and concepts have been "unknowingly and unreflexively imported into the analysis" (Braun & Clarke 2022: p. 259). This is especially important to be aware of when assessing the validity and reliability of the themes and synopses developed. As a persona experiencing white settler privilege in Canada, I need to acknowledge that underlying colonial assumptions might have been imported into my analysis.

Given the theoretical and analytic flexibility of this project, it will be difficult to formulate "precise guidance for higher level analysis" and needs to be understood as involving "craft skills" that are "difficult to distill into recipe-like guidance" for helping professionals interested in activating personal change.

The data collected by the Team is very rich. Richer than the information and interpretative power of this project, which looked at only nineteen participant responses to one question. It is important to be aware that there is so much more to learn from this dataset than was achieved by a single master's level thesis.

6.2 «Future Directions»

Given the richness of the data and the complexity of this analysis, there are many directions to be considered for future research. Responses to this thesis, if ever developed, should first attend to the limitations previously outlined. Future directions might also consider:

1. Exploring the same participant responses for different themes. Unexplored observations and themes that came up included a) which aspects of social location

were most often discussed by participants, b) which aspects of social privilege were most common among Canadian Counsellors.

2. An analysis of the larger dataset or other datasets could explore participant experiences of identity related errors and the interpersonal processes through which these might happen at the system level. This might be especially beneficial if applied to an evaluation of clinical assessment, treatment, and formulation in specific practice settings, such as psychological services in the Ontario public school system. Though overgeneralizing, essentializing, and assimilationism are equally important types of identity related errors, the issue of pathologizing difference might be of particular relevance to Canadian Counsellors working from a relatively high degree of social privilege.
3. A deeper analysis of the intersectional nature of white apathy and white feminism and how it relates to the (re)creation of systems of inequity.
4. An analysis of white supremacy culture in counselling and psychotherapy.
5. An analysis of systems of inequity and karmic tasks.
6. An intersectionality informed analysis of the supervisory-supervisee-client relationship.
7. A professional development tool for a student clinician workshop based on the introspective and critical process carved out in the analysis: asset experience, self-identification, blindspot.

Chapter 7: Conclusion

In conclusion, there is a need to better understand social location in connection to counselling. Similarly, Tarshis and Baird (2021) found only 21 articles relating to social location and related concepts like intersectionality in the clinical and counselling psychology literature. They also concluded that there exists no clear or empirical framework for integrating a critical and intersectionality informed approach into counselling and psychotherapy.

This project acknowledges the inevitability of researcher subjectivity in the social sciences and in counselling work, as well as the replication crises and the shifting role of the scientific paradigm in social sciences. This project is not an attempt to develop an objective framework, but an exploration of Canadian Counsellor social location with implications for intersectionality and counsellor identity.

The research question asked Canadian Counsellors to locate themselves relative to the majority or dominant groups and why; what are their perceived advantages and disadvantages based on social location?

A Reflexive Thematic Analysis (RTA) was applied to the transcribed responses of nineteen randomly assigned counsellors from across Canada. One theme and two sub-themes were carved out: Asset Experiences, Self-Identification, and Blind-Spots.

A general response to the research question was formulated: Canadian Counsellors do not locate themselves as having clear advantages and disadvantages relative to the majority or dominant groups in Canadian society. Social vulnerabilities, privileges, and differential statuses are experienced more like assets at identity-based intersections rather than distinct benefits or shortfalls. Furthermore, we discovered that it

is more difficult to appreciate Asset Experiences with which we do not Self-Identify, at least with automaticity, and this leaves space for identity related errors.

By turning the lens inward, the analytic story worked to break open ten of my own blind spots and several unexamined aspects of my own privilege were interrogated. From there we were able to appreciate that identity-based harms can be (re)created and advanced unintentionally by helping professionals such as myself when we perceive differential statuses from an unexamined position of privilege. This pivot revealed two insights around my own identity as a Canadian Counsellor which relate to white apathy and saviorism on present day Turtle Island.

Blindspot # 2, identified alongside Asset 0304: Wisdom gained in two culture households helped me develop insight at the intersection of race, gender, and culture where I found capacity for white exceptionalism, white feminism, saviorism, colonial assumptions, and invisibilized privilege. Though I come from a two-culture household technically, I do live by dominant group standards i.e. homogenizing nature of white supremacy. Here I found space for two identity-related errors: assimilationism, pathologizing.

Blindspot #5, identified alongside Asset 0227: Visible markers of being a male service provider in counselling profession helped me develop insight at the intersection of gender, race, and employment where I found the capacity for white feminism and apathy, the impulse to raise gender above other social determinants of health to self-preserve in a patriarchal world, which can minimize oppressed groups and block empathic processes. Here I found space for two more identity-related errors: essentializing, overgeneralizing.

Finally, the Johari Window proved helpful in locating the relevance of these findings to practice. In that responsible care might include working to understand those aspects of our self concept that are known to or sensed by others but remain invisibilized

to our conscious mind based on social location. This work is relevant to practice, because it is an example of raising critical consciousness to improve therapeutic use of self.

Overall, this thesis was itself a privilege to write and its intention was to raise to the critical consciousness of Canadian Counsellors, especially this one. Given the synthesis of objectivity and subjectivity in clinical and counselling psychology, the identity driven nature of discrimination, and the duty of Canadian Counsellors to do no harm while providing responsible care, we are in a unique position to model reflexivity and accountability for our own positionality in research and practice.

Much like a reflexive thematic analysis is never complete, neither is the process of raising one's critical consciousness. I look forward to integrating feedback into this analysis and continuing to challenge elitist feminist discourses within myself and the systems within which I practice.

7.1 «Knowledge Mobilization»

While this thesis remains a small and limited contribution to the research gap identified, the process of knowledge mobilization (KMb) still holds value, particularly in how certain insights are mobilized in my emerging craft as a researcher-clinician practicing psychology in Ontario with children, youth, adults, families, and organizations. How might the knowledge produced help me practice anti-oppressive counselling and psychotherapy? How might it work to teach others to turn the lens inward and interrogate their unexamined privileges?

I hope to offer a defense that is formative, interactive, and accessible. I hope to adapt this project into an article that can be appreciated by a broader audience. I also hope to create a professional development tool that formalizes the introspective process carved out here so that it can be offered to other Canadian Counsellors in workshop format. This tool will use the Wheel of Power & Privilege and connection between Self

and Other to raise awareness of blindspots and identity related errors. I hope to submit this article and tool to some open access journals in the Summer of 2024 and share it with my colleagues in the MACP program at Western University next year. In its development, I hope to collaborate with other researchers on the Team and use the following considerations offered to us by Cooper & Driedger (2018: p. 64):

Can copies be easily made?

Can users understand it without written literacy skills?

Is it strengths based and hopeful?

Is it interactive?

Have other ways of knowing been acknowledged?

Can the learning continue beyond the researcher/ research team?

Can the tool be made available quickly?

On a final note, this qualitative study has reflected a very post-positivist orientation and has worked reflexively to raise the critical consciousness of Canadian Counsellors by investigating social location in connection to counselling. We are ending in a very different place than we began. It was not the intention of this project to lay the groundwork for a professional development tool that attends to the colonized mind, but it has certainly turned into one. By sharing a process for attending to blindspots and identity-related errors in social perception, this thesis has demonstrated and modeled how a Canadian Counsellor with social privilege and power might use intersectionality to unlearn and relearn relationship for the dignity of equity denied people. As Franz Fanon famously wrote in *The Wretched of the Earth* (1961): “Everything can be explained to the people, on the single condition that you really want them to understand.”

References


1. Bastiaa, Tanja et. al. (2023) Reflections on intersectionality: a journey through the worlds of migration research, policy, and advocacy. *Gender, Place & Culture* 2023, VOL. 30, NO. 3, 460–483:
<https://doi.org/10.1080/0966369X.2022.2126826>
2. Braun, Virginia and Clarke, Victoria (2022) *Thematic Analysis: A Practical Guide*. Page 1 – 338. SAGE Publications Ltd.
3. Bowleg, Lisa (2017) Towards a Critical Health Equity Research Stance: Why Epistemology and Methodology Matter More Than Qualitative Methods. *Health Education & Behavior*, Vol. 44(5) 677–684. Society for Public Health Education Reprints: sagepub.com/journals: DOI: 10.1177/1090198117728760
4. Collins, Sandra (2018) Embracing Cultural Responsivity and Social Justice. *Re-Shaping Professional Identity in Counselling Psychology*: p. 1-1134
5. Comparing reflexive thematic analysis and other pattern-based qualitative analytic approaches. *Couns Psychother Res*. 2021;21:37–47.
<https://doi.org/10.1002/capr.12360>
6. CCPA Social Justice Chapter (2022) Constitution and Bylaws. Retrieved November 21, 2022 from: [Microsoft Word - SJChapter Bylaws \(ccpa-accp.ca\)](https://www.ccpa-accp.ca/Microsoft%20Word%20-%20SJChapter%20Bylaws%20(ccpa-accp.ca))
7. Cooke, Ellen P. (2012) Understanding People in Context: The Ecological Perspective in Counseling. AMERICAN COUNSELING ASSOCIATION 5999 Stevenson Avenue, Alexandria, VA 22304

8. Cooper, E. J., & Driedger, S. M. (2018). Creative, strengths-based approaches to knowledge translation within indigenous health research. *Public Health*, 163, 61-66. <http://dx.doi.org.proxy1.lib.uwo.ca/10.1016/j.puhe.2018.06.020>
9. Creaner, Mary (2017) Edited by Feltham, C., Hanley, T. and Winter, L. A. (2017) Part 4. 3 Clinical Supervision. *The SAGE Handbook of Counselling and Psychotherapy*: page 121 - 126. Sage Publishing: UK
10. Brown, Jason D. (2019) *Anti-Oppressive Counselling and Psychotherapy. Action for Personal and Social Change*. Routledge New York: p. 1 - 182
11. Else-Quest, N. M., French, A. M., & Telfer, N. A. (2022). The Intersectionality Imperative: Calling in Stigma and Health Research. *Stigma and Health*. American Psychological Association: ISSN: 2376-6972 <https://doi.org/10.1037/sah0000397>
12. Guy-Evans, Olivia (2024) Bronfenbrenner's Ecological Systems Theory. Retrieved January 2024 from: [Bronfenbrenner's Ecological Systems Theory \(simplypsychology.org\)](https://www.simplypsychology.org/bronfenbrenner-ecological-systems-theory/)
13. Feltman, Colin and Hanley, Terry (2017) Edited by Feltham, C., Hanley, T. and Winter, L. A. (2017) Part 1.1 What are Counselling and Psychotherapy. *The SAGE Handbook of Counselling and Psychotherapy*: page 3- 11. Sage Publishing: UK
14. Finkelhor, D. (2018). Screening for adverse childhood experiences (ACES): Cautions and suggestions. *Child Abuse & Neglect* 85, 174-179.
15. Flood M et. al. (2021) Resistance and backlash to gender equality. *Aust J Soc Issues*;56:393–408. doi: 10.1002/ajs4.137.

16. Freire, Paulo (2018) *Pedagogy of the Oppressed: 50th Anniversary Edition*: 232 pages. Bloomsbury Academic: UK
17. Government of Canada (2024) *IRCC Anti-Racism Strategy 2.0 (2021-2024) – Change management*. Retrieved January 2024 from [IRCC Anti-Racism Strategy 2.0 \(2021-2024\) – Change management - Canada.ca](https://www.canada.ca/en/immigration-refugee-citizenship/services/immigration-refugee/ircc-anti-racism-strategy-2021-2024-change-management.html)
18. Kovah, Margaret (2021) *Indigenous Methodologies: Characteristics, Conversations and Contexts*. Pages 1 – 299. University of Toronto Press.
19. Mate, Gabor (2022) *The Myth of Normal*. Penguin Publishing Group: pages 1 – 576.
20. [Malich, Lisa](#); [Munafò, Marcus R.](#) (2022) Introduction: Replication of crises- interdisciplinary reflections on the phenomenon of the replication crisis in psychology. [Review of General Psychology Vol. 26, Iss. 2](#) : 122-130
DOI:10.1177/10892680221077997
21. Miller. (2008). Telling the Truth About Power. *Women & Therapy*, 31(2-4), 145–161. <https://doi.org/10.1080/02703140802146282>
22. Moodley & Lee (2020) Introduction. *The Routledge International Handbook of Race, Culture, and Mental Health*. Routledge London, pages 1-6:
<https://doi.org/10.4324/9781315276168>
23. Moodley & Osazuwa (2020) Chapter 1: Configurations of Race and Culture in Mental Health. *The Routledge International Handbook of Race, Culture, and Mental Health*. Routledge London, pages 9 – 18:
<https://doi.org/10.4324/9781315276168>

24. Nixon, Stephanie A. (2019) The coin model of privilege and critical allyship: implications for health. *BMC Public Health* 19:1637
<https://doi.org/10.1186/s12889-019-7884-9>
25. Oulanova and Moodley (2020) Chapter 3: Critical Multiculturalism, Diversity Counselling, and Psychotherapy. *Intercultural mediation counselling and psychotherapy in Europe*. Cambridge Scholars Publishing, page 57 – 72.
26. Rodger, Susan C. (2022, November 7) Week 9: Methods of Analysis - Thematic Analysis [Slides 1 – 12] GRADEDUC 9546A 001 GF22 Research Design in Counselling Psychology. Faculty of Education. The University of Western Ontario.
27. Stiles, William B. (2017) Edited by Feltham, C., Hanley, T. and Winter, L. A. (2017) Part 3.2 The Client - Therapist Relationship. *The SAGE Handbook of Counselling and Psychotherapy*: page 66 – 71. Sage Publishing: UK
28. Tarshis, Sara and Baird, Stephanie L. (2021) Applying intersectionality in clinical supervision: a scoping review, *The Clinical Supervisor*, 40:2, 218-240, DOI:10.1080/07325223.2021.1919949
29. Teo, Thomas (2010) What is Epistemological violence in the empirical social sciences? *Social and Personality Psychology Compass* 4/5 (2010): 295–303, 10.1111/j.1751-9004.2010.00265
30. Verklan, M. T. (2007). Johari Window. *The Journal of Perinatal & Neonatal Nursing*, 21 (2), 173-174. doi: 10.1097/01.JPN.0000270636.34982.c8.
31. Wathen, C.N. & Varcoe, C. (2021). *Trauma- & Violence-Informed Care (TVIC): A Tool for Health & Social Service Organizations & Providers*. London, Canada.

Appendix A: Sample Letter of Information/Consent



**Impact of the COVID-19 Pandemic on Counselling with Low-Income Clients
Letter of Information**

<p>Principal Investigator Dr. Jason Brown Faculty of Education, Western University jbrown9@uwo.ca</p> <p>Project Coordinator Charlotte Finigan (Carrie), MA, PhD Candidate Faculty of Education, Western University ccarr15@uwo.ca</p>	<p>Co-Investigator Dr. Melissa Jay Athabasca University mjay@athabasca.ca</p> <p>Co-Investigator Dr. Marguerite Lengyell Faculty of Education, Western University marguerite.lengyell@uwo.ca</p>
--	--

The investigators are receiving financial payment from the Social Sciences and Humanities Research Council of Canada (SSHRC) to help offset the costs of conducting this research.

Introduction
We are pleased to invite you to participate in this research looking at counsellors' social locations and their perceptions on the impact of the pandemic on accessibility to counselling for low-income clients. This is phase 2 of a larger study examining the impact of the COVID-19 pandemic on counselling, and the helpful aspects of counselling, with low-income clients, from the perspective of counsellors and clients. You have been asked to participate in this study because you have been identified as a member of The Canadian Counselling and Psychotherapy Association (CCPA) who holds some form of counselling designation in Canada.

Background/Purpose
The purpose of this study is to identify counsellors' social locations and their perceptions on the impact of the COVID-19 pandemic on accessibility to counselling for low-income clients. This information will be used to improve access and effectiveness of counselling with low-income clients in the aftermath of the COVID-19 pandemic.

How long will you be in this study?
If you agree to participate, you will be invited to engage in a Zoom interview that will take approximately 30-60 minutes to complete.

You will then be invited to participate in a sorting activity in the following year. The sorting activity will take approximately two hours to complete.

Can participants choose to leave the study?
It is important to note that a record of your participation must remain with the study, and as such, the researchers may not be able to destroy your signed letter of information and consent, or your name on the master list. However, any data may be withdrawn upon your request. You may withdraw from your participation in the study at any time. Your data from the individual interviews can be withdrawn at any time before the sorting activity commences, and all your other data may be withdrawn at any time before the publication of the study results. This can be done by making a request to Charlotte Carrie, Project Coordinator, by using the contact information on this form.

How will participants' information be kept confidential?
The data provided will be secured by a password protected computer at all times. The audio recordings will not be stored on the Zoom platform; however, Zoom's privacy policy can be found using the following link: <https://support.zoom.us/en/privacy/>. Only the primary investigators and project coordinator will have access to this

computer. However, representatives of Western University's Non-Medical Research Ethics Board may require access to your study-related records to monitor the conduct of the research.

The researcher will keep all personal information about you in a secure and confidential location, for a minimum of 7 years. A list linking your study number with your name, email address, phone number, and mailing address (if provided for the sorting activity) will be kept by the researcher in a secure place, separate from your study file. If the results of the study are published, your name will not be used. Your data will be retained for 7 years and could be used for future research purposes (e.g., to answer a new research question). By consenting to participate in this study, you are agreeing that your data can be used beyond the purposes of this present study by either the current or other researchers.

Are participants compensated?
An honorarium in the form of a \$50 Visa gift card will be provided for compensation for completing the individual interview. An additional honorarium in the form of a \$100 Visa gift card will be provided as compensation for participating in the sorting activity. All gift cards will be sent by mail or email within 14 days of completion of the activity.

What are the Rights of Participants?
Your participation in this survey is voluntary. You may decide to not 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. Participants are entitled to compensation even if they withdraw partway through the activity. 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.

**Impact of the COVID-19 Pandemic on Counselling with Low-Income Clients
Interview Consent Form**

<p>Principal Investigator Dr. Jason Brown Faculty of Education, Western University jbrown9@uwo.ca</p> <p>Project Coordinator Charlotte Finigan (Carrie), MA, PhD Candidate Faculty of Education, Western University ccarr15@uwo.ca</p>	<p>Co-Investigator Dr. Melissa Jay Athabasca University mjay@athabasca.ca</p> <p>Co-Investigator Dr. Marguerite Lengyell Faculty of Education, Western University marguerite.lengyell@uwo.ca</p>
--	--

1. Consent for Interviews

Do you agree to the following: I have read the Letter of Information, have had the nature of the study explained to me, and I agree to participate in the interviews; any, and all questions have been answered to my satisfaction.

YES NO

I understand that by agreeing to participate, I agree to allow indirect quotes to appear in the dissemination of results.

YES NO

Print Name of Participant _____ Date (DD-MM-YYYY) _____

Version Date: 22/08/2022

2. Consent to Contact for Sorting Activity

Do you consent to being contacted for the grouping sorting task? YES NO

Print Name of Participant _____ Date (DD-MM-YYYY) _____

My preferred method of contact is _____

3. Consent to receive results

Do you wish to receive a copy of the results via email? Please note, email is not secure and participation in the study could be revealed if the email was viewed/obtained by another party.

YES NO

Print Name of Participant _____ Date (DD-MM-YYYY) _____ Email _____

My signature means that I have explained the study to the participant named above. I have answered all questions.

Print Name of Person Obtaining Consent _____ Signature _____ Date (DD-MM-YYYY) _____

Version Date: 22/08/2022

Appendix B: Survey Questions

#	Closed Ended Questions
1	In what type of community do you currently reside?
2	In what province or territory do you live?
3	In what province or territory do you normally work?
4	Are you First Nations, Métis, or Inuk (Inuit)?
5	What is your current employment status?
6	What best describes the location of your primary worksite?
7	How do you meet your clients?
8	For how many years have you been practicing your current profession?
9	What is your employment setting?
10	What is your Geographic Location?
11	What is your registration status?
12	Please indicate the number of years since professional registration.
14	Are you a NIHB provider? (non-insured health benefits)?
15	What Languages do you speak?
16	What is your age?
17	What is the highest degree you have been awarded?
18	What is your gender identity?
19	What is your ethnic identity?
20	What is your racial identity?
21	What is your class identity?
22	What is your religious/spiritual identity (if any)?
23	Do you identify as a person with a disability? If yes, how do you identify?
#	Open Ended Questions
25	In which categories do you believe you are advantaged or disadvantaged relative to the majority or dominant groups and why?
26	How does your own experience with low income impact your counselling? (personal and professional)

27	What have you found to be the most helpful aspects of counselling with clients facing low income?
28	What have you found to be the least helpful aspects of counselling with clients facing low income?
29	How has the pandemic impacted your work with low-income clients? (access, relationship, continuity, funding, scheduling, helpfulness, usefulness etc .)
30	How does your experience supporting low-income clients impact your work outside of the counselling space? (advocacy, teaching, policy, community, politics etc.)

Appendix C: Glossary of Key Terms

Asset Experience: a characteristic of identity, where a given identity axes or intersection offers a complex interaction with no clear delineation between social advantage and disadvantage.

Blind Spot: a characteristic of social perception based on social location, where what is known and sensed by others remains invisible to self if left unexamined.

Canadian Counsellor: a registered and regulated health professional who is authorized to practice counselling and psychotherapy in their respective region or context. For example: Registered Psychotherapist, CRPO

Critical Consciousness (conscientização): a concept belonging to Paulo Freire, a Brazilian teacher & philosopher who worked to promote a deeper understanding of the world, the ability to tolerate contradiction, and other liberation processes.

Health Equity-Oriented Care: helping services that work to create conditions within which each person has the chance to reach their fullest potential, to identify and reduce differences across social and environmental determinants of health.

Identity-Related Errors: distortions in social perception we make that are problematic and fertilize discrimination processes like overgeneralizing, essentializing, pathologizing, and assimilationism.

Insidious Trauma: a violation of the spirit and soul that can be endowed and experienced in the absence of individual trauma history, sometimes manifesting as hypervigilance, numbing out, and even invisibility syndrome across generations.

Intersectionality: a critical concept which looks at identity as being comprised of multiple interconnected axes of power and privilege, and which considers the nature of discrimination to be interactional and identity driven.

Johari Window: a tool for understanding our relationship with ourselves and others, which divides our self-concept into four areas: Open, Blind, Hidden, Unknown.

Karmic Tasks: restorative moral actions involved in the process of individuation described by Carl Roger's in his methodology for person centered, non-directive psychotherapy.

Optical Allyship: an inauthentic social justice-based alliance that is performative, self-serving, surface level, and/or perfunctory in some way. Opposite of critical allyship.

Privilege Blindness: a deficit in one's ability to appreciate the existence and impact of the social power and privilege one holds and benefits from.

Psychotherapy: a controlled health care act in Ontario which is based on psychological techniques and regular interpersonal interaction for the purpose of client personal adjustment and the improvement of wellbeing and mental health.

Reflexive Thematic Analysis: a theoretically flexible method which is qualitative in its orientation, and which is used to interpret underlying patterns of meaning in datasets.

Saviorism: the belief that people with a given privilege are superior and are obligated to save those with differential statuses, to rescue them from interiority and helplessness.

Self-Identification: a process at the level of social identity, where an individual relates to or feels belonging with another individual, experience, group, community etc.

Social Location: the idea that where people are positioned in society is largely socially constructed and based on somewhat arbitrary and collective meaning making processes around what is defined as different.

Social Privilege & Power: unearned access to resources and opportunity endowed to certain individuals based on their social location, and not available to others. Opposite of marginalization/discrimination.

Systems of Inequity: the human experience is shaped by social structures and systems, like class and education, which are imbued with oppressive forces such as colonial assumptions, which create and (re)create conditions that benefit some and harm others.

Therapeutic Use of Self: processes through which counsellors import their personality, experiences, worldview etc. into the therapeutic relationship; can be conscious/intentional as well as unconscious/unintentional.

White Apathy: an insidious feature of White Supremacy Culture (WSC) which promotes white people's indifference to, disregard of, and dispassion for those who do not experience the same privilege based on skin color.

White Exceptionalism: the belief that it is possible to benefit from white privilege while remaining immune to the effects, benefits, and conditioning of white supremacy culture because it is not one's intention to be harmful.

White Feminism: expressions of feminism that disproportionately focus on the struggles of white women and gender-based inequities despite the prevalence and presence of other forms of oppression.

White Privilege: societal benefits and other forms of social power which are given to those who present as white and not extended to those who present otherwise.

STEPHANIE RENEE PAGE

Registered Psychotherapist
(Qualifying) CRPO

EDUCATION

- Exp April 2024 MA Counselling Psychology
Western University, Faculty of Education, London, ON
- 2017 Ontario Graduate Diploma in Supply Chain Management with Honours
Humber College, Etobicoke, ON
- 2016 MSc Capacity Development and Extension
School of Environmental Design & Rural Development, University of Guelph, Guelph, ON
- 2015 BA Psychology
McGill University, Faculty of Arts, Montreal, QC

EXPERIENCE

- TVDSB Psychological Services Intern, London, ON – 06/2023 – 06/2024
- Aftercare Coordinator/ Youth Counsellor, Pine River Institute, Mulmur, ON – 01/2021 – present
- Research Assistant (RA), Western University, London, ON – 10/2022 – 08/2023
- Volunteer, Global medic, Etobicoke, on - 11/2018 – present
- Pack Lead, Fit Dogs, Toronto, ON — 02/2018-04/2019
- Volunteer, Runnymede Healthcare, Toronto, ON - 09/2017 - 10/2019
- Tree planter, Next Generation Reforestation, Alberta & British Columbia— 2011-2019
- Research Assistant, U of G, Guelph ON — 09/2015-04/2016

AWARDS & LEADERSHIP

- MA Entrance Scholarship for the Applied Psychology Academic Research Cluster 2022/23
- Humber College, Humber Alumni Scholarship, 2017
- University of Guelph, Harvey Caldwell Scholarship, Alden & McLean Scholarship, 2016
- McGill University, Annette S. Hill Scholarship, 2012

OTHER CERTIFICATION & TRAINING

- ASD Diagnostics Observation System, TVDSB – 06/2023
- LivingWorks Suicide Prevention – 05/2021