Poor and Working-Class Clients’ Social Class-Related Experiences in Therapy

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ABSTRACT

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This investigation explored how poor and working-class people experience, understand, and negotiate class issues and class differences with their therapists. Data were collected through semi-structured interviews with 22 self-identified poor and working-class people with experience as clients in individual counseling. Interviews were transcribed and analyzed using constructivist grounded theory methodology (Charmaz, 2006). A core narrative emerged that depicted a dynamic, interactional process of seeking mutual understanding to navigate class issues in therapy. Participants played an active role in this process by making decisions to share or withhold information or their reactions to therapy experiences. Participants’ sociocultural awareness provided the context for their observations of class cues and perceptions of therapists’ social class, which in turn influenced their reactions and behaviors towards their therapist.

Seeking mutual understanding emerged as a process that allowed poor and working-class clients to build connections with therapists of shared and different social class backgrounds. Participants shared positive, meaningful interactions with therapists who demonstrated genuineness and attended to class issues in the therapeutic encounter. When working with therapists who engaged in these mutuality-enhancing actions, participants felt deeply understood and connected to their therapists, which contributed to growthful therapeutic outcomes. Participants also described feeling misunderstood and disconnected from therapists who
appeared inauthentic and neglected to attend to class issues. These participants reported feeling “stuck” and unhelped through counseling.

The findings of this study suggest that social class issues are salient for poor and working-class clients in their interactions with therapists. Further, therapists can promote positive therapeutic outcomes in work with class-oppressed clients by a) fostering authenticity and mutuality within the working alliance and b) openly addressing clients’ material concerns and thoughtfully exploring class differences and other class issues present in the therapeutic relationship. Additional implications for training and practice are provided and include the need for counselors to incorporate social justice advocacy into their work. Suggestions for future research include further exploration of the ways social class and classism operate within the psychotherapeutic process, emphasizing the need for researchers to attend to intersections of identity and position poor and working-class people’s voices and perspectives at the center of their inquiry.
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L.M.A.
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Chapter I

Introduction

The United States has prided itself as being a classless nation, with a cultural tradition replete with rags-to-riches and pull-yourself-up-by-your-bootstraps stories (Loewen, 2007). Historical records make clear, however, that class distinctions have existed since the forming of the English colonies, with property ownership being the most distinguishing feature of class membership (Main, 1965). Moreover, with property ownership tied to the right to vote, class membership has also historically been linked to political power and the ability to make and enforce laws, policies, practices over the opposition of less powerful people (Gilbert, 2008; Zinn, 2003).

Thus, discussing social class requires a contextualized analysis inclusive of power relations between groups in society, which is often missed in the use of common substitutes for social class, such as income and education level (Smith, 2010). Smith (2010) defined social class as a “spectrum of positions that is associated with differences in access to power and different assignments of social privilege” (p. 6). In this vein, sociologist Dennis Gilbert (2008) specified that different levels of privilege and prestige as well as differing relationships to less desirable outcomes (i.e. poverty) within economic, social, and political spheres characterize differential class memberships. With regard to these spheres, Gilbert (2008) identified the salient economic factors as occupation, wealth, income, and poverty; the social factors as prestige, association, socialization, and social mobility; and the political factors as power to enforce one's aims over the objections of others and class consciousness. Gilbert (2008) proposed that the relationships
among these factors, rather than any one factor in isolation, provide an accurate indication of a person’s social class.

Zweig (2005) provided a social class typology that includes group members’ relationships to each other on the basis of economic, political, and social power. In particular, Zweig (2005) differentiated between classes on the basis of their relationships to the means of production, or the processes by which goods and services are produced, as well as the power and control they have within their workday. The language used to describe the class with the most power, the owning class, comes from Leondar-Wright (2005), as adopted by Smith (2010). The owning class owns the means of production, thus paying wages or salaries to people of other classes to produce goods and services. Owning-class people do not have to work to support themselves, although they may choose to work. Additionally, by virtue of their significant economic power, owning-class people also have greater access to political and social power.

Members of the middle class must work for a living, thus selling their services to earn an income (Zweig, 2005). However, they have significant control over the activities of their workday. They are likely to have higher incomes, higher education levels, and occupations with greater social prestige than those of working-class people. Further, the experiences of middle-class people are seen as normative in this society, which sets the stage for the privileging middle-class values and worldviews over the experiences and worldviews of poor and working-class people (Smith, 2010).

Working-class people also must work for a living, selling their labor and services to earn an income. Working-class occupations often consist of manual labor, manufacturing work, and low-wage service positions that are frequently accorded lower social prestige than middle-class
occupations (Gilbert, 2008). Additionally, working-class people have less control over their activities and movements throughout their workday (Zweig, 2005; Beeghley, 2008). For example, working-class people often receive specified bathroom breaks, must request permission to talk on the phone, and must complete a certain amount of work in a specified amount of time, expectations that are set by supervisors (Beeghley, 2008).

Finally, poor people are typically working-class people who, through experiences life difficulties and/or unemployment, underemployment, or low wages, cannot earn enough income to support themselves and their families. United States Census data speak to the relatively low frequency of long-term poverty and the increased numbers of people who fall under the poverty line, but are employed (Stern, 2008; U.S. Department of Labor, 2010). Recalling Gilbert’s (2008) social class factors, the association between working-class membership and poverty speaks to the increasing economic insecurity faced by working-class people and the detrimental impact of downward class mobility for working-class people relative to members of the middle and owning class.

Within this conceptualization of social class as a “spectrum” of access to power and privilege, owning-class and middle-class people are understood to experience greater class privilege than do poor and working-class people due to their greater access to power and privilege. When relatively powerful people have the ability to impose policies and practices that benefit themselves at the expense of less powerful others, the potential for misuse of that power, or oppression, is present (Hanna, Talley, & Guindon, 2000). Classism, then, is defined as the oppression of the poor and working class “through a network of everyday practices, attitudes, assumption, behaviors, and institutional rules” (Lott and Bullock, 2007, p. 60). Institutional
**classism** consists of policies and procedures enacted by social institutions that have a disproportionately negative impact on the lives of poor and working-class people (Lott & Bullock, 2007). Relatedly, *individual classism* reflects the individual negative beliefs, stereotypes, and prejudices held about poor and working-class people (Lott & Bullock, 2007). Indeed, social psychological research indicates that poor and working-class people are often seen in a negative light compared to middle-class people, and may be stereotyped as being lazy, crude, ill-tempered, and criminal (e.g. Cozzarelli, Wilkinson, & Tagler, 2001).

Educational, legal, and health disparities that affect poor and working-class people suggest the operation of classism within significant social institutions. For example, as a society, Americans spend less money to educate poor and working-class students in public schools than middle-class and wealthy students (Kozol, 2005). Poor students are more likely to experience less than optimal educational conditions, including large class sizes, overcrowding, poor school conditions, less experienced teachers, and harsh disciplinary practices, that increase their likelihood for academic failure (Fine, Burns, Payne, & Torre, 2004). Scholars have noted that racism and classism interact to produce the so-called "school-to-prison pipeline" (Wald & Losen, 2003), in which poor youth of color, particularly those in special education classes, are increasingly alienated from the school environment and are more likely to come in contact with the justice system (Wald & Losen, 2003). Classism within the legal system is evidenced by the fact that the incarcerated population is primarily comprised of people with lower education attainment, experiences of unemployment, and low income (Harlow, 2003). The majority of people who end up in prison were not able to afford legal representation at the time of their trial, and thus relied on the services of public defenders (Silverstein, 2003). Further, once people are
convicted of felonies, they lose the right to vote (Beeghley, 2008), so the higher rates of incarceration for people with less access to resources further reduces their political power.

With regard to health disparities, poor and working-class people report increased chronic physical ailments as well as mental health concerns compared to middle-class people (Kessler, Chiu, Demler, & Walters, 2005; Krieger, Quesenberry, Peng, Horn-Ross, Stewart, Brown, et al., 1999; Menec, Shooshtari, Nowicki, & Fournier, 2010). Poorer people are at greater risk for health concerns due to their increased exposure to stress and environmental toxins as compared to their wealthier counterparts (APA Task Force on SES, 2006), and their limited access to healthcare and health insurance (e.g. Beegley, 2008; Levy & O’Hara, 2010). Scholars have found that increased exposure to stressful events also contributes to the higher prevalence of mental health concerns among poor and working-class people (e.g. Rayburn, Wenzel, Elliott, Hambarsoomians, Marshal, & Tucker, 2005). Specifically, financial and work related stressors, including low control in one’s workplace and limited access to resources (e.g. Griffin, Fuhrer, Stansfeld, & Marmot, 2002), are significant factors in the mental distress poor and working-class people experience.

Correspondingly, the field of psychology has traditionally normalized middle-class experiences and worldviews and denigrated those of poor and working-class people (Lorion, 1974a). Scholars have indicated the general deficiency of research attention to the experiences of poor people in the psychological literature (Lott, 2002; Reid, 1993; Saris & Johnston-Robledo, 2000). Moreover, poor and working-class clients have been described as unintelligent, unsophisticated, highly pathological, and therefore, as highly undesirable clients (Berstein, 1964; Heitler, 1976; Myers & Schaffer, 1954). Siassi and Messer (1976) noted that therapists’
unacknowledged negative attitudes toward poor clients likely inhibited the establishment of trust and rapport in the therapeutic relationship, which in turn hindered the effectiveness of treatment -- a view that has been echoed by psychologists over the decades since then (e.g., Dumont, 1992; Schnitzer, 1996).

Among the small number of psychologists who have studied the psychotherapeutic experiences of poor and working-class people, feminist therapists have lead the charge (e.g., Denny, 1986; Hill & Rothblum, 1996). With their focus on establishing egalitarian therapeutic relationships, honoring traditionally marginalized voices, and illuminating and challenging oppressive social forces, feminist therapists have offered a social justice framework for understanding poor and working-class peoples’ experience of class oppression. In their qualitative studies with poor women, Goodman, Glenn, Bohlig, Banyard, and Borges (2009) found that women valued transparency on the part of clinicians, which allowed them to establish a more trusting relationship. In her interviews with working-class women, Chalifoux (1996) found that participants were aware of class differences between themselves and their class-privileged therapists. Further, the women in this study reported that therapists who did not acknowledge these class differences and avoided discussing class altogether made them feel less comfortable bringing many of their concerns to session, undermining the establishment of trust and openness in the therapeutic relationship.

As important as these studies were in indicating the need to attend to the experiences of poor and working-class clients in psychotherapy, the extent of their focus upon class-related experiences is ambiguous. Moreover, both were conducted with small groups of women, leaving the experiences of poor and working-class men in need of exploration (Liu, 2002). Studies that
more deeply and specifically explore the class-related therapeutic experiences of poor and working-class people can help build a research foundations for more accurate theory-building and the provision of relevant, effective, and beneficial mental health services for this population. Toward this end, this study employed a grounded theory qualitative approach to generate a theoretical model regarding the psychotherapeutic experiences of poor and working-class clients from the narratives of class-oppressed clients themselves.
Chapter II

Literature Review

Americans routinely endorse the notion that the United States is a classless society, in which people born into any circumstances have the opportunity to better their economic situation through hard work and ingenuity (Baker, 2005; Kluegel & Smith, 1986; Shepelak, 1989). Indeed, United States history books make little mention of social class beyond well-known rags-to-riches stories of immigrants, particularly those European immigrants who arrived in the nineteenth and early twentieth centuries (Loewen, 2007). Although social stratification does not find common reference within American popular culture, historians, economists, social scientists, and psychologists have commented on the existence of class stratification in the United States and its impact on all members of society (e.g. Lott & Bullock, 2007; Zweig, 2000; Zinn 2003).

Zweig (2000) noted that “classes are groups of people connected to one another, and made different from one another, by the ways they interact when producing goods and services” (p. 11). Similarly, Smith (2010) characterized social class as “a spectrum of positions that is associated with differences in access to power and different assignments of social privilege” (p. 6). This conceptualization of social class, which describes the relationship of economic resources to social and political power, will be presented in more detail in this chapter. The discussion will begin with a historical overview of the evolution of class stratification in the United States, which refers to the differential distribution of power and prestige in society. This analysis will demonstrate how economic variables such as property ownership, income, and wealth are associated with power and status. A conceptual framework for social class will follow, demonstrating the hierarchical nature of the modern class structure. Next, classism, or oppression
on the basis of social class, will be explicated and societal examples and costs of classism will be explored. The discussion will continue with evidence of the manifestation of classism in psychology and a review of the field's efforts to address its lack of adequate service to poor clients. Finally, the aims of this study will be presented.

The History of Class Stratification in the United States

The belief that the United States would be a society without social class stratification existed almost from the earliest days of the English colonies. Main (1965) noted that people were drawn to the American colonies in the eighteenth century because of the opportunity for class mobility purported to exist there. The American colonies, then, were seen as “open” societies, in which people could improve their class status (Main, 1965, p. 5). This notion of open society was seen as a contrast with the relatively closed aristocracy of England, in which class status was inherited at birth, making true class mobility nearly impossible. Indeed, through the use of tax lists and other primary historical documents, Main (1965) estimated that approximately 40% to 60% of White colonists without property were able to obtain property within a 20-year span in the mid-eighteenth century. Main (1965) concluded however, that the class system quickly became increasingly rigid due to the dwindling availability of land at the frontier and the concentration of land ownership among large, wealthy landowners.

Property-ownership itself is central to a discussion of social class in that it has often been directly linked with political power (Zinn, 2003). In this context, power is defined as “the ability of groups or individuals to carry out their will even over the opposition of others” (Gilbert, 2008, p. 249). Thus, property owners held influence in society in ways that people without property did not. For example, only property-owners could vote, both prior to and after the Revolutionary
War (Zinn, 2003). In fact, when the Constitution was first adopted in 1789, only property owners who paid taxes could vote (Beeghley, 2008). Further, in New England, where town hall meetings flourished, people without property could not participate in these gatherings (Beeghley, 2008). Main (1965) confirmed that all elected officials were landowners, with the consequence that property-less people were unrepresented politically. Therefore, property-less people had little or no power to influence the election of public officials, the development of legislation, or the creation of public institutions.

The relationship between property and political power raises the question of who owned property in the early years of United States history and who did not. In general, White men were landowners while slaves, women, Native American people, and White indentured servants were not (Zinn, 2003). Free Blacks could own property, but they had to own a substantially larger amount of land than did Whites to receive voting rights (Zinn, 2003). Certainly, the claims of Native Americans to land rights were not respected, as Native peoples were forced to abandon ancestral lands as they were pushed west in a procession of broken treaties (Zinn, 2003). Further, despite Main’s (1965) assertion that class mobility was possible for landless Whites, Zinn (2003) reported that 80% of White indentured servants failed to transcend their lower class status. Either they died before they earned their freedom, returned to Europe, or became “poor Whites” – that is, they remained property-less and became tenants on the land of large property owners, usually working for very low wages (Zinn, 2003, p. 47). In “classless” America, wealthy Whites were concerned enough about the potential for uprisings by these disenfranchised groups to enact a number of laws preventing their association with each other. Zinn (2003) noted several examples of such government actions: laws were passed to keep Black slaves from traveling to Indian
territory, and treaties were established with tribes to return fugitive slaves; Whites were offered payment from local governments for proof of murdering Native Americans; and laws that restricted the ability of free Blacks to be merchants and artisans were implemented to reduce competition for White workers.

Notably, laws like these effectively supplanted class uprisings with racial conflict, as they provided concessions to poor Whites and White indentured servants to encourage loyalty and allegiance to wealthy Whites (Buck, 2007). Accordingly, following the Civil War, former plantations seized by the Union army were re-released to wealthy, White landowners in the south along with wealthy Northerners. Former slaves who had worked this land for decades (and poor Whites as well) then paid rent to farm it for the new landowners, a fiefdom-like arrangement known as sharecropping (Beeghley, 2008). As White landowning families accumulated wealth from centuries of unpaid slave labor -- and then low-wage labor by former slaves, their descendants, and poor Whites -- race became inextricably linked to class in American society.

Revolutionary America, therefore, has been conceptualized as having three social classes: the lower class or “permanent proletariats,” consisting of slaves, indentured servants, and property-less Whites; the middle class, consisting of small landowners, such as farmers, merchants, tradesman, and professionals; and the upper class, who were large property owners (Main, 1965, p. 274).

**Modern class stratification.** Two major economic shifts occurred to affect modern class structure in the United States. First, the industrialization of the economy in the nineteenth century lead to the creation of manufacturing and other manual labor jobs in which people were paid wages to produce goods (Beeghley, 2008). This class of people, considered the working
class or, later, "blue collar" workers, differed from the middle class of Revolutionary times: they sold their labor to land and factory owners for wages, whereas the Revolutionary middle class had owned their means of production, whether it be their land or services. The middle class of the Revolutionary era, therefore, could be considered small business owners or self-employed people, whereas blue-collar workers were not. Second, a transition from an industrial society, in which most workers were engaged in the production of goods, to a post-industrial society, in which the economy became more service-oriented, occurred in the United States in the mid-twentieth century (Gilbert, 2008). This shift resulted in fewer well-paying manual labor and manufacturing jobs for working-class people, as these jobs were outsourced overseas, and the increase of lower-paying service jobs, such as janitors, clerical workers, and hospital aides. These economic changes set the stage for the modern differentiation of social classes, at least in economic terms.

In the following sections, the rationale for using a social class analysis, rather than commonly used indicators like socioeconomic status, to understand the differential distribution of power and resources in society will be explicated. A social class taxonomy will then be provided. This social class framework, proposed by Zweig (2000) with important qualifications proposed by Gilbert (2008) and Leondar-Wright (2005), incorporates the ways in which economic resources currently relate to access to social resources and political power.

Social Class Analysis

In a review of multiple domains of scholarship, the American Psychological Association’s (APA) Task Force on Socioeconomic Status (2006) reported three primary frameworks for understanding an individual’s social and economic standing: a) materialist
approaches, b) gradient approaches, and c) social class-based approaches. These frameworks differ in their conceptualization of the unit of analysis (socioeconomic status versus social class groups) and the degree to which inequality and power are incorporated into their analyses.

**Material approaches.** According to a materialist perspective, one’s *socioeconomic status* (SES) indicates one’s ability to access to material resources such as housing or health care (APA Task Force on SES, 2006). SES is often indicated by factors like income, education, and occupation in combination or in isolation – consider, for example, the use of “low-income” as a designator for low SES. Lower SES people are also associated with lower levels of formal education, and therefore having less access to higher status and higher paying jobs, healthcare, housing, and other resources. Higher SES people, then, have greater access to these material resources. Thus, materialist approaches to SES observe the existence of differential distributions of resources in society, and importantly call for greater access to resources for low SES people, without necessarily analyzing the conditions that cause and/or maintain this differential access.

**Gradient approaches.** Gradient frameworks are relativistic approaches to SES in which the health and well-being of individuals at different positions along the SES spectrum are considered (APA Task Force on SES, 2006), producing such findings as the fact that higher SES is related to better health outcomes (e.g. Menec, Shooshtari, Nowicki, & Fournier, 2010). Gradient approaches go beyond materialist approaches to recognize that access to material goods and services is connected to access to social resources, such as the social network one attains when attending elite private schools. Furthermore, gradient approaches conceptualize the differential distribution of resources as societal inequality, in which people at different socioeconomic positions fair better than the people below them, but worse than the people above
them. We can see that this conceptualization does not contradict the existence of a social hierarchy, but like materialist approaches, gradient approaches do not, for the most part, attempt to account for factors that may construct and maintain this hierarchy.

**Social class-based approaches.** The contribution of social class-based analyses is the contextualization of societal inequality (APA Task Force on SES, 2006). Unlike socioeconomic status, social class is understood to represent “social groups arising from interdependent economic relationships” (Krieger, Williams, & Moss, 1997, p. 344). Thus, social classes are defined by the social and economic power they have in relation to each other. Social class theorists hold that the inequitable distribution of social and economic power functions to maintain the wealth, power, and privilege of social classes at the top of the hierarchy by disenfranchising social classes at the bottom of the hierarchy (Beeghley, 2008; Zweig, 2000). By contextualizing socioeconomic inequality in this manner, social class analyses provide an optimal method for exploring class consciousness and class-based interpersonal prejudice and institutional discrimination (APA Task Force on SES, 2006).

**Social class theory.** Social class analysis is facilitated through the definition of social class as a construct and the identification of a social class taxonomy, an undertaking that has primarily been the domain of sociologists. Sociologist David B. Grusky (1994) contended that class analysis is rooted in explanations of the nature of the inequitable distribution of resources in society and how this inequality results in social stratification. Many theories exist to explain the processes that contribute to class stratification. These theories can be differentiated by the types of resources believed to play critical roles in determining an individual’s location in a
social hierarchy, though most theories emphasize a multidimensional model of stratification (Grusky, 1994). In order to understand the scope of class stratification theory, the work of two influential class theorists will be briefly presented, along with additional considerations posed by modern class theorists. The social class framework that will be used in this study will then be explicated.

**Marx and post-Marxists.** German economist and political theorist Karl Marx (1894) proposed a two-class stratification model in which economic resources are distributed based on individuals’ relations to production: capitalists, or bourgeoisie, owned the means of production, such as the land, factories, and businesses; and workers, or proletariat, sold their labor to engage in the process of producing goods. According to Marx (1894), workers were exploited by capitalists because they were compelled to work in order to earn the basic necessities in life and had no control over the means of production.

Post-Marxists (e.g. Dahrendorf, 1959) elucidated more complex relations to production beyond the strict capitalist-worker divide that are differentiated by their relationships to *physical capital*, referring to the actual means of production, *money capital*, referring to control over investments and profits, and *labor* (Wright, 1976). For example, the class of *petty bourgeoisie* (Wright, 1976) consisted of self-employed individuals who do not employ other workers, and thus do not directly engage in worker exploitation, but potentially control large amounts of money capital and physical capital (such as is the case with large property owners who lease their holdings). Managers and supervisors are seen as having some control within the means of production and some power over workers, but are also exploited by the capitalist class and have no control over money capital. Small business owners owned a means of production (their
business), held an exploitive relationship with workers, but also labored in the production of goods and do not acquire large amounts of money capital (Wright, 1976). These class positions were introduced by post-Marxist theorists to account for the “new middle class” of professionals and nonmanual workers that accompanied the shift from industrial economies to post-industrial, service-oriented economies (Dahrendorf, 1959).

Weber and post-Weberians. Grusky (1994) noted that the social stratification framework provided by German political economist Max Weber was more amenable to the existence of a spectrum of class statuses. According to Weber (1922), social stratification occurred along three indices. The first, class, consisted of economic resources, specifically property ownership. The second, status, referred to the level of social prestige conferred to a status group, which was a community of people who shared a common lifestyle by engaging in similar social activities and valuing similar goods and services. The final indicator, party, referred to political power and influence, including workplace and societal authority. Weber held that these three indices interacted to determine one’s social location, such that an individual’s amount of economic resources determined the lifestyle they were able to afford. Further, people's status contributed to the degree of access they had to powerful social networks, which would also determine their political influence. Weber proposed that social classes, particularly those with greater resources, engaged in social closure, a process by which group members seek to maintain and increase the advantages of the group. This necessarily means protecting one’s resources from members of social classes with fewer resources.

Additional class stratification considerations. Grusky (1994) identified three additional types of resources that sociological theorists often associate with social stratification: cultural,
civil, and human resources. Sociologists like Pierre Bourdieu focus on the distribution of cultural resources, such as knowledge and practice of good manners, access to expensive goods and services, and appreciation for culturally-valued art and literature. Others consider the distribution of civil rights, including the rights to own property and vote and the freedom of association and speech. Finally, some, including American economist Gary Becker, consider the importance of the distribution of human resources, such as formal education, job-related skills, and perceptions of expertise. In a review of stratification research, Sorensen (1994) acknowledged that sociologists have not yet come to a consensus about the causes and characteristics of class stratification; however, Sorensen (1994) maintained that sociologists commonly include the variables of “class, status, and power” in their analyses (p. 229), referencing the collective importance of economics, social prestige, and power in class analysis. Thus, the social class framework used in this study, which follows, is inclusive of these factors.

A social class taxonomy. As previously mentioned, Smith (2010) characterized social class as differential “access to power” and “social privilege” (p. 6) Sociologist Gilbert (2008) provided a breakdown of three important domains to consider in understanding social class power and privilege: a) economic factors, including occupation, wealth, income, and poverty; b) social factors, including prestige, association, socialization, and social mobility; and c) political factors, including power and class consciousness. Gilbert (2008) suggested that it is the relationships among these factors, rather than any one factor in isolation, that provides a more accurate description of a person’s social class location.

Such conceptualizations of social class differ substantively from the variables that are often used to represent it. For example, income is a factor that is commonly used as a key
identifier for social class. However, people in a variety of jobs such as middle school vocational education teachers, boilermakers, nutritionists, respiratory therapists, and pile driver operators earn between $51,000 and $53,000 per year (Lorenz, 2009). As the median income in the United States in 2008 was $49,777 (DeNavas-Wait, Proctor, and Smith, 2010), using “income” as a substitute for social class would likely mean that the people working in all of these jobs would be considered “middle class.” However, there are significant differences between these jobs: middle school teachers and respiratory therapists, for example, have higher education requirements than pile driver operators and boilermakers, and as such, are also likely accorded a higher level of social prestige. Variables like income, therefore, correspond to relevant aspects of social class, but do not fully capture differential relationships to sources of socioeconomic power.

Zweig (2000) provided a simple social class typology that accounts for the social class domains proposed by Gilbert (2008) and effectively incorporates an analysis of power relations between members of different social classes. In particular, Zweig (2000) defined the key components of social class as: a) the degree of power and authority people have at work; b) the relationship people have to means of production (that is, how goods are produced); and c) the “power some people have over the lives of others” (p. 11). He proposed a social class hierarchy with four groups, as did class theorist and activist Leondar-Wright (2005) a few years later. Working from these two similar conceptualizations results in a typology containing the following groups: the owning class, middle class, working class, and poor.

**Owning class.** The owning class (terminology adopted from Leondar-Wright, 2005; see Smith, 2010), often also called the upper class or wealthy, owns sufficient wealth that they do
not have to earn wages or a salary to support themselves. Additionally, owning-class people own the *means of production*. That is, they own the resources (including land, buildings, and corporations) from which the members of other classes make their living. By virtue of their economic power, the owning class has considerable political and social power as well. For example, running for prominent political office in this country is becoming the domain of class elites. In 2004, congressional winners outspent losers by an average of $850,000 (Beeghley, 2008). In fact, 54% of the United States senate was comprised of millionaires in 2010, with another 4% closely approaching this level of wealth before the midterm elections (Alfano, 2010).

Speaking to Gilbert’s (2008) social criterion of association, or pattern of interpersonal contact between members of the same class, Beeghley (2008) notes that the majority of political donors have high incomes, and 61% of these donors know their congressional representative personally.

**Middle class.** The *middle class* consists of people who must work for a living, selling their services for income, but unlike working-class people, they have “considerable authority and flexibility” in their workday (Zweig, 2000), p. 23). Beeghley (2008) stated that because middle-class people are not paid by the hour and do not usually have to clock in, they can take advantage of informal sets of rules that allow them to develop somewhat flexible schedules. For example, if an accountant has to come in an hour late to work for a doctor’s appointment or leave early to pick up her children, she can often adjust the schedule of her workday accordingly, so long as her work gets done. Examples of the types of occupations consistent with the middle-class typology are supervisors and managers, professionals (including doctors and lawyers), small business owners, and teachers. They are more likely to have higher education levels than working-class people (though not always) and obtain salaried positions, rather than earn hourly
wages. Additionally, middle-class occupations often garner more social prestige than working-class positions (Gilbert, 2008). Though middle-class people tend to have higher incomes than working-class people, the “middle” in middle class suggests a “middle” level of power rather than income. As such, they can be both “exploitors” of the working class – in that they are able to buy low-cost goods and services that maintain lower wages for workers – and dependent on the owning class, on whom they rely for employment, political representation, and social modeling (Wright, 1989, p. 285). Additionally, while middle-class people do not have as much access to political power as owning-class people, middle-class people are widely represented within local and state legislatures, business organizations (such as Chambers of Commerce) and professional organizations (such as the American Psychological Association) (Smith, 2010).

With regard to social power, the middle class is also privileged by virtue of the fact that middle-class experiences, values, and worldviews are often seen as typical and normal (Smith, 2010). In particular, Liu, Pickett, and Ivey (2007) suggested that middle-class privilege is characterized by the belief that all people seek upward class mobility. In light of such a worldview, people who do not place importance on upward mobility or who do not consistently seek to get ahead by increasing their career-related achievements are perceived as unambitious and lazy (Liu et al., 2007).

**Working class.** In contrast to the relative control, representation, and flexibility that middle-class people have in the workplace, working-class people have little power over the “pace and content” of their workday (Zweig, 2000, p. 13). Beeghley (2008) elaborates that working-class jobs are accompanied by close supervision and a multitude of work rules, including “rules against talking, [and] against going to the bathroom without authorization” from
supervisors (p. 233). Working-class people must sell their labor to earn a living. Some of this work is salaried, but hourly-wage work is common. Working-class jobs consist of manual labor and factory work (often considered blue-collar employment) as well as service jobs, which often garner lower wages and fewer benefits than blue-collar work. Working-class people tend to have lower incomes and education levels than more privileged classes (though not always), and have less access to the institutional and legislative decision-making processes that impact their access to educational, health, and legal resources (Smith, 2010).

Historically, participation in labor unions was the primary means by which working-class people could access sociopolitical power (Zinn, 2003). By joining together and collectively leveraging their labor -- their one major asset -- working-class people in unions are able to lobby for workplace protections (AFL-CIO, 2011). However, with the rise in anti-communist sentiment following World War II, the influence of labor unions was weakened as they came under increased congressional scrutiny and regulation (Zweig, 2000). With the reduced political power of unions came a decline in union membership: union membership peaked in 1953, when 35.5% of the total workforce was unionized (Labor Research Association, 2002). Today, only 11.9% of workers are union members (Bureau of Labor Statistics, 2011).

Poor. Finally, poor people are most often working-class people who, through life crises, low wages, unemployment, or underemployment, do not have enough income to provide for the basic needs of themselves and their families (Zweig, 2000). The link between poverty and the working-class contradicts the assumption that poor people consist of an “underclass” of people who are chronically, intergenerationally unemployed and dependent on government assistance (Zweig, 2000, p 77). This link also speaks to the greater financial instability and more perilous
potential for downward social mobility of working-class people than those of more privileged classes. Accordingly, United States Census data demonstrate that chronic poverty is relatively rare, while the risk of poverty for working people is increasing. Between the years 2001-2003, only a small percentage of the population (2.4%) experienced chronic poverty, such that they lived under the poverty line for at least three years (with the poverty threshold for a family of four set at $21,954 in 2009, DeNavas et al. 2010; Stern, 2008). However, a full 31% of Americans have endured at least one episode of poverty lasting two months or more between 2004 and 2007 (DeNavas-Wait, Proctor & Smith, 2009). Further, the U.S. Department of Labor (2010) estimated that 8.9 million people comprise the “working poor” who collect poverty-level incomes despite their participation in the workforce for at least 27 weeks of the year. Working poverty has been on the rise in the United States, with 1.4 million more Americans identified as working-poor in 2008 than 2007. Among working poor individuals with histories of full-time employment, 85.8% reported that low wages, periods of unemployment, or forced part-time employment contributed to their financial insecurity. It should be noted that 70% of working poor individuals received low wages in 2008, and upwards of 38% experienced unemployment, an increase from 29% from the year prior (U.S. Department of Labor, 2010).

**Class privilege and oppression.** Considering that social class exists along a “spectrum” of access to power and privilege (Smith, 2010), owning-class and middle-class people can be considered class-privileged people due to their relative access to power and privilege as compared to poor and working-class people. When more powerful people have ability to enforce rules, policies, and ideologies that benefit themselves at the expense of less powerful others, the potential for oppression exists (Hanna, Talley, & Guindon, 2000). Hanna and colleagues (2000)
reflected that oppression can be carried out by force, such as when negative labels or harmful life circumstances are imposed by more powerful people onto less powerful people, and through the deprivation of necessities or desired outcomes. These scholars noted that oppression can be overt or covert, and direct or indirect. Indirect, or secondary, oppression occurs when a group or individual indirectly benefits from the oppression of less powerful people, even if they do not blatantly oppress less powerful others by force or deprivation. Further, Hanna and colleagues (2000) noted that all forms of oppression “detract from physical and psychological well-being” (p.431). In the following sections, classism, the operating form of oppression with regard to social class, will be explored in the context of U.S. society and the field of psychology, which has a discernible history of excluding and pathologizing poor and working-class people in theory-building and practice.

**Societal Classism: Outcomes and Costs**

By virtue of their relatively low levels of power and status, poor and working-class people face considerable class-related prejudice and exclusion, as will be outlined in this section. *Classism* is defined as the oppression of the poor and working-class “through a network of everyday practices, attitudes, assumption, behaviors, and institutional rules” (Lott and Bullock, 2007). Lott and Bullock (2007) identified classism as occurring at the individual and institutional level. *Individual classism* consists of the individual negative beliefs, stereotypes, and prejudices held about poor and working-class people. *Institutional classism* reflects policies and procedures enacted by social institutions (e.g. education system and legal system) that disproportionately negatively impact poor and working-class people. The following sections will discuss the manifestation of classism at both the individual and intuitional level in American society.
**Individual classism: attitudes toward the poor.** To access individuals’ attitudes toward poor people, researchers have assessed the descriptors that individuals assign to poor people as well as the attributions people make about the causes of poverty. In the studies that follow, poor and working-class people are frequently viewed more negatively than middle-class people, and are even viewed more negatively than other marginalized groups in society.

Landrine (1985) surveyed 44 undergraduate students about how they thought “society” perceived poor and middle-class women. Landrine (1985) found that participants were significantly more likely to attribute positive characteristics to middle-class women and negative attributes to poor women, characterizing middle-class women as ambitious, competent, happy, intelligent, and warm. In contrast, poor women were characterized as confused, dirty, hostile, impulsive, inconsiderate, and irresponsible.

Cozzarelli, Tagler, and Wilkinson, (2001) also assessed for negative attitudes toward the poor by comparing attitudes toward poor people and middle-class people in a sample of 209 predominately White, middle-class college students. Cozzarelli et al. (2001) found that participants held significantly more positive attitudes toward middle-class people than poor people. On average, participants held both positive and negative attitudes toward poor people, characterizing the poor as friendly, loving, and nice, but also as uneducated, lazy, unmotivated, criminal, and drug addicted/alcoholic. In comparison, participants cast middle-class people in a uniformly positive light, identifying middle-class people as hard-working, healthy, intelligent, responsible, and capable. Thus, Cozzarelli et al. (2001) contended that using middle-class people as a comparison group elucidated the relatively negative attitudes college students hold about the poor in a way that may not have emerged without this comparison group.
Focusing upon one stereotype of the poor that Cozzarelli et al (2001) illuminated, Smith, Bowen, and Allen (2010) examined the relationship people construct between poor people and criminality. Smith et al. (2010) presented participants with a list of non-violent crimes and everyday examples of rule-breaking, and asked participants to identify which social class group they most associated with these infractions. Participants reported that members of any social class group could commit the majority of the infractions; however, poor/low-income people were associated with significantly more infractions than wealthy/high-income, working-class, and middle-class people when participants made associations between social class and misbehavior. Some of the items that poor people were associated with made reference to specific poverty-related experiences, such as, “Having additional children to increase one’s welfare payments.” Smith et al. (2010) identified these items as “class-tagged,” and noted that participants tended to associate “class-tagged” items with the related social class group for poor, working-class, and wealthy/high-income class-tagged items. However, poor people were further associated with misbehaviors that did not have cues for any social class. For example, participants identified poor people as the people who would most likely sell drugs on a street corner, not bathe often enough, and use a stolen credit card. According to Smith et al. (2010), the infractions typically associated with the poor characterize poor people as “dishonest,” poor parents, closely associated with drugs and alcohol, and “disorderly” (p. 46-47).

Lott and Saxon (2002) suggested that social class stereotypes contribute to both “institutional and interpersonal exclusion” (p. 495), such that working-class people are perceived as undesirable in both decision-making positions and in interpersonal relationships. Lott and Saxon (2002) surveyed 1,063 participants, a sample primarily comprised of college
students but which also included parents and teachers recruited from Parent-Teacher Organizations (PTO), about their first impressions of a woman, based on a vignette and picture, who was running for the Vice President position of the PTO at her child’s school. The ethnicity and social class of the woman in the vignette was manipulated, such that the woman was described as ethnically Jewish American, White Anglo-Saxon, or Latina, and as working-class or middle-class. Regarding ethnicity, participants found the Latina woman to be more unsuitable for this position than the Jewish American and White Anglo Saxon women. Furthermore, when the woman in the vignette was working-class, participants rated her as less perfectionistic, cruder, more irresponsible, and more unsuitable for the position of PTO Vice President than the middle-class woman, across ethnicity. In a second study, Lott and Saxon (2002) provided 432 college students with a vignette that asked them to imagine the woman described being brought home as the new girlfriend of a brother or cousin. Again, participants rated the working-class woman as cruder and more irresponsible than the middle-class woman in the vignette.

Researchers have also found that particular groups of poor people, namely welfare recipients, are evaluated more negatively than other groups who commonly face societal oppression. In one such study, Fiske, Xu, Cuddy, and Glick (1999) asked university students about their perceptions of how 17 commonly stereotyped groups, including Blacks, gay men, feminists, disabled people, and welfare recipients, were viewed by society. Participants in this study rated these groups on 27 adjectives that corresponded to warmth and competence. For example, warmth was captured by adjectives such as “likable” and “sincere,” and competence was captured by “industrious” and “intelligent.” Researchers found that 16 of the 17 groups fell into two clusters, identified as “warm but incompetent” (such as disabled people and
housewives) or “competent but cold” (such as Jews and rich people); therefore, each of these groups were primarily rated negatively on one trait dimension and positively on the other. Only welfare recipients were rated by participants as being widely perceived as both unlikable and incompetent.

**Attributions for poverty.** Social theorist Joe R. Feagin (1975) was among the first to categorize the explanations people gave about the causes of poverty, and successive scholars have linked the types of attributions people make to their attitudes toward poor people. Feagin (1975) identified three categories of poverty causes: a) *individualistic/ internal attributions*, which place responsibility on poor people for causing their poverty by virtue of their level of motivation or some other personal trait; b) *structural/external attributions*, which hold external social, institutional, economic forces responsibility for poverty; and c) *fatalistic attributions*, which fault uncontrollable factors such as bad luck for poverty. Subsequent authors have added *cultural attributions* of poverty, which suggest that deviant ways of being have been passed down generationally through poor families, which contribute to their lack of class mobility (Cozzarelli, Tagler, & Wilkinson, 2002).

Bullock (1999) compared attributions of poverty and attitudes about public assistance held by middle-class people and poor people. Middle-class participants were more likely to make individualistic attributions of poverty than structural attributions. In contrast, poor participants were significantly more likely to endorse structural attributions of poverty than individualistic attributions, and were also more likely to endorse structural causes of poverty than middle-class people. Ultimately, Bullock (1999) found that participants’ attributions of poverty were related to their attitudes toward welfare. It follows that participants who endorsed individual causes of
poverty felt welfare was not justifiable, and also saw the need for greater limitations on welfare benefits, whereas participants who acknowledged the structural explanations of poverty also believed welfare is needed in society.

In their study of the differences and similarities in the attitudes towards poor women and poor men, Cozzarelli, Tagler, & Wilkinson (2002) demonstrated the relationship between attitudes toward poor people and attributions for poverty. Participants in this study were 206 college students, the majority of whom (92.2%) reported that they had not been poor growing up. Cozzarelli et al. (2002) found that the gender of poor people did impact the stereotypes applied. Poor men were perceived by participants to be more criminal, dirty, and alcoholic than poor women. Poor men were also seen as less hardworking, healthy, friendly, and family-oriented than poor women. Despite the fact that participants held more positive attitudes toward poor women, participants reported that poor women had too many children. In fact, these gendered stereotypes contributed to participants’ attributions of poverty for poor men and women. Overall, participants were more likely to make internal attributions of poverty than external attributions. For poor men, the internal attributions of poverty centered around lack of agency, laziness, and inability to manage money, while poor women’s poverty was attributed to having too many children and non-traditional family structure, in addition to lack of effort. Further, participants in this study who held more negative attitudes toward the poor were more likely to make internal attributions for poverty, whereas having more positive feelings toward to poor was associated with higher endorsement of external attributions for poverty and lower endorsement of internal attributions. Overall, this sample was most likely to make internal attributions for poverty and least likely to endorse external attributions for poverty.
Given the relationship between positive attitudes toward the poor and structural attributions of poverty, it stands that scholars would want to investigate the variables that predict structural attributions of poverty, particularly among people in the helping professions. In a study of the attributions for poverty made by 158 masters-level counseling psychology students, Toporek and Pope-Davis (2005) found that greater awareness of racial discrimination and other race-related issues in society and greater exposure to multicultural material through graduate courses predicted a tendency to make structural attributions for poverty.

**Media representations of poor and working-class people.** Negative and/or decontextualized images of poor and working-class people frequently find representation in the mainstream media, when they are portrayed at all. To better understand the ways poverty and poor people were represented in the media, and how these images shaped people’s attributions of poverty, Iyengar (1990) analyzed all 191 television news broadcasts between 1981 and 1986 that discussed issues related to poverty and welfare. He identified two distinct story frames present in the news broadcasts. Stories with an *episodic* frame depicted poverty in the context of personal experience, where the audience is shown one individual or family’s unique experience living in poverty. Newscasts with a *thematic* frame presented poverty in the context of public policy and larger societal trends, such as changes in the number of people living in poverty. Iyengar (1990) found the episodic frame was used in 60% of the total news stories, contending that “from the perspective of television news, poverty is clearly an individual-level rather than societal phenomenon” (p. 22).

To test how newscast framing influenced individuals’ attributions of poverty, Iyengar (1990) designed an experimental study, in which an unidentified number of participants were
randomly assigned to conditions where they viewed either a thematic-framed news broadcast or an episodic-framed broadcast about poverty. He found that participants who viewed poverty-related news broadcasts with a thematic frame were more likely to see poverty as having social causes, and were less likely to hold individuals responsible for poverty. When news broadcasts were presented with an episodic frame, participants’ attributions varied based on the subject of the news story. Participants were more likely to assign personal responsibility for poverty when the subject was a single mother, but more likely to endorse societal causes of poverty when the subjects were poor children or unemployed men. Iyengar (1990) suggested that participants did not hold the latter two subjects responsible for causing their impoverishment, which prompted participants to consider the external, systemic causes of poverty. According to Iyengar (1990), these findings suggest that the predominant use of episodic frames in news stories about poverty may promote individualistic attributions of poverty among viewers.

Using this frame analysis with print media, Bullock, Wyche, and Williams (2001) examined 412 articles focusing on welfare reform and poverty in the United States that appeared in 9 widely circulating newspapers between April and July 1999. The authors attempted to categorize the frame of the articles as either episodic (individual focused) or thematic (focused on structural or society-wide factors). They found that 23 articles (6%) had an individual-focused frame. Thirteen of these articles focused on individuals who, through hard work, lifted themselves out of poverty. The remaining 10 episodic articles focused on individuals who faced multiple individual barriers to economic opportunities, such as drug and alcohol addiction, which framed poverty as inescapable these individuals based on their personal life circumstances and
“bad luck.” Thus, the episodic articles largely presented poverty as arising from individual or fatalistic circumstances.

Though the remaining articles did not cleanly fit into Iyengar’s (1990) thematic frame, Bullock et al. (2001) reported that the remaining 233 articles focused on how states were handling the implementation of welfare reform. 60% of these articles portrayed poor people and welfare recipients in a positive or sympathetic light. Specifically, poor people and welfare recipients were seen as industrious and deserving of aid. In contrast, 17% (42) articles portrayed welfare recipients negatively, primarily depicting them as addicts and inadequate parents. Bullock et al. (2001) noted that regardless of tone or content of the articles, the articles presented poverty in a de-contextualized manner that largely did not address the structural causes of poverty.

In an analysis of the depictions of working-class people on television, Bettie (1995) found that, of all 35 sitcoms on air in 1994, only eight portrayed working-class families. Additionally, working-class women were the lead roles in four of the six total sitcoms (out of 35) that centered around a female lead character, and four of the eight working-class sitcoms centered around the experiences of a Black working-class family. Thus, Bettie (1995) noted that the image of who is working class, based on television portrayals “which inform folk understandings of class differences” (p. 129), is changing to focus on the experiences of women and people of color (Bettie, 1995).

Bettie (1995) emphasized that, historically, the working class has been represented by a White, heterosexual man employed in a manual labor position who acts as an “incompetent, arrogant, and bumbling buffoon” (p. 128), akin to the Archie Bunker character from the 1970’s
sitcom *All in the Family*. As the portrayals of working-class people became somewhat more inclusive of women and people of color, Bettie (1995) found that, increasingly, images of working-class people invoked “exaggerated sexuality” against which “middle-class respectability is defined” (p. 138). It appears that the stereotypical media portrayals of working-class people arise from perceptions of what the middle-class *is not or does not* do; accordingly, working-class people engage in the “excesses” that middle-class people refrain from, including “junk food, perversions of sex, cheap commodities, and generally loud and tactless behavior” (Bettie, 1995, p. 141). Similar to the aforementioned research findings of media portrayals of poverty, Bettie (1995) argued that television portrayals of working-class people rarely alluded to systemic class oppression that contributed to the hard times these characters and their families faced; instead, story-lines often centered around characters’ attempts at class mobility.

**Classist microaggressions.** In addition to the scholarship attesting to the negative attitudes commonly held about the poor and the negative images of poor and working-class people that appear in the media, an emerging literature documents the negative messages about poor and working-class people that are regularly communicated to them in interpersonal interactions and within the context of their physical environments. These incidents can be understood as *microaggressions*, which are the subtle, everyday expressions of negative or denigrating messages to marginalized groups of people (Sue, Bucceri, Lin, Nadal, & Torino, 2007). Microaggressions can take the form of *verbal* comments and *nonverbal* behaviors in interpersonal exchanges, as well the *environmental* cues in a physical setting that communicate negative messages to marginalized groups (Sue, Capodilupo, & Holder, 2008). Though the microaggression literature has primarily focused on racial microaggressions, and has yet to bring
a focus to classist microaggressions (Smith & Redington, 2010), the existence of denigrating, classist communications are increasingly documented by scholars in their work with poor and working-class people.

In qualitative studies with women receiving public assistance, women often describe being treated poorly by others (e.g. Rank, 1994). Nicolas and JeanBaptist (2001) found that women receiving public assistance reported “being talked to as if we are children” and “talked down to” by caseworkers in front of their children, experiences they described as “humiliating,” and “degrading” (pp. 304-305). Cognizant of the negative attitudes people hold toward welfare recipients (e.g. Fiske et al., 1999), many women in this study feared that they would be viewed as “lazy” and consequently did not disclose to family and friends that they were receiving public assistance (Nicolas & JeanBaptist, 2001, p. 305).

Similarly, in interviews with homeless mothers, Banyard (1995) found that nearly one-fifth had experienced stressful situations in which they were treated disrespectfully by people who held negative stereotypes of homeless mothers, including social service employees and shelter staff. Some of these women noted that their own friends and family members had also communicated to them that they were “unfit mothers” (p. 878). Another common difficulty poor people experience in their interactions with social service agencies is having to open their private life to caseworkers, which implicitly reinforces the message they are not trustworthy. One group of women receiving public assistance described the experience of having their home lives continually evaluated as living “under a giant microscope,” identifying this experience as a significant source of stress for them (Collins, 2005, p. 18).
Examples of environmental microaggressions exist in the literature about the experiences of working-class people in college. Researchers have found that people from poor and working-class backgrounds feel unwelcome in college environments, particularly those characterized as prestigious or elite (Stewart & Ostrove, 1993; Wentworth & Peterson, 2001). When Ostrove (2003) interviewed women who attended a prestigious all-women’s college in the 1960s about their reflections of their college experiences, she found that women who had come from working-class background felt significantly more alienated on campus than women from upper-class backgrounds, with middle-class women’s sense of alienation falling between these two groups. For these women, feeling alienated on campus was accompanied by feeling both socially and academically intimidated, with one woman saying that this environment prompted her to believe, “I wasn’t as smart as I thought I was in high school” (p. 776). Wentworth and Peterson (2003) similarly found that working-class women attending a prestigious all-women’s college worried they would not succeed academically in this environment. One woman, who graduated from community college with scholarships and awards for her work, explained the different academic experience she had at the “seven sisters” school she later attended:

I started crying for no reason when it came time to turn in papers. They were my first papers at [this university] which I had built up to this big thing that I was never going to be able to do… In my mind I thought I was lucky to be here, that there was no reason to be depressed, but… something was out of whack (p. 17).

This woman had gone from having a “fun,” “positive experience” at community college, a place where she “fell in love with learning” (p. 17), to doubting her academic ability at the four-year
college. Other women in this study expressed similar decreases in their self-confidence when transitioning from a community college or work environment where they had succeeded to a four-year college environment. What factors contributed to the social and academic alienation described by the women in these studies? Some women alluded to their middle and upper-class peers’ effusive self-confidence and entitlement, identifying them as the people who were expected to be present in an elite college environment (Wentworth & Peterson, 2001). Often, individuals in these studies did not identify specific experiences or environmental cues that delivered the messages to them, but nonetheless described a pervasive sense of not belonging. The hard-to-define quality of these experiences is consistent with the reported experience of microaggressions, which are often described by researchers as nebulous and ambiguous (Solorzano, Ceja, & Yosso, 2000; Sue, Capodilupo, Torino, Bucceri, Holder, Nadal, & Esquilin, 2007). In a clear example of how subtle classist microaggressions can be, one first-generation college student from a working-class background described the nonverbal reaction she often received from people prior to enrolling in college:

Somehow conversations always get around to where you went to school. And it was always an uncomfortable moment… I’d say, well, you know I never had the opportunity, and something happens in the other’s mind… it’s involuntary, it’s just a little click in the back… you can see it. You can just see it. It’s true. It’s a fact. I think they are making a judgment (Wentworth & Peterson, 2001, p. 13).

Poor and working-class people’s everyday experiences of being judged negatively and being made to feel as though they do not belong in certain spaces mirror the microaggressions
experienced by Black Americans (Watkins, LaBarrie, & Appio, 2010) and women (Capodilupo, Nadal, Corman, Hamit, Lyons, & Weinberg, 2010). Smith and Redington (2010) contended that subtle classism can be as psychologically injurious as racial and gender microaggressions, which have been shown to be psychologically harmful for their targets (Harrell, 2000; Schmitt, Branscombe, Kobrynowicz, & Owen, 2002).

**Institutional classism: structural disparities.** Poor and working-class people contend with the policies, practices, and procedures of institutions that disproportionately disadvantage class-oppressed people on a day-to-day basis. The educational, legal, and health disparities faced by poor and working-class people speak to the operation of institutional practices and policies that deprive these people of equitable access to high-quality services.

**Education disparities.** Aspects of school environments that contribute to poorer academic outcomes are more likely to be part of the educational experiences of poorer students than their more affluent counterparts. In particular, poorer students are more likely to attend large, overcrowded schools that are housed in buildings in poor condition (Baker, Derrer, Davis, Dinklage-Travis, Linder, & Nicholson, 2001). These school characteristics are associated with lower standardized test scores, lower grades, poorer attendance, and diminished graduation rates, which are poor academic outcomes disproportionately experienced by poorer students (Christle, Jolivette, & Nelson, 2005). Baker et al. (2001) noted that schools are not “neutral settings” in which students are able to perform according to their skills and abilities (p. 407); rather, schools actively “configure and constrain opportunities for students’ success” through aspects of their organization and environment that Baker et al. (2001) contend are controllable and could be “altered to better support student learning” (p. 407).
Despite findings that improved school conditions could play a significant role in increasing academic success among poorer students, evidence suggests that schools with high proportions of poor students continue to suffer from low funding. Less money is spent on poor and working-class children in American public schools than wealthier children. Kozol (2005) reported that, in the school year of 1997-1998, the New York Board of Education spent $8,000 per child in public elementary schools in New York City, which educate higher rates of poor and working-class children and children of color, while spending $18,000 per public school student in the wealthier New York suburbs. Kozol (2005) argued that school funding is an example of classist institutional policies because school districts primarily receive funding through property taxes, and because neighborhoods and school districts are highly segregated by class, wealthier neighborhoods receive more funding for their schools than do poorer neighborhoods.

**School-to-prison pipeline.** The impoverished educational opportunities afforded to poor and working-class students appear to be directly related to increased contact with the justice system for poor people. This relationship, which has been called the school-to-prison pipeline (e.g., American Civil Liberties Union, 2011), describes how poor school conditions and increasingly punitive security and discipline practices employed in high-poverty schools – particularly against poor youth of color with learning disabilities (Balfanz, Spiridakis, Neild, & Legters, 2003) – alienate these students and increase their likelihood of becoming involved in the justice system (Wald & Losen, 2003).

The school-to-prison pipeline is evidenced by the fact that the incarcerated population is disproportionately comprised of people with lower education attainment, experiences of unemployment, and low income, all of which speak to the link between incarceration and social
class (Harlow, 2003). According to the statistics from the Bureau of Justice, approximately 41% of the people incarcerated in the United States have less than a high school education, compared to the 18% of the total population without a high school degree or GED (Harlow, 2003). Further, 47% of incarcerated drug offenders do not have a high school level education. Of the incarcerated without a high school diploma, 38% reported being unemployed prior to their entry to prison. Of those with more than a high school education, 20% were unemployed prior to entry (Harlow, 2003). Additionally, 80% of people who go to prison were not able to afford an attorney at the time of their trial, and instead relied on the services of a public defender (Silverstein, 2003). Moreover, because people convicted of felonies lose the right to vote (Beeghley, 2008), the higher rates of incarceration of people from less privileged social classes further reduces the power of these individuals to participate in democratic decision-making processes.

The reduced spending in schools and the disproportionately high rates of incarceration for people from less privileged social classes has clear financial costs for society. Compared to the money spent to educate children in public schools, as stated above, it costs taxpayers substantially more money to incarcerate a person for one year than to educate them. California, which spends the most money per incarcerated person each year, will have spent an estimated $52,363 per person in incarceration in 2010 (Phan, 2010). In contrast, California will have spent approximately $7,440 per student in 2010, after cutting $18 million from the state’s education budget and laying off 26,000 teachers (Phan, 2010).

Access to healthcare. According to APA’s Taskforce Report on SES (2006), the disparity in access to healthcare is a significant mechanism by which social class membership affects
health outcomes. Fifty-seven percent of blue collar and 47% of service workers, compared to the 67% of middle-class workers, have health insurance (Beeghley, 2008). At the same time, working-class workers are absent 32% more days per year due to job-related injuries than middle-class workers, and are also more likely to suffer from long-term health problems as a direct result of the jobs they perform and their working conditions (Sturm & Grensenz, 2002). Among people who do not have health insurance, nearly four in five people are employed or members of a family in which at least one adult is working (Families USA, 2005). Health insurance, therefore, remains another basic necessity that is not available to all poor and working-class people. Again, taxpayers largely take on the costs of healthcare for uninsured people. Families USA (2005) reported that taxpayers covered nearly two thirds of the $43 billion in costs associated with medical costs for the uninsured. This study predicted that such expenses would represent a jump in health insurance premiums by $341 for individuals and $1,502 for families with private healthcare coverage.

**Disparities in health.** APA Task Force Report on SES (2006) identified a) limited access to healthcare, b) health behavior practices, c) “differential exposure to environmental hazards,” and d) “differential exposure to stress” as the primary means by which social class “gets into the body” (p. 14). Health behavior practices are health-enhancing or health-depleting behaviors related to diet, exercise, smoking, alcohol and drug use. Research has revealed the increased prevalence of poor health behavior practices -- such as smoking (Barbeau, Krieger, & Soobader, 2004) -- among poorer people, which contributes, in part, to poorer health outcomes. However, the Taskforce Report on SES (2006) noted that health psychology researchers are increasingly recognizing the structural influences of health behaviors, such as advertising for cigarettes being
targeted to poor and working-class communities, which may encourage more harmful health behaviors in poorer communities.

Poor and working-class people are also more likely to be exposed to environmental toxins and pollutants in their workplaces (Beeghley, 2008) and their neighborhoods, and thus more likely to suffer the effects of exposure. As evidence of the ways institutional racism and classism contribute to health concerns, sociologist David N. Pellow (2004) has documented that garbage disposal sites, chemical processing plants, and other waste industries are disproportionately located in communities of color and low-income communities in Chicago. Finally, as will be discussed in greater depth in reference to mental health, poor and working-class people experience increased exposure to stress. The chronic stress faced by class-oppressed people can challenge the body’s allostatic systems that help it to return to a resting state after arousal (McEwen, 1998). If these systems are frequently overwhelmed, McEwen (1998) contended that the body can experience weakened immune responses and impairment to other bodily systems.

**Social class correlates of health.** Numerous studies document the poorer physical health outcomes faced by poor and working-class people. The Whitehall II study was a longitudinal study investigating the ways that work environment and social support impacts the health of British civil servants. Over 10,000 participants began their participation between 1985 and 1989 and filled out subsequent surveys approximately every five years. Bosma, Marmot, Hemingway, Nicholson, and Stansfeld (1997) found that British civil service workers who had low control in their workplace had a greater likelihood of developing coronary heart disease than civil service workers with a higher degree of control at work, while factors such as job demands and job strain
were unrelated to health outcomes. Bosma et al. (1997) highlighted that the health impact of low control in the workplace suggests that “giving [people]… a stronger say in decisions related to work could have benefits for public health” (p. 564).

Krieger, Quesenberry, Peng, Horn-Ross, Stewart, Brown, et al. (1999) found that the incidences of certain forms of cancer were related to the socioeconomic demographic composition of neighborhoods in San Francisco. Incidence of cervical cancer increased among women of all racial groups who lived in working poor neighborhoods, communities in which at least 20% of people fall below the poverty line and 66% work in non-supervisory jobs, compared to women who lived in professional neighborhoods, with a high density of people employed in supervisory, professional jobs. Increased incidence of lung cancer was also associated with living in working poor neighborhoods for White and Black men and women and Asian/Pacific Islander men. Krieger et al. (1999) attributed the increased risk of cervical cancer among working poor women to decreased access to early cervical cancer screenings. Further, Krieger et al. (1999) suggested that the increased risk of lung cancer among most groups in working poor neighborhoods can be explained by greater contact with cancer-causing substances characteristic of working-class jobs (Beeghley, 2008); the incentives of cigarette smoking, including scheduled work breaks and anxiety relief; and the greater success of smoking cessation campaigns in reducing smoking among the middle-class and wealthy.

Researchers have found that social class is related to health outcomes across the lifespan. In a review of the literature about the health correlates of social class in children, Bradley and Corwin (2002) reported that children from low-SES families were more likely to experience delayed growth and development in utero and be born prematurely or at low birth weight. Low
SES is also related to many health disorders in children, including respiratory illnesses, high levels of lead in the bloodstream, nutrient deficiencies, and reduced growth rate (Bradley & Corwin, 2002).

With regard to adolescent health, Starfield, Riley, Witt, and Robertson (2002) conducted a health survey of 3015 adolescents in which participants were asked about their medical history, satisfaction with their health, level of discomfort they experience, protective factors, academic performance, and risk-taking behaviors. Participants were ranked by how healthy they were based on their responses within these domains. Starfield et al. (2002) found that adolescents described as “lower social class,” in which class status was determined on the basis of their parents’ education and occupation, were less likely than their middle or upper-class peers to be satisfied with their health. Further, “lower social class” adolescents were more likely to be ranked as being in poor health than middle and upper-class adolescents, with upper-class adolescents most likely to be ranked as “excellent” or “good” in health.

Finally, Menec, Shooshtari, Nowicki, and Fournier (2010) suggested that age is not the great “leveler” of health disparities related to social class, as it appears that class-related health disparities persist even among older adults (p. 30). Examining hospital, physician, and pharmacy records for over 70,000 community residents of Winnipeg, Canada who were 65 years of age or older, Menec et al. (2010) found that rates of many health conditions were linked to the average household income of neighborhood residents. Specifically, residents from poorer neighborhoods were significantly more likely to develop diabetes, hypertension, congestive heart failure, other forms of heart disease, and stroke. Menec et al. (2010) noted the existence of a gradient effect of
neighborhood income on these health concerns. As such, the risk of health problems increased incrementally as neighborhood income decreased. Thus, people residing in the poorest neighborhood quintile had the highest risk for health problems, those in the second poorest neighborhood quintile experienced fewer health problems than the poorest, and so on, with the rates of health problems decreasing in each successive quintile. Residents of poorer neighborhoods were also more likely to experience multiple health conditions than residents of wealthier neighborhoods.

**Mental health disparities.** In addition to physical health disparities related to social class, researchers have consistently documented the increased prevalence of mental health concerns among poor and working-class people (Bruce, Takeuchi, & Leaf, 1991; Coiro, 2001; Hobfoll, Ritter, Lavin, Hulsizer, & Cameron, 1995). In an extensive, nationally-representative study of the prevalence of psychological disorders, Kessler, Chiu, Demler, and Walters (2005) assessed for relationships between demographic variables and mental disorders using data from the 5,692 participants in the United States National Comorbity Survey Replication (NCS-R). The NCS-R is nationally representative survey of mental health for English speakers over 18 years of age. Kessler et al. (2005) found that meeting criteria for a mental disorder was generally associated with positions of lower social status. A major finding in this regard was that having major depression and at least one other mental disorder was related having low education and less than high income, being female, and unmarried, while being largely “unaffected” by mental disorders was associated with being male, married, and having a college degree and high income.

Compared to a national sample of women, Bassuk, Buckner, Perloff, and Bassuk (1998) found that homeless and low-income housed women were three times as likely to experience
posttraumatic stress and drug-abuse related disorders, and twice as likely to experience major depression and alcohol-related disorders. Among women struggling with homelessness and/or poverty, approximately 44% reported experiencing major depression in their lifetimes, and 35% had a history post-traumatic stress disorder, making these disorders the most common mental health disorders among poor women (Bassuk et al., 1998). In a study comparing the mental health of single mothers who were welfare recipients and those who were not, Rosen, Spencer, Tolman, Williams, and Jackson (2003) echoed these findings, observing that welfare recipients were at least twice as likely to experience major depression, anxiety, and alcohol dependence than single mothers who did not receive public assistance.

The onset of depression and anxiety is often precipitated by stressful life events (Kendler, Kessler, Walters, MacLean, Neale, Heath, & Eaves, 1995; Kendler, Kuhn, & Prescott, 2004.) Researchers have found that poor people, particularly poor women, experience high rates of traumas and other stressful experiences that contribute to their psychological distress (APA Task Force Report on SES, 2006). In a sample of 810 women from shelters and low-income housing, Rayburn, Wenzel, Elliott, Hambarsoomians, Marshall, & Tucker (2005) found that participants were five times more likely to suffer from symptoms of depression and experienced a high rate of traumatic experiences. Over 43% of these women experienced the death of a close friend or family member, nearly 34% had been incarcerated, and approximately 30% of the participants had experienced childhood physical and/or sexual abuse. Rayburn et al. (2005) found that experiencing physical assault, living in a homeless shelter, spending time in prison, and experiencing significant losses in interpersonal relationships predicted depression among the women in their sample.
Financial and work-related stressors have also been shown to contribute to mental health concerns among poor and working-class people. Through the second British National Survey of Psychiatric Morbidity, 8450 individuals from Great Britain participated in diagnostic interviews and completed self-report measures to assess their psychological functioning (Jenkins, Bhugra, Begginton, Brugha, Farrell, Coid, Fryers et al., 2008). Additionally, participants were asked about the number of debts they owed (such as taxes, bills, mortgage payments, and loans) and their gross weekly household income. Jenkins et al. (2008) found that low income was positively correlated with mood, anxiety, and psychotic disorders according to the International Classification of Diseases-10 (ICD-10; World Health Organization, 1992). Furthermore, people with greater numbers of debts had higher rates of mental illness, including non-psychotic disorders, psychotic disorders, and drug or alcohol dependence. The authors noted that the most frequently reported debts of participants with mental illness were household bills, including electricity, gas, rent, and water bills.

Further, in a study utilizing the aforementioned Whitehall II sample, 10,308 London-based civil service workers completed surveys that assessed rates of depression and anxiety, and the degree of decision-making ability at work (Griffin, Fuhrer, Stansfeld, & Marmot, 2002). Participants’ social class was determined by their employment grade, with administrators classified as high grade, professionals as middle grade, and clerical/support staff as low grade. Griffin et al. (2002) found that participants in the low employment grade were at greater risk for experiencing depression and anxiety than participants in the middle or high employment grade. The authors emphasized that the relationship between social class and mental health in this study
was largely explained by decision latitude at work, such that low control over workplace
decision-making predicted a greater risk for depression and anxiety in this sample.

Cole, Logan, and Walker (2011) investigated the relationships between social exclusion
factors, protective factors, and perceived stress among 787 adults with low income and
educational levels who received services through publicly funded substance abuse treatment
programs in Kentucky, which included individual counseling, outpatient treatment, and
residential treatment. In this study, social exclusion was characterized by perceived
discrimination, economic hardship, and subjective social standing, which was measured through
participants’ self ranking of their social position, relative to the people “who are the best off” and
the “worst off” in society. The protective factors in this study included personal control, defined
as participants’ perceived control at home and in the workplace. Cole et al. (2011) found that
participants who experienced greater perceived discrimination, greater economic hardship, lower
subjective social standing, and lower personal control reported higher levels of stress in their
lives. Over 65% of participants reported day-to-day experiences of discrimination, which they
attributed primarily to their status as substance users, their past involvement in the criminal
justice system, and their income or social class. The authors highlighted that lower social
standing and greater economic hardship, which participants experienced as the inability to cover
basic needs, was related to stress, while education level and income were not predictive of stress
for participants. Cole et al. (2011) suggested that individuals’ economic hardships– particularly
lack of access to resources like health insurance – may be “better indicators of the actual day-to-
day stressors that individuals face” than education level and income (p. 17), which are commonly
used as social class indicators in research.
**Structural barriers to mental health services.** Despite the findings that poor and working-class people are at increased risk for mental health issues, they are often without adequate access to mental health services (U.S. Department of Health and Human Service, 2001). For many, the everyday reality of limited financial resources and/or low control in the workplace, and insufficient consideration of these factors by mental health settings, creates significant barriers to treatment. Cost of services and lack of insurance are among the most routinely-cited obstacles that poor and working-class people face in obtaining mental health services (Goodman, Glenn, Bohlig, Banyard, & Borges, 2009; Levy & O’Hara, 2010; Miranda & Green, 1999). Accordingly, data from the Commonwealth Fund 1998 Survey of Women’s Health have shown that women without a high school education and without health insurance reported greater unmet needs for mental health treatment than women with a college education and women with insurance (Sherbourne, Dwight-Johnson, & Klap, 2001). Furthermore, women who had difficulty obtaining mental health care most frequently named the cost of the services as a significant barrier. Lack of insurance also limits access to primary care settings, where physicians have the opportunity to identify mental health problems and refer their patients to appropriate treatment (Miranda & Green, 1999).

Additionally, Levy et al. (2010) acknowledged that mental health services are often located outside of poorer communities, which requires individuals to make extensive childcare and travel arrangements in order to seek services. Thus, the often inconvenient location of mental health clinics, the difficulty of securing affordable childcare and arranging for transportation, and the time required for traveling back and forth from appointments all act as substantial impediments for poorer clients seeking services. Moreover, mental health providers that maintain
regular workday hours do not suit the needs of individuals who work during daytime hours (Levy et al., 2010). Miranda and Green (1999) emphasized that poor and working-class clients often have inflexible work schedules, and thus are truly unable to arrange their schedule around therapy appointments. Each of these barriers coincides with the lower access to resources and power generally experienced by poor and working-class people (Zweig, 2000).

Despite the evidence of the harmful impact of classist attitudes, beliefs, and institutional policies, classism frequently goes unchallenged in American society (e.g. Lott & Bullock, 2007; Smith, 2010). Psychology as a discipline has not been impervious to classism, and in fact has a history of pathologizing poor and working-class clients and effectively excluding them from receiving services. In the section that follows, the manifestation of classism in psychology will be discussed.

**Class and Classism in Psychology**

Though early psychological theorists had hoped to elucidate universally-applicable theories of development and mental illness, many contemporary scholars have recognized that much of traditional psychological theory is derived from the lived experiences of White, Western European, heterosexual, middle- and upper-class clients who were seen in the offices of early psychoanalysts and psychiatrists (Rendon, 1996). This section will explore the historical and modern existence of middle-class bias in the theory and practice of psychology, and how this bias impacts psychotherapy with poor and working-class clients.

**The exclusion of the poor from psychotherapy.** The research team led by Hollingshead and Redlich (1953, 1958) conducted some of the most influential community studies to date examining the relationship between social class, mental illness, and treatment. These researchers
conducted a psychiatric census in New Haven, Connecticut, in which 3,559 individuals -- a representative sample of all people receiving some kind of psychiatric services (either outpatient or inpatient) in this area -- were interviewed about their psychiatric history and their social/family history. Additionally, data in this study emerged from interviews with psychiatrists regularly treating the participants in this study and their clinical records. Hollingshead and Redlich (1958) determined participants’ social class through Hollingshead’s Index of Social Position, a method of categorization that utilized individuals’ area of residence, occupation, and education to identify them as belonging to one of five classes (Class V: poor; Class IV: working-class; Class III: middle class; Class II: upper middle class; and Class I: upper class). Based on this index, these researchers categorized 95% of the psychiatrists as upper-class, and 5% as upper middle class (Hollingshead & Redlich, 1958). Hollingshead and Redlich (1953) reported that poor and working-class clients were significantly less likely to receive therapy than middle and upper-class clients, with 73.7% of upper-class clients and 52.7% of middle class clients receiving therapy referrals, compared to a mere 16.1% of poor clients. Instead, poor clients were more likely to receive organic therapy -- meaning medication -- or no treatment at all. Poorer clients were also more likely to receive psychiatric diagnoses than more well-off clients, and were also more likely to be diagnosed as psychotic than their middle-class and wealthy counterparts (Hollingshead & Redlich, 1953).

Throughout the 1950s and 60s, researchers continued to find that class-oppressed individuals were less likely to receive psychotherapy than their class-privileged counterparts. In a psychiatric outpatient clinic that primarily served middle and low-income clients, Myers and Schaffer (1954) observed that nearly 65% of poor people and over 20% of working-class clients
who sought help at the clinic were not recommended for any kind of treatment, compared to approximately 12% and 10% of upper middle-class and middle-class people, respectively. When poor and working-class people did receive psychiatric treatment at the clinic, they tended to be assigned to less-experienced clinicians. No poor clients and only 2.8% of the working-class clients received treatment from the highly trained staff psychologists, compared to 35.3% of the upper middle-class clients. Instead, working-class clients were seen by resident psychiatrists (30.6%) and medical students (26.4%), the latter group having no training in psychotherapy, while poor clients were primarily seen by medical students (23.8%). Only 2.4% of poor clients received a form of insight-based therapy; a larger percentage of poor clients (7.1%) received supportive, short-term psychotherapy. Myers and Schaffer (1954) suggested that the class differences between class-privileged psychiatrists and poor and working-class clients might contribute to these treatment patterns. Specifically, psychiatrists viewed poor and working-class clients as unsuitable for insight-based therapies, attitudes that will be examined further in a subsequent section.

Other studies corroborated Hollingshead and Redlich’s (1953, 1958) findings that poorer clients were less likely to receive psychotherapy (or treatment at all) than middle and upper-class clients. Examining the forms of treatment offered to a client population at a Veterans Administration (VA) mental health clinic, Winder and Hersko (1955) found that upper middle and middle-class clients received significantly more psychotherapy sessions than working-class and poor clients, and were also more likely to receive analytically-oriented, insight-based psychotherapy. Likewise, in a sample of 450 applicants to an outpatient psychiatric clinic, Brill
and Storrow (1960) found that poorer clients were less likely to be accepted for treatment than middle and upper-class clients.

Given the well-documented pattern of excluding poorer clients from psychotherapy, researchers set out to understand if certain characteristics typically attributed to poorer clients explained the effect of social class on treatment rates. Michael (1967) hypothesized that poorer clients were less likely to receive insight-oriented psychotherapy or any psychotherapy because they were perceived by psychotherapists as suffering more from psychotic than neurotic disorders. Indeed, Michael (1967) and others (e.g. Hollingshead & Redlich, 1953) found that poorer clients were diagnosed with psychotic and characterological disorders more frequently than middle and upper-class clients. Among a community sample of New York City residents, Michael (1967) found that social class continued to be associated with treatment rates for a sample of clients identified as “neurotic,” meaning that they routinely use higher order defenses. Michael (1967) noted that neurotic clients are often thought to be good candidates for psychotherapy; nonetheless, he found that only 20% of neurotic, poor participants had been seen by a psychiatrist, compared to 73% of neurotic, wealthier participants.

Furthermore, Rowden, Michel, Dillehay, and Martin (1970) investigated the impact of clients’ insight and verbal ability on therapists’ treatment recommendations. Therapists were presented with a vignette in which clients’ insight-verbal ability and social class was manipulated. These hypothetical clients were described as having high insight-verbal ability, or low insight-verbal ability, and being a member of one of the five social classes from the Hollingshead Index of Social Position. Rowden et al. (1970) found that the therapists in their
study were less likely to recommend therapy for poor and working-class clients, even when those clients were described as having high verbal intelligence and insight. Taking the findings of Michael (1967) and Rowden et al. (1970) together, it appears that even when poor and working-class clients exhibited characteristics typically seen as favorable by psychotherapists, these clients continued to be excluded from therapy at higher rates than middle and upper-class clients.

**Negative attitudes toward poor and working-class clients.** Myers and Schaffer (1954) held that poor and working-class people were routinely denied psychological services because they were highly pathologized and regarded as undesirable clients. Indeed, many of the mid-20th century studies of therapeutic experiences and outcomes as a function of social class presented poor and working-class clients in negative terms. Bernstein (1964) pathologized the communication styles of working-class people, which he believed to be incompatible with the therapeutic process:

> It is a code which does not facilitate the verbal elaboration of meaning; it is a code which does not help the user put into words his intent, his unique purposes, beliefs and motivations. It also does not help him to receive such communications from others (p. 56).

The perspective that poor and working-class clients lacked insight, intelligence and overall verbal ability was widely shared by psychotherapists of the day (Brill & Storrow, 1960), who perceived poor and working-class clients as “hostile” and “overly demanding” (Winder & Hersko, 1955, p. 79), lacking in motivation and psychological insight (Myers & Schaffer, 1954),
and seeking instant gratification (Brill & Storrow, 1960), all of which rendered poor people inappropriate candidates for psychotherapy (Lorion, 1974a).

As the aforementioned exclusionary patterns were revealed, psychologists began to question the perceived unsuitability of psychotherapy for poor clients, though classist biases and prejudices continued to permeate their work. Heitler (1976), for example, argued “against premature exclusion of lower-class patients from the more traditional forms of expressive psychotherapy” (p. 339), while also labeling poor clients as “unsophisticated.” In light of poor clients’ lack of “sophistication,” Heitler (1976) believed that pretherapy preparation programs, which “socialize” poor clients to therapeutic situation, would be necessary to help poor clients to manage their expectations about therapy (p 345). However, Lorion (1974a) proposed that clinicians were overstating the prevalence of misconceptions about therapy among low-income people. In fact, when Lorion (1974b) administered the Mental Health Attitude Survey to psychotherapy clinic applicants from diverse social classes, he found that misconceptions about psychotherapy could be found among members of all social classes, with no significant differences between participants’ therapeutic attitudes on the basis of class, gender, or race. Thus, the emphasis on solely preparing low-income people for therapy, rather than upholding the importance of conversations with all clients about what they can expect from therapy, likely emerged from the class-related stereotypes that poor and working-class people are uneducated and unintelligent, and therefore need additional preparation before beginning therapy. Further, Lorion (1974a) noted that therapists tended to attribute poor clients’ higher dropout rates to low motivation and ultimately consider them a “waste” of resources (p. 345), instead of considering
how therapists’ classist beliefs, attitudes, and values may have affected their treatment with poor clients.

Negative attitudes toward poor people have persisted within the mental health profession. Schnitzer (1996) contended that mental health practitioners unintentionally perpetuate anecdotal “stories” about poor clients that align with common, negative stereotypes about people living in poverty. The first such story is that poor clients “don’t come in,” often arriving late or missing appointments (Schnitzer, 1996, p. 574), which is translated into attributions of irresponsibility or lack of motivation by clinicians. However, these conclusions do not take poor people’s many time commitments into account. Both qualitative and quantitative accounts of poor people’s lives document the considerable amount of time required to perform everyday tasks, such as using public transportation, and the additional time drain of interfacing with social service agencies, an experience with which middle-class people are not well-acquainted. Schnitzer (1996) further addressed the clinical stories that poor families are “disorganized” and simply “don’t care” about treatment or the well-being of their family. According to Schnitzer (1996), these stories communicate that poor people are cognitively and morally impaired. Again, the negative attributes contained in each of these stories match stereotypes of poor people often expressed by middle-class people (Cozzarelli, Wilkinson, & Tagler, 2001).

Lott (2002) added that psychologists, most of whom are not poor, predominately respond to poor people by moving away and creating both physical and cognitive, emotional, and psychological distance. Psychologists, as middle-class people, tend to live in different neighborhoods than poor people and the images they hold of the poor are either negative or characterized by pity. Lott (2002) argued that even the “help” that psychologists seek to provide
to poor clients coincides with beliefs that poor people are deficient and “dysfunctional” and rarely accounts for the knowledge and strengths poor people possess (p. 108).

**Limited attention to social class within psychological theory and research.** Just as psychotherapists have not historically interacted with poor and working-class clients in their clinical practices, scholars have found that the experiences of poor and working-class people have not been widely studied in the psychological literature (Buboltz, Deemer, & Hoffman, 2010; Fine, 1985; Liu, Soleck, Hopps, Dunston, & Pickett, 2004; Reid, 1993; Saris & Johnston-Robledo, 2000), which has lead to a relative paucity of discussion about class and classism in the context of psychology. In light of findings that poor and working-class clients are not well-represented in the psychological literature, psychologists from different theoretical backgrounds have begun to recognize that the extant psychotherapy literature can itself be considered the study of therapeutic process and outcome primarily for class privileged people, with whom psychologists interact more frequently in research and practice (e.g., Lott, 2002; Reid, 1993; Rendon, 1996). In the following sections, the critiques offered by psychologists from various subfields will emphasize the ways that therapeutic experiences and aspects of psychological development considered to be “universal” are indeed linked to the experiences of middle and upper-class people, and how this detrimentally impacts poor and working-class clients.

**Social psychology and profession-wide leadership.** Social psychologists have been at the forefront of efforts to delineate the classist attitudes that can characterize taken-for-granted assumptions about poor and working-class people. Examples of this research have been cited throughout the present discussion, including Cozzarelli and her colleagues’ studies about attitudes toward poor people (Cozzarelli, Tagler, & Wilkinson, 2002; Cozzarelli, Wilkinson, &
Tagler, 2001) and Banyard’s (1995) qualitative study of the experiences of homeless mothers and her collaboration with counseling psychologists to evaluate a socially-just approach to working with poor women with depression (Goodman, Glenn, Bohlig, Banyard, & Borges, 2009). Moreover, social psychologists Bernice Lott and Heather Bullock were instrumental in establishing APA’s Task Force on Socioeconomic Status and in supporting the perpetuation of the Task Force’s work through the eventual creation of the APA Committee on Socioeconomic Status, now a permanent part of the American Psychological Association (APA)’s governance structure.

This work began when APA began to turn its attention to issues of poverty in 2000 with its Resolution on Poverty and Socioeconomic Status (2000). This policy statement originated with a task force within APA’s Division 35 (The Society for the Psychology of Women), which was chaired by Karen Wyche and Joy Rice, and which included Heather Bullock and her mentor, Bernice Lott (Bullock & Lott, 2001). This resolution promoted the importance of increasing scholarship around issues of social class, classism, and poverty. According to this resolution, APA (2000) recognized that living in poverty is harmful to mental health and further acknowledges that research focused on the experiences of poor people of diverse backgrounds is significantly lacking. As such, clinicians, educators, and researchers are called upon to form a better understanding of the links between poverty and mental distress, to work to eradicate poverty, and to “effectively treat and address the needs of low-income individuals and families by building on the strengths of communities” (APA, 2000, p. 23). In particular, the resolution (2000) advised research initiatives that focus on diverse populations among poor people, including women, people of color, and immigrants, and “learn from indigenous efforts by low-
income people to work together to solve personal and shared problems” (p. 23). Thus, professional psychologists were urged to collaborate with people and communities experiencing class oppression to identify the ways in which these communities can be best served, addressing issues of mental health, oppression, and injustice.

Despite the implementation of this resolution, members of APA recognized that issues related to class and classism were not receiving enough attention. The initiative to establish the APA Task Force on Socioeconomic Status (2006) began in 2003, when Bernice Lott and Irma Serrano-Garcia of APA Division 9 (Society for the Psychological Study of Social Issues) made a formal request for APA to create a committee to investigate the differential access to resources and power accorded to people of different social class groups, and to find ways to rectify these class-based disparities. Initially, permission to form this committee was not granted by the Board for the Advancement of Psychology in the Public Interest (BAPPI), the principal decision-making association on this matter. Instead, BAPPI encouraged existing Public Interest committees to incorporate SES issues into their work. After receiving feedback from the Public Interest committees that SES considerations were not being consistently included in the committees’ activities, that all APA boards and committees should increase their focus on SES, and that an SES-focused task force would be helpful in this regard, BAPPI established the APA Taskforce on SES in 2005.

In line with Lott and Serrano-Garcia’s original vision, the goals of the task force are to examine the extent of SES disparities in the US, evaluate the mental health impact of SES, and recommend courses of action for APA members to challenge SES-based inequality. One action inspired by this task force, as well as the Resolution on Poverty and SES (2000), is the formation
of the Task Force on Resources for the Inclusion of Social Class in Psychology Curricula. In response to the fact that class and classism had been “largely absent” from psychology textbooks and coursework (p. 3), the presidents of Division 9 and 35 called for a task force to develop a reference that could be used to enhance training and education with regards to social class issues for students in psychology, which resulted in the Report of the Task Force on Resources for the Inclusion of Social Class in Psychology Curricula (2008).

At the behest of the APA Task Force on SES, the APA Committee on Socioeconomic Status was created in 2006 and chaired by Heather Bullock to “ensure that issues of SES receive the full attention” of APA (p.). To fulfill this mission, APA CSES is dedicated to promoting scholarship about social class and poverty, incorporating social class into theories of psychological development and well-being, and advocating for practices and policies that diminish social-class related disparities.

**Psychoanalysis and psychodynamic psychotherapies.** Psychodynamic theorists Siassi and Messer (1976) were among the first to document the ways negative stereotypes held by therapists could manifest as negative countertransference and detrimentally impact treatment of poor clients. Therapists who hold negative views about poor clients were likely to unconsciously “keep the patient at arm’s length,” (p. 34). Such emotional and psychological distancing on the part of the therapists greatly hinders the development of the therapeutic alliance. When a trusting relationship is not developed between the client and the clinician, Siassi and Messer (1976) suggested that clients interpret this interpersonal distance as rejection and may ultimately chose to end treatment. Over 25 years later, Javier and Herron (2002) echoed the importance of analysts’ social class membership in their countertransference attitudes towards poor clients. In
particular, Javier and Herron (2002), argued that unacknowledged, classist beliefs of analysts and the fear of exposing these biases will create sufficient distance between class privileged therapists and poor client as to “make the development of true empathy and working alliances virtually impossible” (p. 157).

Psychoanalyst Mario Rendon (1996) explicitly linked the development of psychoanalytic theory with the experiences of class-privileged clients when he wrote:

> Across culture and class, health and illness, common and alien, psychoanalysis promised to provide a universal understanding of human nature and malaise. [And yet,] we know the original psychoanalysts focused and pursued their psychological explorations with the patients in their consulting rooms: the educated middle and upper-class (p. 48-49).

Likewise, RoseMarie Perez Foster, a psychoanalyst who has dedicated her scholarship to the inclusion of a multicultural perspective within psychoanalysis and dynamic psychotherapy, affirmed that the theoretical underpinnings of psychoanalysis are directly derived from early psychoanalysts’ sustained interactions with class-privileged clients (1996). In particular, Foster (1996) noted that psychoanalysis focuses on intrapsychic, often unconscious determinants of the behavior of individuals, thereby promoting an individualistic worldview that largely does not account for clients’ social context. Roland (1996) added that, according to tenets of psychoanalysis, psychological health and well-being are defined by a process of individuation, or of decreasing one’s dependence on others, and “thus being self-directed, self-reliant, self-sufficient, and independent” (p. 74).

Describing her work through case studies, Foster (1996) acknowledged that her tendency to impose this individualistic, independent model of psychological health upon clients who were
not middle-class Americans resulted in deep misunderstandings between herself and her class-oppressed clients, for whom “one’s sense of self is deeply involved, throughout life, with others” (p. 13). Indeed, this individualistic, independent model of psychological health can pose many problems for analysts who work with poor and working-class clients. Javier and Herron (2002) cautioned that analysts who maintain an individualistic frame when working with class-oppressed clients may “blame the patient while excusing society” for the difficulties faced by the client (p. 162).

**Vocational psychology.** Along with their endeavors to make theories of work behavior and career development inclusive of differential experiences according to gender, race, ethnicity (McWhirter, 1997) and sexual orientation (Chung, 2003), vocational counselors have also acknowledged the pervasive class mobility bias in their field (e.g., Blustein, McWhirter, & Perry, 2005; Fouad & Brown, 2000; Liu & Ali, 2005; Thompson & Subich, 2006). Liu and Ali (2005) criticized vocational psychology for the emphasis placed on increasing social status through work because this worldview renders traditionally low-status, blue-collar jobs “uninteresting” and “mundane,” despite the fact that these jobs may be a source of pride and satisfaction for blue-collar workers (p. 190). Citing the second author’s dissertation (Rasheed, 2001; see Liu & Ali, 2005) about career aspirations of high school students living in a rural Appalachian community, Liu and Ali (2005) noted that pursuing upward mobility in this context would require students to seek higher education or work experiences that were not available within the community. Instead, many of these students aspired to work in the local coal mining industry or in other jobs in their community as a way to maintain their close-knit ties to family and
neighbors. Furthermore, students did not consider these jobs to be low-status; in fact, they considered these jobs to be “honorable” and “honest forms of work” (Liu & Ali, 2005).

Moreover, while vocational psychologists have traditionally focused on factors such as person-environment fit and personal interests in career choices, Liu and Ali (2005) argued that these types of considerations must be viewed in the context of class privilege, for poor people often consider jobs primarily as a means of survival, rather than the opportunity to implement one’s self-concept. Accordingly, in their research of the school-to-work transitional experiences of high school students from higher socioeconomic status and lower socioeconomic status (SES) backgrounds, Blustein, Chaves, Diemer, Gallagher, Marshall, Sirin, and Bhati (2002) argued that having class privilege promotes expectations that one’s job should be a good match for one’s interests and self-concept. By contrast, students from lower SES backgrounds indicated that they believed work is for financial survival. Additionally, lower SES students experienced significantly more external barriers to increasing education and work opportunities. For example, lower SES students and their parents did not have access to the professional networks that higher SES students had access to, and factors such as violence at school and having to work to contribute to family finances also disrupted the educational experiences of lower SES students. Therefore, even when people from marginalized social class backgrounds do value and pursue class mobility, they tend to face significantly more barriers that make mobility more difficult to achieve. However, these barriers are often rendered invisible in vocational theories that focus on motivation and interests as the sole determinants of career development, and individuals who are not able to surmount these barriers are then viewed as lacking in motivation (Liu et al., 2007).
Vocational psychologists have noted that the upward mobility bias in their field began after World War II, which coincided with an increased focus on the career development of educated populations that has persisted within the field (Blustein, McWhirter, & Perry, 2005). Thus, the circumstances surrounding the development of vocational psychology are similar, in some ways, to those of psychoanalysis in that much of its theory is built upon the experiences and value systems of educated, class-privileged people, but then applied widely to people from other class backgrounds.

**Feminist psychology.** Feminist psychology emerged as a challenge to traditional psychological theories, which were criticized for devaluing and pathologizing women’s psychological development and failing to analyze gender socialization and oppression in society (Rice & Rice, 1973; Worell, 2001). With this platform, feminist therapy was uniquely positioned as a way to view clients’ distress in the context of societal oppression. While feminist therapists have made significant contributions toward initiating discussions of class in the psychological literature (e.g. Hill & Rothblum, 1996), feminist therapy has also received criticism about its neglect of oppressed identities outside of gender, most notably class and race. Like the subfields mentioned previously, the early theory building conducted by feminist therapists occurred largely in the context of the experiences of the middle class, particular middle-class White women.

Exemplifying the obscurity of class in the development of feminist therapy, critical social psychologist Michelle Fine (1985) conducted a content analysis of the articles published in the Psychology of Women Quarterly, a journal devoted to the study of feminist psychological theory and practice, between 1979 and 1981. The review demonstrated that college students and
professional couples were utilized as participants in the majority of studies, accounting for the samples in a combined 65% of the articles evaluated. Fine (1985) further noted that social class information about study participants was “usually unavailable” and social class was thus invisible in many of these studies (p. 171).

Scholars have continued to document the absence of poor and working-class women from the psychology of women literature. Searching the PsycLit database for psychology articles published between 1984 and 1991, Reid (1993) found only 556 articles addressing poverty in some way, compared to the 14,500 articles that addressed women’s issues. When Reid (1993) searched for the articles that were about women who lived in “poverty,” were “working class,” or “low-income,” she found only 267 articles. The articles that included poor and working-class women amounted to 0.5% of all the articles that focused on women. Reid (1993) contended that poor women had been systematically excluded from psychological literature and theory building because most middle-class psychologists study the experiences of other middle-class people, particularly college students, due to the convenience and close associations with these samples.

In a follow-up analysis to Reid’s (1993) work, Saris and Johnston-Robledo (2000) found that little had changed regarding the inclusion of class-oppressed women in feminist psychology literature. Saris and Johnston-Robledo (2000) reviewed articles from the PsycLit database published between 1991 and 1997. These authors found that only 2% of the article abstracts made reference to “women” and “low-income,” “working class,” or “poverty.” When the search terms “blue-collar” and “welfare” were included the analyses (removing articles in which “welfare” alluded to “well-being” rather than government assistance), the percentage of total abstracts that referenced class oppressed women increased to just 3%.
In conjunction with the criticism that the experiences of poor and working-class people were largely unaccounted for in feminist therapy research, Patricia Denny (1986) argued that the classist assumptions of feminist philosophy had influenced the development of feminist psychological theory. With similarities to vocational psychology, Denny (1986) reported that feminist therapy tended to value upward mobility, and rather than seeking to challenge systems that oppress some while privileging others, feminists theorists had historically promoted equal access to these systems as a way to rectify oppression. Thus, a primary assumption of feminism seemed to be:

…given an ideal world, all women would choose to live the way white middle-class women have said they want to live: with freedom from dependence upon men and from exclusive child-rearing responsibilities, with access to the present system of professional and financial success, [and] freedom to establish priorities for the self first (Denny, 1986, p. 53).

Denny (1986) saw this worldview as problematic because it upheld the value systems of certain groups of people – i.e. White middle-class women – and implicitly devalued the beliefs of women who might hold different worldviews. For example, Denny (1986) advanced the notion that a “welfare-class woman’s world might be one in which no one is free to be middle class” (p. 56); that is, a world in which resources are shared and no one holds the power to exploit others.

Denny (1986) argued that the White, middle-class worldview explicated above also devalues interdependent relationships. In fact, “dependence” was identified as a trait consistent with the traditional hegemonic socialization of women, which was something to be challenged in
the context of feminist therapy. Such a worldview does not recognize the ways in which interdependence represents the resourcefulness and resilience that have long been part of experiences of poor women, as is frequently documented by ethnographic studies (e.g. Dodson, 1999; Stack, 1974). Denny (1986) concluded that while feminist therapy represented the “best possibility for relevant, meaningful intervention in women’s psychological distress” (p. 60), feminist therapy would alienate poor women if these biases were not challenged within the field.

Finally, Nancy Lynn Baker (1996) acknowledged that feminist therapists’ well-intentioned motivation to encourage clients to be assertive can be misplaced when applied to women with little power in the workplace. For example, Baker (1996) noted that encouraging clients to report sexual harassers in male-dominant fields, particularly those that require manual labor, can place clients in physical danger. Baker (1996) recounted incidents in which co-workers of women who reported sexual harassment or other workplace problems damaged her equipment, failed to provide assistance, and failed to warn her of dangerous conditions at work. Thus, when feminist therapists are working with people who are poor or working-class, they must accurately recognize the extent to which workplace policies and the legal system can provide protections for their clients, and join with the client to realistically explore all of her options when she is considering taking some kind of action. Only after discussions of the many possible positive and negative outcomes of self-advocacy can clients make truly informed decisions about how to proceed (Toporek & Chope, 2006).

Counseling psychology. Drawing from the feminist and multicultural movement within psychology, counseling psychologists have developed a strengths-based tradition that emphasizes the role of cultural experiences and societal oppression on individuals’ psychological
development and the necessity of social justice for a person’s well-being (e.g. Sue & Sue, 2003; Vera & Speight, 2003). As evidence of this commitment, the division of the American Psychological Association (APA) that represents counseling psychologists (APA Division 17) was instrumental in drafting and advocating for the “Guidelines on Multicultural Education, Training, Research, Practice and Organization Change for Psychologists” (APA, 2003). These guidelines affirm that “all individuals exist in social, political, historical, and economic contexts” (APA, 2003, p. 337), and call upon practitioners to consider the influence of cultural context in all areas of their practice.

Counseling psychology is grounded in the philosophy that systemic oppression contributes to clients’ presenting concerns, and that clients’ attempts to survive in oppressive environments are often misinterpreted as pathological processes (Albee, 1969). Furthermore, the aim of feminist and multicultural counseling is to provide clients with tools to challenge oppression in their lives (Goodman, Liang, Helms, Latta, Sparks, & Weintraub, 2004). However, Goodman et al. (2004) noted that many counseling psychologists incorporate these principles at the micro level -- that is, within the counseling relationship – without simultaneously engaging in efforts for larger social change. The work of counseling psychologists, these authors argued, is not only to help “alleviate individual suffering,” but to pursue social justice in all areas of our society (p. 797). Goodman et al. (2004) defined social justice in the context of counseling psychology as “scholarship and professional action designed to change societal values, structures, polices, and practices, such that disadvantages or marginalized groups gain increased access to… tools of self-determination” (p. 795).
Despite the field’s social-justice orientation, counseling psychologists have found that social class as a cultural/social location and classism as a form of oppression have not been at the forefront of the scholarship or practice of counseling psychology (Smith, 2008). Accordingly, a content analysis of the articles from three leading counseling psychology journals written between 1981-2000 found that only 18% of the articles included “social class” as a variable or topic of interest (Liu, Ali, Soleck, Hopps, Dunston, & Pickett, 2004). In the empirical articles that collected social class information, only 11% utilized social class as a variable in the data analysis and integrated social class into the discussion of the study’s findings (Liu et al., 2004). Furthermore, a content analysis of the Journal of Counseling Psychology (JCP) found that college students are the largest group used as research samples, comprising 40% of the samples in JCP between 1999-2009; as further evidence of the relative obscurity of social class in counseling psychology research, this content analysis did not report social class information in its analysis of study samples’ demographics (Buboltz, Deemer, & Hoffman, 2010). These findings suggest that the experiences of poor and working-class people, particularly those who do not have a college education, are underrepresented in the counseling psychological literature.

This pattern of exclusion results in the potential for counseling psychologists, whether they work as clinicians or researchers, to be without adequate knowledge or awareness of classist biases. With this consideration in mind, counseling psychologist Laura Smith (2005) identified class-awareness barriers that middle-class clinicians can anticipate experiencing in their work with class-oppressed clients. Reflecting on her own work in poor communities, Smith (2005) indicated that middle-class counselors are likely to experience the beliefs that a) poor people confront so many daily stressors that their needs are better suited by case management, not
therapy and b) psychotherapy is “neither familiar not widely accepted in the cultures of many poor and working-class communities” (p. 693), so members of these communities are not likely to utilize these services. Smith (2005) acknowledged these sentiments will be true some of the time, but emphasized that culturally-competent practice in the context of social class requires counselors to be flexible in their assumptions and expectations. That is, it is true that some poor clients will require immediate assistance with issues such as housing, healthcare, and accessing other basic necessities, while other class-oppressed clients seek out psychotherapy as a way to discuss their personal struggles, pursue personal growth, and find emotional support and validation. Likewise, it is true that some poor and working-class people will avoid counseling, but it is also true that others will welcome the opportunity to participate in psychotherapy. Culturally-competent counselors exhibit flexibility, then, by understanding how social class-related experiences will impact peoples’ reactions to and experiences in therapy without preemptively limiting their services based on these expectations.

**Therapeutic outcomes for poor and working-class clients.** There is limited research about psychotherapeutic outcomes of poor and working-class clients, and what exists focuses on a narrow scope of types of treatment and presenting concerns. Demonstrative of the lack of attention given to mental health treatment of poor people, in a recent literature review, Levy and O’Hara (2010) identified only 11 clinical trials in the past 30 years that documented therapeutic interventions addressing depression in poor women. As will be discussed in this section, most therapy outcome studies with class-oppressed samples implement interpersonal therapy (IPT) or cognitive-behavioral therapy (CBT) in individual and group formats. CBT and IPT each focus on intrapsychic and interpersonal domains, respectively, and help clients to modify their
expectations of themselves and others and learn new ways of approaching problems. Though both interventions have received wide empirical support for treatment effectiveness with a number of mental health concerns, the effectiveness of CBT and IPT in addressing the mental health concerns of class-oppressed populations is mixed.

**Interpersonal therapy (IPT).** Interventions based on IPT have been identified as culturally-relevant for poor people, both in the United States and in international contexts (e.g. Verdeli, 2008). Grote, Bledsoe, Swartz, and Frank (2004) identified IPT as a strengths-based approach that encourages clients to participate in pleasurable activities and bolster support systems. Grote et al. (2004) emphasized that depression, in particular, arises from an interpersonal context – often stemming from social isolation and interpersonal problems – rather than conflicts among intrapsychic forces. Grote et al. (2004) recognized that the IPT-based interventions do not realistically change the life circumstances of class-oppressed people; however, IPT-based interventions can be adapted to help clients to identify potential allies and “generate options” about how to seek support and resources to address their problems (Verdeli et al., 2003, p. 116).

Despite these considerations, and perhaps because of the latter caveat, IPT has been alternatively shown to be effective and ineffective in treating psychological distress among samples of poor women. On the one hand, IPT-based interventions have been shown to be effective in decreasing symptoms of posttraumatic stress (Krupnick, Green, Stockton, Miranda, Krause, & Mete, 2008) and postpartum depression for poor women (Zlotnick, Johnson, Miller, Pearlstein, & Howard, 2001). Conversely, when implementing an IPT-based intervention that focused on stress management, motherhood role transition, anticipating interpersonal problems,
and developing conflict-resolution skills, Crockett, Zlotnick, Davis, Payne, and Washington (2008) found that pregnant, low-income African American women from rural areas did not report significantly lower depressive symptoms or parental stress three months postpartum than women who received standard medical, prenatal care.

**Cognitive-behavioral therapy (CBT).** The majority of published studies have found that CBT helps reduce depressive symptoms among poor people, particularly poor women (Foster, 2007; Peden, Rayens, & Hall, 2005). In one of the most commonly cited studies of treating poor women with depression, Miranda, Chung, Green, Krupnick, Siddique, Revicki, and Belin (2003) randomly assigned a sample of 267 low-income women, predominately composed of women of color, with mild to moderate depressive symptoms to one of three conditions: participants either received antidepressant medication, manualized cognitive behavioral therapy (CBT), or were referred to community health services, where the majority did not receive any mental health services. The CBT treatment condition focused on cognitive awareness and management of emotions and improving interpersonal relationships. Miranda et al. (2003) found that women who received medication or cognitive behavioral therapy experienced significant decreases in depressive symptoms and improvement in social functioning, as compared those who received referrals to community health services.

Additionally, studies have shown that CBT is most effective in treating depression among poor women when it is paired with other social services. Ammerman, Putnam, Stevens, Holleb, Novak, and Van Ginkel (2005) found that CBT effectively reduces depressive symptoms of poor, first-time mothers when therapists provide in-home services and train home health aides to provide continuing psychoeducation and support to the new mothers. Likewise, Miranda,
Azocar, Organista, Dwyer, and Areane (2003) found that low-income, Latina women who received CBT and case management services reported lower depressive symptoms following the intervention than those who received CBT alone.

However, another group of researchers has published accounts of a cognitive-behavioral intervention that did not demonstrate significant effects above and beyond the commonly offered clinic services. McKee, Zayas, Fletcher, Boyd, and Nam (2006) implemented a multipart intervention that included eight weekly sessions of cognitive-behavioral therapy, child development psychoeducation, and social support building with 187 Black and Latina low-income women who were less than 32 weeks pregnant and reported mild depressive symptoms. In this study, women in the treatment condition were compared to a treatment as usual (TAU) condition, in which women had the opportunity to obtain standard social services, potentially including individual counseling, family counseling, psychoeducation groups, and other support groups, provided by the health centers through which they conducted this study. Though depressive symptoms decreased significantly for both groups, McKee et al. (2006) found no significant difference in the reduction of depressive symptoms between participants who received cognitive behavioral therapy and those who received treatment as usual.

While they did not systematically assess their clients’ reactions to and evaluations their treatment, McKee, Zayas, Fletcher, Boyd and Nam (2006) contended that the women in both conditions enjoyed participating in the psychoeducational interventions that provided social support, information about accessible childcare, and ways to cope with daily stressors. Additionally, the authors reported that the women in the study valued having someone listen to them, and that this experience was more important to the participants than the reduction of
identified depressive symptoms. In an analysis of this intervention, Zayas, McKee, and Jankowski (2004) advocated for the incorporation of participatory research methods at all stages of mental health initiatives in poor and working-class communities. The authors argued that developing a nuanced understanding of community members’ needs, expectations, and actual therapeutic experiences is essential for delivering appropriate and effective services.

**IPT and CBT with class-diverse sample.** Noticeably absent from these studies are the psychotherapeutic outcomes for poor and working-class men, as well as working-class women. To address this disparity, Falconnier (2009) examined data from the National Institute of Mental Health (NIMH) Treatment of Depression Collaborative Research Program, which studied the effectiveness of cognitive behavioral therapy, interpersonal therapy, and pharmacotherapy on the treatment of depression in a class-diverse sample of 239 people that consisted of both men and women. Falconnier (2009) found that poor and working-class men and women with moderate depressive symptoms at the outset of the study experienced fewer decreases in depressive symptoms than middle and upper-class clients across all three forms of treatment.

Based on the findings that poor and working-class clients benefit less from therapy and medication than do class-privileged clients, Falconnier (2009) suggested that there may be limitations in utilizing these otherwise empirically-validated treatments with class-oppressed clients. In order to better understand the relationship between social class and psychotherapy treatment outcomes, Falconnier (2009) encouraged researchers and therapists to consider the impact of factors within the therapeutic process, such as the therapeutic relationship, client needs and expectations, and therapist competencies. A particularly important component of therapist competency, according to Falconnier, concerns therapists’ understanding of the “depressogenic
role of chronic environmental stressors” in the lives of class-oppressed people (p. 157) – a concept that had been introduced influentially by Belle and Doucet (2003). The following section will discuss the existing literature that focuses on the therapeutic process experiences of poor and working-class clients.

**Addressing the therapeutic experiences of poor and working-class clients.** As aforementioned, feminist psychologists have been prominent in the effort to develop class-aware approaches to psychotherapy (Hill & Rothblum, 1996). Feminist theorists have taken the lead in introducing class analysis to psychotherapeutic process and have predominately utilized qualitative and participatory methodologies to explore women’s class-related experiences in therapy, which allows researchers, who often identify themselves as middle class, to stick closely to the words and experiences of their participants.

In interviews with White, working-class women about their experiences in psychotherapy, Chalifoux (1996) found that these women were conscious of the class differences between themselves and their middle-class therapists. Further, the participants in this study spoke to how their experiences as working-class people influenced their beliefs and worldviews, and acknowledged that their therapists, as middle-class people, often interpreted session content through a middle-class lens. For example, participants believed that their middle-class clinicians were not aware that “freedom of choice takes money” (Chalifoux, 1996, p. 30). Additionally, the women in this study reported feeling hesitant and embarrassed about discussing financial difficulties and other class-related issues because therapists never inquired about such issues. According to participants, these unaddressed misunderstandings made it difficult for participants
to trust that clinicians would be able to see their concerns and experiences accurately, causing participants to think carefully about what they shared with their therapists.

**Guiding principles of socially-just practice.** One of the most coherent attempts to address the needs of clients in poor communities has been undertaken by Goodman and her colleagues (2006, 2009; Weintraub & Goodman, 2010). They have pursued an extensive program of research that has comprised community-based treatment, activism, and theory-building. Drawing on guiding principles of feminist and multicultural counseling psychology, Goodman et al. (2004) highlighted six key principles that inform their community work and research. These guiding principles are: “(a) ongoing self-examination, (b) sharing power, (c) giving voice, (d) facilitating consciousness raising, (e) building on strengths, and (f) leaving clients with the tools for social change” (p. 798). The principle of ongoing self-examination encourages psychologists to develop a thorough understanding of their own biases, stereotypes, and assumptions, as well as knowledge of the ways that systemic oppression and privilege have shaped their identities. Further, psychologists must recognize the power dynamics at work in the therapeutic relationship and find ways to share power with clients in forming more egalitarian relationships, and using what power they have as a platform to advocate for clients. Giving voice means understanding the ways that marginalized groups of people have been silenced and excluded by the dominant culture, and partnering with oppressed groups to help bring their self-defined needs, strengths, experiences, and goals to the forefront, both within the field of psychology and in larger society. Further, by facilitating consciousness raising for clients, psychologists help clients become more aware of the ways their personal difficulties are shaped by sociopolitical forces. By building on the strengths that clients possess, psychologists can help
clients to see themselves as capable of being an agent of social change, in a way that directly impacts themselves and their community. Finally, in consultation with clients and/or communities, psychologists can help provide access to the skills, tools, and interventions deemed necessary for sustained efforts toward social change. Ultimately, Goodman et al. (2004) noted, “To the extent possible, the counseling psychologist working from a social justice perspective should engage with the community in such a way that his or her presence becomes unnecessary for its continued growth and empowerment of its members” (p. 807).

**Relationship-centered advocacy.** Committed to challenging oppressive and unhelpful ways of working within marginalized communities, Goodman and her colleagues have developed a social justice-oriented approach to increasing and maintaining well-being among marginalized women that implements these principles. Initially, this framework was termed the “Full-Frame Approach” (Fels Smyth, Goodman, & Glenn, 2006), and it grew out of criticism for specialized services that are only equipped to address a particular issue women face. In contrast, a full-frame approach means working with people from a holistic, contextualized standpoint. This framework is particularly appropriate for working with people who are experiencing multiple, highly-related challenges, such as addiction, housing instability, unemployment, and mental health concerns. When working from a full-frame approach, service providers actively participate in addressing clients’ personal difficulties and the institutional barriers they face; develop supportive, trusting relationships with their clients; honor the self-determined goals of clients, and partner with them to decide the necessary course of action; and establish and participate in a community that allows clients to feel like they are part of something larger than themselves (Fels Smyth et al., 2006). Thus, through this way of working, service providers
engage in mutually-growthful relationships with clients, advocate on clients’ behalf – when necessary – to help bring about tangible changes in their lives, and encourage clients to take ownership of this process.

Subsequently, the full-frame approach was more specifically described as Feminist-Relational Advocacy (Goodman, Glenn, Bohlig, Banyard, & Borges, 2009) to highlight the important elements of this framework: advocacy, and the mutual relationships developed between service providers and the community members they partner with. More recently, Weintraub and Goodman (2010) adopted the name Relationship-Centered Advocacy to clearly indicate that this approach is not just relevant for women, but can be employed in work with other populations as well. Therefore, in the forthcoming discussions of the applications of this model, relationship-centered advocacy will be the title used.

**The ROAD Project.** The ROAD (Reaching Out About Depression) Project is an example of Relationship-Centered Advocacy that grew out of focus groups conducted with low-income women. These women shared they wanted a place where they could meet regularly with other mothers struggling with similar day-to-day issues. These focus groups resulted in a support group for low-income women called the Kitchen Table Project. The group members and community volunteers at Kitchen Table Project realized that many group members experienced depression or depressive symptoms, but had struggled with the traditional mental health system. They sought, instead, to create their own program for women with depression, and created the ROAD project. ROAD’s founding members believed in the therapeutic outcomes of personal
development combined with activism, which “alleviates depression by giving women a sense of agency and control” (Goodman et al., 2006, p. 272).

The ROAD project consists of two main components: workshops and resource teams. The workshops occur as a series of 12 two-hour sessions in which depression-related topics, such as social inequality and intimate partner violence, are discussed. The workshop facilitators provide psychoeducation and build community among the participants, and notably, the facilitators are former ROAD participants themselves. At the end of workshop series, workshop participants collaboratively design and implement an action event to raise awareness about depression or other issues with community members, health providers, and/or prominent decision-makers in the community.

Concurrently, workshop participants are partnered with a resource team, which consists of a counseling masters student and a law school student. Participants meet with their resource team in their homes and other community locations to discuss and develop solutions to their most pressing problems, which may include housing concerns, childcare, or employment. Resource teams may accompany their partners to health clinics, court, public assistance offices, and other locations where they advocate for the women’s needs. Further, resource team members share advocacy skills with their partner so that she may self-advocate. Finally, resource team members provide emotional support to their partners.

Ultimately, the resource team helps their partners to attend to their present critical needs so that they have the emotional and tangible resources (e.g. time) to engage fully in the workshops and develop supportive relationships with other workshop participants. Thus, while the
relationships that resource team members, particularly counseling students, have with their partners may not assume all the characteristics of traditional psychotherapeutic relationships, they appear to result in observable therapeutic outcomes, such as increased social support. Speaking to the powerful impact of this experience, one ROAD participant stated:

ROAD is a dependable support system. It gives me a lot of comfort that no matter how my week has been, I know that on Sunday I’m coming here to be together with my sisters. Can nothing happen now because I here with my sisters (p. 278).

As this sense of belonging and mutual support grows, Goodman et al. (2006) contended that the women develop increased self-efficacy and greater conviction in the capacity of their group, as a whole, to affect social change.

**Process reflections of ROAD participants.** Presently, Goodman and colleagues are in the process of assessing the experiences of ROAD members. Goodman, Glenn, Bohlig, Banyard, and Borges (2009) interviewed women who participated in ROAD about their experiences with the counseling student on their research team, who held the title “advocate.” As mentioned previously, advocates offered both emotional and psychological support as well as tangible help with securing benefits and stable housing, all depending on the self-defined needs and goals of the clients. In this qualitative study, the following themes emerge as helpful and positive aspects of the participants’ relationships with advocates: a) willingness to address concrete issues; b) co-defining goals and plans; and c) developing an honest and authentic relationship. Thus, it was valuable for advocates to have knowledge of local resources and actively assist their clients in obtaining these resources. The women in this study reported that having their advocates come
with them to meetings with landlords and other power-holders in their lives gave them the confidence to eventually take on these tasks alone and the hope in positive outcomes.

Secondly, the women valued having an active role in defining goals and collaborating to come up with detailed plans to address specific concerns. Emotional support was helpful to these women, but action plans were also highly engaging and motivating. Most importantly, the women in this study spoke of the necessity of honest, forthcoming communication between themselves and their advocate. The women in this study felt more connected to and trusting of advocates who shared their own struggles – thereby allowing themselves to appear human – and who were transparent and nonjudgmental. Working with an advocate who was willing to tell the truth – that is, to disclose their reactions and observations in a supportive way – made one women feel that she did not have to “worry that [the advocate is] trying to mask judgments about me” with the intention of being polite (Goodman et al, 2009, p. 863).

Reflecting on their participation in this program, the women noted that they often had trouble asking for and accepting help, fearing that they would be burdensome. Because their relationship with their advocates was a close but professional relationship, many women had difficulty negotiating the boundary of what kinds of help was acceptable to ask for. For example, one woman discussed how desperately she wished her advocate would offer to help wash her dishes; though other women acknowledged that their advocates helped them with household chores and childcare, this participant was unsure if it was appropriate to ask for such a favor. Goodman and colleagues (2009) acknowledged the anxiety-provoking nature that such uncertainty would cause. As such, they reported that they are meeting with the study participants to find ways to clarify boundaries and expectations the outset of the advocate-partner
relationship, while also maintaining the relationship flexibility that participants saw as a positive feature of their experience.

**Purpose of the Study**

The direction offered by feminist therapists, counseling psychologists, and others is vital for counselors and therapists to consider in their work with poor and working-class clients. Nevertheless, only a few of these studies offered poor and working-class people themselves the opportunity to contribute their psychotherapeutic experiences toward the development of theory that accurately attends to their concerns and validates their lived experiences.

Taking up the challenge of the APA Resolution on Poverty and Socioeconomic Status (2000) to bring issues of class and classism to the forefront in research and practice, this study aimed to continue and deepen the exploration of class-related experiences of poor and working-class therapy clients. Previous authors have suggested that the therapeutic relationship may suffer from diminished trust between clients and therapists when class-privileged therapists do not openly acknowledge issues of class and classism (Chalifoux, 1996; Goodman et al., 2009). Goodman and colleagues (2009) did not explicitly ask their participants to discuss class-related issues in therapy, and it is unclear whether Chalifoux (1996) specifically targeted class-related experiences in her interviews with working-class women. Additionally, neither of these qualitative studies investigated the class-related experiences of men in therapy, and Liu (2002) suggested that men’s subjective experiences of social class are not adequately captured in psychological literature.

Therefore, this study set out to add to the literature on considerations of social class in psychotherapy, and thereby to contribute to the theory and practice of class-aware
psychotherapy. Using a grounded theory approach, this study generated a theory about the ways in which psychotherapy is experienced by poor and working-class clients, grounded in the narratives of class-oppressed clients themselves. The following general research question guided this inquiry:

1. How do poor and working-class clients experience, understand, and negotiate class issues and class differences between themselves and class-privileged therapists?
   
   a) What impact do these processes have on the therapeutic relationship?
   
   b) What is the psychological impact of these experiences on clients?

2. According to poor and working-class people themselves, how can counselors and therapists better serve class-oppressed clients?
Chapter III

Method

The research questions described above were investigated in this study using a qualitative approach in order to gain a nuanced, contextualized understanding of experiences that have seldom been explored in previous research. Qualitative methodology was particularly well-suited for the aims of this study because it allowed for participants from marginalized communities to name their own experiences, and required researchers to ground their understandings in participants’ own meanings and constructions of their lived realities (Wang, 2008).

The qualitative research methodology that was used is Grounded Theory (Charmaz, 2006; Glaser & Strauss, 1967; Strauss & Corbin, 1990). Grounded Theory (GT) is a qualitative research method through which a theory, or conceptual framework, is inductively derived from study data, often generated from prolonged, face-to-face interactions between researchers and participants in the field (Creswell, 2007; Strauss & Corbin, 1990). In this way, the theory is built up from, and therefore grounded in, participants’ understandings of their lived experiences, which comprise the study’s data (Creswell, 2007). GT is particularly appropriate for contributing rich, innovative perspectives in research areas that lack thorough theoretical development.

GT was developed in the sociological tradition of symbolic interactionism, which holds that people both assign meaning to and derive meaning from their social interactions, and that this reciprocal process constructs their subjective understanding of themselves and the world (Charmaz, 2006). Thus, people do not react and act upon a fixed, objective reality; rather, people construct subjective understandings of reality through their interpretation of past and present
social interactions, all of which is informed by historical and cultural context (Fassinger, 2005). In sum, a grounded theory is one that elucidates the complex meanings that individuals attribute to a social process, action, or interaction (Strauss & Corbin, 1990), making it well-suited for understanding individuals’ experience of the psychotherapeutic process (Rennie, 1996), in the context social class.

Researchers pursuing qualitative studies in applied psychology have been called upon to explicitly clarify their “guiding paradigm” (Ponterotto, 2005, p. 132) or personal biases, values, and worldview, in their research methods (Elliot, Fischer, & Rennie, 1999). In this vein, I acknowledge that I approach the current study with a constructivist, critical theoretical orientation. This orientation presumes the existence of multiple, socially constructed realities informed by power differences that have historically resulted in the oppression and marginalization of some groups to maintain privilege of others. The current study also will apply the epistemological stance that the relationship between the researcher and participants is “transactional and subjective,” and the axiological position that the researcher’s “values and lived experience… cannot be divorced from the research process” (Ponterotto, 2005, p. 131). Orienting this study to constructivism and critical theory closely aligns with the prevalence of a constructivist orientation among counseling psychologists who conduct grounded theory research (Ponterotto, 2005). As such, Charmaz’s (2005) constructivist-leaning grounded theory will provide the framework for data collection and data analysis procedures in this study.

**Participants**

Charmaz (2005) recommended a sample size of 20-30 participants for a grounded theory study. In line with this recommendation, 22 adults (15 women, 7 men) with experience in
individual counseling were interviewed for this study. This sample was racially diverse, with 14 participants identifying as Black/African American, 4 as Asian/Asian-American, two as Latina, one as White/European-American, and one as Multiracial (indicating both Black/African-American and Asian/Asian-American on her demographics form). Twenty-one participants reported that they resided in New York, NY at the time of the interview, with one person participating in a phone interview while living in Philadelphia, PA. The percentage of participants who identified as Black/African-American (63.6%) reflects the racial demographic profile of the Central Harlem neighborhoods where the majority of participant recruitment took place, in which 63% residents identify as Black/African-American (New York City Department of City Planning, 2011, p. 40). Participants’ ages ranged from 21 to 69 years of age, with a mean of 36.8 years of age.

In terms of social class identifying information, most participants identified as low-income/poor ($n = 14$) and unemployed ($n = 18$). Of the eight working-class participants, three participants stated that they worked full time, and one identified working part time. One low-income/poor participant reported working part time. Most participants ($n = 17$) in this sample had received education beyond high school, such that five participants had “some college” education, ten had earned a Bachelor’s degree, and two had earned a graduate degree. Of the remaining five participants, three indicated they had completed some high school and two had earned a high school degree or General Equivalency Degree (GED). The majority of participants ($n = 19$) shared their perspective that their social class identification had changed over the course of their lives, such that most participants had experienced periods of greater or lesser financial and economic security than the present. In this vein, two participants expressed having difficulty
identifying their social class and indicated that they were “poor/low-income” on the demographic form, but chose to identify as working class during the interview after exploring their social class definitions. These fluctuations in class identity contributed to an understanding expressed by the majority of participants that working class and poor identities were closely linked (which will be discussed further in the explication of the study results). Thus, participants’ experience of social class identification aligned with the theoretical basis for interviewing both poor and working-class people as “class-oppressed” clients in the context of this study. Interviews with working-class participants were therefore included in this study, despite the relative imbalance between participants who identified as “low-income/poor” and those who identified as “working class.”

In line with the inclusion criteria, all participants stated that they had received individual counseling from a masters or doctoral level counselor, or with a counselor who was completing training for a graduate level degree. Though participants were not asked to disclose where they accessed counseling services, all but one participant (n = 21) shared the setting(s) of their counseling experiences during the interview. Participants in this sample accessed therapy in a diverse range of settings, including community-based organizations (n = 7), therapists in private practice (n = 6), university counseling centers (n = 5), hospital outpatient clinics (n = 4), and counseling training clinics (n = 2). Three participants reported receiving counseling services in more than one counseling setting, which explains the disparity between total number of participants and number of participants who sought counseling in different settings. Thus, many of the settings in which counselors would encounter poor and working-class clients are represented in this sample. The variance in the settings participants accessed therapy was not
considered a detriment to grounded theory data collection. Unlike other qualitative theories that emphasize the use of homogenous samples (e.g. Consensual Qualitative Research, Hill, Thompson & Williams, 1997), a complex, grounded theory requires researchers to obtain “multiple views of the participants’ range of actions” surrounding a given social process (Charmaz, 2005, p. 19).

**Procedure**

**Participant recruitment.** Participant recruitment took place over an eight-month period and consisted of three rounds of recruitment outreach to colleagues within my professional network. I shared email announcements and recruitment flyers with friends and colleagues who offered to pass on my recruitment materials or post flyers in their workplaces. These flyers were posted in organizations that provide counseling services and other resources to poor and working-class community members. Participants were also recruited through email and social media postings, snowballing, and word-of-mouth recruitment procedures.

**Data collection.** All recruitment materials encouraged potential participants to contact me if interested in learning more about this study. I conversed with all potential participants via phone or email at least twice prior to conducting the interviews for this study. During these initial contacts, I ascertained whether participants met inclusion criteria for this study, discussed participants’ rights, obtained participants’ consent to be audiorecorded, and scheduled the interview. In accordance with the procedures outlined by Levitt, Butler, and Hill (2006), I also shared the purpose of the study, which was described to interested individuals as “an exploration of counseling experiences among people who identify as poor or working class” and outlined the procedures of study participation to ensure that individuals who consented to participate were
comfortable with the proposed study content (that is, a discussion of social class issues and therapy experiences). Two potential participants who contacted me through phone or email to express their interest in participating did not follow up to schedule an interview with me after I responded to their initial contact. Two other participants expressed interest in the study and initially declined to be audiorecorded. These individuals shared concerns about confidentiality and the degree of anonymity they could expect. After I explained the procedures in place to protect their confidentiality, both individuals agreed to participate and consented to be audiorecorded. Participants were invited to contact me by phone or email before or after the interview was conducted with additional questions, concerns, or if they decided to withdraw their participation. No participants asked for their interview to be withdrawn from this study.

Participants completed demographic questionnaires and had the opportunity to participate in in-person or phone interviews. After moving from New York to California four months into the data collection process, I decided to solely offer phone interviews and continued to recruit through my established professional network in New York City. Participants interviewed in person received written informed consent and participants’ rights forms and the demographic questionnaire when we met for the interview. Participants interviewed by phone received written informed consent and participants’ rights forms and demographic questionnaire through an email hyperlink prior to the phone interview. In each case, I invited participants to ask questions before, during, and after the completion of the interview in an ongoing process of consent seeking. Participants interviewed in person were interviewed in a quiet, private office at Teachers College, Columbia University. These participants received $20.00 as compensation for their participation as well as a $4.50 Metrocard to reimburse them for travel expenses. All
participants interviewed by phone were encouraged to find a quiet, private space to be while participating in the interview. These participants received the $20.00 compensation for their participation. Participants interviewed by phone received their study compensation through PayPal or by cash or check through mail, and confirmed receipt of their payment through email or phone.

Whether interviews were conducted in person or by phone warranted unique considerations in order to build trust and rapport with participants. I often had several phone conversations with in-person interviewees prior to our interview about making travel arrangements and confirming transportation and walking directions to the building where interviews were held. When meeting with participants for in-person interviews, I dressed casually (often wearing jeans and a t-shirt) and did not wear items emblazoned with expensive name brands, so as not to flaunt my purchasing power or communicate that this was a formal interaction. I met all participants at the front desk of the building where the interviews were conducted, and engaged participants in friendly small talk as we walked to the office where interviews were held. I inquired about the participant’s comfort with seating and lighting in the office and engaged in consent-seeking throughout the duration of the interview. During the interviews, I maintained frequent eye contact and utilized non-verbal attending behavior (e.g. nodding) to demonstrate my attentiveness. I also walked participants back to the front of the building and confirmed their walking and transportation directions home. I made each of these considerations when interviewing people in-person in light of the fact that they were traveling to a potentially unfamiliar location to have a conversation with an unfamiliar person about their social class and therapy experiences.
Participants interviewed by phone may have experienced an enhanced sense of comfort by being able to participate from a familiar location of their choosing. At the same time, I was limited to using verbal attending strategies to enhance rapport. When I spoke with participants for the phone interview, I engaged them in similar friendly small talk as we began our conversation to highlight my interest in them as a *person*, not just as a study participant. I also made more frequent use of verbal encouragers, reflections, and paraphrase statements to demonstrate my attentiveness to these participants. Additional reflections about the impact of study conditions for participants can be found in the “Researcher Reflections” section of Chapter V.

Most interviews were approximately 30 to 50 minutes in duration, with some lasting as long as one and a half hours. Each participant answered all of the questions in the interview and provided rich, nuanced understandings of the experiences they described. Though many participants expressed gratitude for the opportunity to be financially compensated for their participation and acknowledged that this encouraged them to consider participating, they also appeared to be engaged in the interview and curious about the study. Many expressed their happiness that “someone thought this was important enough to study,” as Diane, one of the participants, shared.

All interviews were recorded using a digital recorder and stored electronically as audiofiles. Interview audiofiles and electronic copies of interview transcripts were password protected on my computer. Participants’ names did not appear on any study-related materials. To ensure anonymity, participants’ informed consent forms, which were the only documents with
their name attached, will be stored separately from other study-related documents in a locked filing cabinet in my office.

I conducted all interviews in order to remain closely connected with the data. I submitted all interviews to be transcribed by a professional transcription services company, which guaranteed confidentiality of all materials. Having the interviews professionally transcribed and returned to me within 48 hours of submission allowed me to conduct data collection and data analysis simultaneously. This allowed me to identify “gaps” or unanswered questions in my data and pursue saturation of the emerging concepts; that is, I was able to collect data until new data became redundant and confirmatory of my emerging theory.

A therapist holding a PhD in counseling psychology and practicing at a university counseling center that typically serves first-generation college students in New York, NY agreed to serve as a peer reviewer of the data analysis. The peer reviewer was a self-identified Black Dominican woman who grew up in a working-poor family. She had expertise in qualitative data analysis, including the use of grounded theory methodology, and substantial experience in the study of social class issues. I spoke with my peer reviewer via phone and email throughout the data analysis process. The peer reviewer received all data analysis materials and offered suggestions about coding and naming categories and understanding the relationship between codes.

**Instruments**

**Demographic data.** A demographic form (see Appendix A) was used to collect data on participants’ age, race/ethnicity, educational level, and occupation status.
Interview protocol. Charmaz (2005) recommended that interview questions be structured enough to elicit the participants’ relevant experiences, but broad enough to allow “unanticipated statements and stories to emerge” (p. 26). Charmaz (2006) furthermore encouraged the use of follow-up prompts to encourage elaboration and inquire about the participants’ thoughts and feelings in the process of the interview. Thus, a semi-structured interview protocol with broad, open-ended questions based on the study’s research questions was developed based on the sample grounded theory interview questions (Charmaz, 2005) and the interview questions used in previous studies of social class and psychotherapy (e.g. Chalifoux, 1996; Goodman et al., 2009) (Appendix B). Prompts were minimal and mainly used to encourage participants to elaborate. The interview protocol was developed in consultation with research team whose members are committed to the study of social class issues, classism, and socially-just research and practice. This research team was comprised of one faculty member and over twenty graduate students from diverse class backgrounds enrolled in clinical and counseling psychology programs.

Data analysis

In this study, grounded theory principals and procedures were used to analyze the transcript text. Data analysis in the context of grounded theory takes the form of developing codes based on transcript text, and then generating increasingly abstract conceptualizations of the patterns and relationships among the emerging categories and concepts. According to Charmaz (2005), data analysis occurs in four phases: a) initial coding, b) focused coding, c) axial coding, and d) theoretical coding. Charmaz (2005) acknowledged that these phases need not occur in a linear, sequential fashion. Indeed, in this study, these phases happened cyclically, such that the
initial coding of the first transcripts illuminated themes that were documented through the use
of memo-writing, an analytical process that will be described in further detail, and applied to
subsequent transcripts. As later interviews elicited new ideas and themes in the data analysis, I
returned to transcripts of earlier interviews to see if these ideas and themes “fit” the earlier data.
Thus, grounded theory data analysis required repeated readings of the transcripts to
systematically codify and document the major themes that emerge within and across transcripts.
This cyclical process of data analysis allowed me to continue data collection with the intent of
clarifying, refining, and redefining the codes and thematic concepts that emerged in earlier
transcripts. This repeated comparison of codes and concepts is referred to as constant
comparative methods (Glaser & Strauss, 1967), which is used to achieve saturation of data.

Glaser and Strauss (1967) offered criteria by which to judge the reliability of a grounded
theory study. First, the emerging theory must closely “fit” the data, possess usefulness, have
conceptual richness and density, be durable and modifiable, and have explanatory power (Glaser
& Strauss, 1967). In order to pursue these reliability criteria, multiple phases of coding, constant
comparison methods, and the peer reviewer approach used in this study helped to illuminate
potential researcher biases and ensure that the developing codes were grounded in the words of
participants.

**Coding Procedures**

The coding procedures that comprise grounded theory methodology joins the words of
participants with common themes that occur across participants’ experiences to build the
emerging theory. Charmaz (2006) describes coding as a process whereby “you define what is
happening in the data and begin to grapple with what it means” (p. 46).
**Initial coding.** Using the transcript text, initial coding involved the application of brief, descriptive labels, or data *codes*, to word-by-word, line-by-line, or incident-by-incident (where *incidents* are separate stories in participants’ narratives) sections. Because grounded theory focuses on social processes (Charmaz, 2005) the initial codes developed in this study focused on the actions and processes explicated by participants. In order to remain as close as possible to the participants’ words, I adopted terms that participants used to develop *in vivo codes* to name data. These initial codes represented the meaning units that I returned to throughout the study in order to ensure that each successive phase of analysis remained true to the participants’ experiences. The process of initial coding generated 1937 codes over all 22 transcripts.

**Focused and axial coding.** The secondary phase of coding involved the selection of the most common and/or significant codes generated through initial coding. *Focused codes* identify the salient categories and themes that are descriptive of large amounts of data. I developed focused codes by moving from naming data, as in initial coding, to comparing data codes to other data codes within and across transcripts, and then again comparing the emergent focused codes to the initial data codes to ensure that the focused codes are accurate and explanatory. At this phase, the researcher moves beyond attaching descriptions to participants’ words to active interpretation of the data. This phase of coding synthesized the initial codes into approximately 35 focused codes.

Focused coding and axial coding happened concurrently in this study, as the relationships between emerging codes were consistently hypothesized and explored through memo writing. The aim of axial coding is to further synthesize the focused codes into the major
conceptual categories and understand the relationships between these categories, referred to as *concepts*. Along with Charmaz (2005), Fassinger (2005) suggested that researchers additionally delineate the *properties*, or characteristics, and *dimensions*, or relative positions of data, with each category. Both authors described the following considerations to assist with making concepts visible, borrowed from Strauss and Corbin (1990): a) Identify the *conditions*, or circumstances that form the basic framework of the phenomenon being studied; b) *actions/interactions*, or participants’ responses to particular incidents; and c) *consequences*, or the outcomes of the actions/processes described by participants. Charmaz (2005) warned that this frame can be “limiting” and actually impose a deductive structure on data (p. 61). However, she acknowledged that these considerations can help “extend” a researchers’ vision, so long as they are not rigidly imposed (p. 61). In sum, the purpose of axial coding was to reconstitute and organize the data, which was disconnected during the initial phases of analysis. Six axial codes were developed during this process, and the elucidation of the relationships between these codes provided the analytic frame for participants’ experiences. As with focused coding, constant comparison was employed to compare specific incidents that participants reported with the properties of the axial codes and located the incidents along the dimensions of these properties.

**Theoretical Coding.** This integrative phase of data analysis called for the creation of a *substantive theory*, in which all of the categories and concepts are integrated into a coherent story that represents the core experiences of *all* participants. This phase allowed for the development of a core story that provided the link between participants’ specific, unique experiences and an integrated understanding of the general conditions, actions, and outcomes that comprised participants’ experiences. Each participant’s story, then, contributed to the development of a core
narrative that provided “explanatory power” of participants’ experiences as a whole (Charmaz, 2006). Category properties and dimensions helped integrate the data from all participants into an explanatory theory. Fassinger (2005) recommended creating a visual model (Figure 1) of the relationships among categories, repeatedly comparing the initial data codes and, holistically, participants’ narratives against the model, which is equivalent to the emerging theory. The emerging theory was then compared to the codes derived from earlier phases of analysis, and more holistically, to the incidents participants recounted in the interviews, to once again ensure that the theory was truly grounded in the words and experiences of participants.

Memo writing was a data analysis activity that occurred at all coding phases to help the researcher analyze ideas about codes, categories, and concepts. In this study, memo-writing took the form of informal, free-flowing jotting down of ideas, questions, and connections that served as a springboard for the creation and naming of categories, writing drafts, and theory-building. Memo-writing kept the researcher immersed in the data, and spurred creativity and critical interpretations of data.

Researcher Reflexivity

Fassinger (2005) noted that there are ethical and methodological concerns when a researcher is not a member of the groups with whom she is interacting, particularly when the researcher holds privileged identities and is interviewing participants from marginalized or oppressed communities. While Fassinger (2005) reported that she has tried, in the past, to match interviewers and participants demographically, she acknowledged that such pairings are not always feasible or necessary. Fassinger (2005) recommended that privileged, outsider researchers must be acutely attuned to their values and biases and potential issues in establishing
trust and developing rapport. As the primary researcher of this study, I am a White, middle-class female doctoral student in counseling psychology who has two years of experience counseling and assessing the mental health concerns of poor and working-class men and women at a vocational training center, and two additional years of experience of co-conducting participatory action research studies with youth from schools and community-based organizations in poor neighborhoods. Throughout the research process, I openly documented my values and biases through memo-writing, and demonstrated transparency to participants by openly answering questions they had about the nature of this study and the intended use of their narratives and by inviting them to ask me questions throughout the interview. These actions align with the elements of honesty and disclosure that Goodman et al. (2009) reported as enhancing the relationship between poor clients and class-privileged service providers.
Chapter IV

Results

An emerging theoretical model of how poor and working-class clients experience, understand, and negotiate social class issues in the therapeutic encounter is presented in Figure 1. Strauss and Corbin (1998) characterize the core category as the construct that “pull[s] the other categories together to form an explanatory whole” (p. 146). In this study, a core narrative emerged around participants navigating social class issues in therapy through seeking mutual understanding with their therapist, which is pictured at the center of the figure to encompass the client actions, therapist actions, and client reactions within the therapeutic encounter. Client’s subjective experience of mutual understanding, or the degree to which they felt understood and connected to their therapist, is captured in the category, “Client Reactions.” This dynamic process of “pursuing” and “seeking” mutual understanding is described as such to indicate that clients were active participants in this process and that clients typically experienced fluctuations in the degree to which they perceived mutual understanding between themselves and their therapists. That is, not all participants felt that they achieved mutual understanding with their therapists, and participants who did experience mutual understanding within their therapeutic relationships also reported specific interactions during which they felt misunderstood and disconnected from their therapist.

The figure contains three main components: 1) Client Sociocultural Awareness, 2) Client-Therapist Interactions, and 3) Therapeutic Outcomes. “Client Sociocultural Awareness” reflects participants’ class and cultural consciousness, spanning multiple systemic levels to encompass the contextual conditions that influence client’s actions and reactions in the process of seeking
mutual understanding with their therapist. This category includes clients’ awareness of the ways social class and classism operate at societal, institutional, interpersonal, and individual levels. The solid arrows from “Client Sociocultural Awareness” to “Client Actions” and “Client Reactions” represent the influence of clients’ sociocultural awareness on the actions they took towards mutual understanding and their reactions to their therapist’s actions. In particular, participants’ *perceptions of therapist social class* and *identity comparisons* between themselves and their therapists represent clients’ sociocultural awareness at an interpersonal level specifically in the setting of the therapeutic relationship. Client’s perception of sharing class and other identities with their therapists tended to enhance client’s sense of mutual understanding (“Client Reaction”) within the therapeutic relationship. Perceiving identity differences in the therapeutic relationship had the potential to inhibit mutual understanding (“Client Reaction”), though most participants found that differences could be navigated through the use of mutuality-enhancing client and therapist actions.

“Client-Therapist Interactions” encompass the client actions, therapist actions and client reactions that contribute to the process of seeking mutual understanding. “Client Actions” and “Therapist Actions” are identified as *mutuality-enhancing* or *mutuality-inhibiting*. The dashed boxes containing mutuality-enhancing and mutuality-inhibiting client and therapist actions are used to represent these actions as occurring along on a spectrum (*mutuality enhancing-inhibiting*). Nearly all participants reported engaging in both sets of client actions and perceived their therapists to have engaged in both sets of therapist actions. These actions are separated and enclosed within dashed boxes to make visible the diverse *interactions* reported by participants, which are indicated by the bidirectional arrows between each subcategory of client and therapist
actions in Figure 1. Dashed bidirectional arrows represent client-therapist interactions characterized as “misunderstandings” or “miscommunications” by participants, in which the therapist engaged in mutuality-inhibiting actions. The solid bidirectional arrows represent interactions in which the therapist engaged in mutuality-enhancing behaviors, which were viewed as helpful and connecting interactions, and ones that could serve as potential pathways for repairing misunderstandings. For example, the solid arrow between “mutuality-inhibiting” client behaviors and “mutuality-enhancing” therapist behaviors could represent an interaction where a client withheld reactions about class and race differences between therapist and client, and the therapist inquired about these issues (Andrea, one of the participants in this study, describes such an interaction, which is discussed in further detail later in this chapter).

Clients’ desire for mutual understanding influenced the actions they took, and their actions also influenced the development of mutual understanding. The behavior of a client may be understood as a “consequence” of, or reaction to, the behavior of the therapist, indicated by the solid arrow between “Therapist Actions” and “Client Reactions” and the arrow from “Client Reactions to “Client Actions.” For example, when clients shared accurate personal information about their material circumstances (mutuality-enhancing client action), they provided the opportunity for therapists to attend to these class issues (mutuality-enhancing therapist action), which contributed to clients’ sense of being understood (client reaction). In turn, when participants perceived their therapists engaging in mutuality-enhancing actions, participants felt understood and connected to their therapists (client reactions), and thus felt more invited to share personal information and reactions with therapists (mutuality-enhancing client action).
“Therapeutic Outcomes” contains participants’ reflections of what they have gained or not yet gained from the counseling process. In the category, participants described gains and disappointments from past therapy experiences, as well as the gains and disappointments they’ve experienced in on-going treatment at the time of the interview. This category is differentiated from “Client Reactions” in that these outcomes represent the mental health impact of seeking mutual understanding within the therapeutic relationship on clients.

Each component of this model will be supported with direct quotations from my interviews with participants, highlighting the centrality of participants’ voices in grounded theory research. All participants were assigned pseudonyms that accompany their stories to provide the reader with a way to make connections between each participant’s experiences. Participants’ demographic information is presented when they identify class similarities or differences between themselves and their therapist as salient (see Table 1 to reference participants’ demographics). If participants self-identified with race or class signifiers in our interview that differed from the options presented on the Demographic Questionnaire, their demographic information in this chapter will be in accordance with their self-described identities.

When I included participants’ quotations to explicate the findings of this study, I often chose to present participants’ description of an entire “incident,” or interaction with their therapists. Each incident may include numerous client and therapist actions and thus provide evidence for multiple categories beyond the category being supported by that quotation. In some cases, the incident described will be exemplify the core narrative model – demonstrating the contextual conditions, actions, and reactions that contributed to the pursuit of mutual
understanding within that interaction. I made the decision to present these interactions holistically in order to preserve the integrity of participants’ experiences.

Further, I present participants’ words verbatim, seeking to remain as close as possible to their actual speech during our interviews, with the intent of maintaining the authenticity of their voices. In the context of a study about class dynamics, I am aware that aspects of speech, particularly grammar and vocabulary, can act as cues for social class and culture. This consideration was voiced by participants themselves who identified vocabulary and manner of speech as social class signifiers, with some expressing fears of sounding “uneducated” in their interactions with middle- and upper-class people. Presenting verbatim speech of participants from oppressed populations in qualitative studies has the potential to reproduce marginalizing societal dynamics of “other-ing” and devaluation of oppressed groups (Crozier, 2003; Fine 1994). However, changing participants’ words to fit the grammar conventions of Standard English would also decrease the authenticity of their words and reinforce the “correctness” of Standard English, effectively devaluing participants’ ways of speaking. For these reasons, I chose to present participants’ words as they were spoken. I acknowledge that my own speech - in these interviews and in my everyday life – does not always adhere to the tenets of Standard English. At the same time, as a middle-class, White American pursuing a graduate school education, I understand that my ways of speaking are often privileged and valued. I present these considerations to make visible the social class and culture-related power dynamics present in this study, and all research endeavors (Fine, 1994).
Regarding language used in this study, it should be noted that “participants” and “clients” will be used interchangeably, as will “therapists” and “counselors.” Further, identifications of therapists by social class (i.e. “middle-class therapist”) represent participants’ perceptions of their therapists’ social class. To identify the frequency of responses that support each category, I will adopt terminology from other grounded theory studies conducted by counseling psychologists (e.g. Richie, Fassinger, Linn, Johnson, Prosser, & Robinson, 1997), as follows: 1) “generally,” “the majority,” “most,” “the participants in this sample,” and “typically,” indicates a frequency of 13 or more participants; 2) “some,” “several,” “numerous,” “a number of” and “often,” indicates responses from 6-12 participants; 3) “a few” indicates responses from five participants or less; and more specific wording (e.g. “four” or “all) is occasionally used to indicate frequency.

Core Narrative: Navigating Class Issues in Therapy by Seeking Mutual Understanding

Throughout the interviews, participants shared rich, complex observations about the ways class issues manifested in their counseling experiences and the factors that generated positive and negative experiences in this context. As participants talked about how they experienced and navigated class issues within counseling, the importance of having a strong therapeutic relationship characterized by mutual understanding became apparent. Participants spoke to the development of mutual understanding with their therapist as a process of “you getting to know me better, me getting to know you better,” according to Catherine, a poor, African-American woman. In this way, participants expressed their hope that their counselors would “know” and
understand them, as well as their expectation that counselors would allow themselves to be “known” by clients, to use Annette’s words.

For participants in this sample, feeling connected to and understood by therapists required that therapists demonstrate an awareness of participants’ social context, which included clients’ experiences of poverty, unemployment, insecurity of resources, and intersecting forms of oppression. Most participants initially evaluated the likelihood that they would be understood and able to relate to their therapists through their perceptions of their therapists’ social class membership, in addition to considering other shared and different identities. Some participants described working with middle- and upper-class therapists and learning or inferring that their therapists had grown up poor or working class. For these participants, having a shared class identity with their therapist - alongside other shared identities like race or gender - helped them identify with their counselor and increased their belief that they would be understood. Rashad, a poor, African-American man, connected with a therapist he perceived to be a middle-class, Asian woman who grew up poor. Rashad felt that knowing his counselor came from a similar class background “made us closer.” Likewise, Tameka, a working-class, African-American woman who grew up poor, felt her once poor, now middle-class counselor could relate to the emotional impact of the stigma of poverty, saying, “she understood all of those aspects about me… We just connected on those levels.” Conversely, several participants who perceived social class differences between themselves and their counselors anticipated that they would not be understood and would not be able to relate to their therapists. Elena, a working-class, Latina woman, described this experience with her middle-class, White counselor when she said, “I feel
like I didn’t really establish any rapport with her… because she’s living a different life than I am in regards to social class.”

However, when reflecting on their counseling experiences, many participants ultimately remarked that class differences between themselves and their therapists “did not matter,” to use Annette’s words, in that these differences were bridged by the development of mutual understanding. Andrea, a low-income, African-American woman who expressed having initial reservations about working with a “middle to upper class,” White, female counselor, shared, “As I got to know her, she seemed to, I guess I warmed up to her, she warmed up to me.” Andrea shared that her counselor’s willingness to self-disclose invited Andrea to engage more authentically with her: “She asked what I like to do. And I guess once I said a few things, she said she liked to do it too. So, of course I, you know, usually the counselors have more questions for you and I started asking her questions.” When I asked Andrea what it was like to ask her therapist questions, Andrea shared, “At first I was like, I don’t want her to think that I’m being nosey or trying to pry into her life or anything, but I don’t know. I guess it felt human.”

Thus, clients felt they were able to relate to and truly get to know therapists who were genuine and emotionally responsive. Several participants described their therapists as “down to earth” to indicate their sense of their therapists’ genuineness. Others described their therapists as “human,” “real,” or “straight up” to convey their sense that their therapists were relatable and bringing their true personhood into their interactions. Rashad shared, quite simply, “You have to – it’s a relationship. It’s forming a relationship with the counselor. If you don’t have that, that’s
not effective counseling to me.” Jessica further described the importance of having a “genuine” therapist who brought more than therapeutic “technique” to their interactions:

I think what was really important to me was that the person was genuine and that it did not seem like a technique. To me, I guess one of the things that if I think about it, like I was not looking for a friendship, but I was looking for an interaction.

Clients also felt they were respected and well-understood by therapists who engaged in power-sharing and were willing and able to address social class issues in therapy. When some participants perceived their therapist to lack genuineness or the knowledge or willingness to attend to class issues, they felt disconnected from and misunderstood by their therapists. The few participants who reported negative counseling experiences with middle and upper-class counselors appeared to experience on-going misunderstandings in these relationships that contributed to their dissatisfaction with treatment. In this regard, Diane, a poor, White, woman with disabilities, reported experiencing ongoing conflict in her relationship with her therapist due to his perceived unwillingness to provide assistance with Diane’s “socioeconomic problems, which he feels he can’t do anything about and it’s not his job to.” Diane stated that her therapist frequently redirected the focus of the session to “Gestalt things,” or the larger themes of her lived experiences and patterns within her relationships. In response, Diane “said to him, obviously, that should be part of the therapy. But, I said, ‘It’s very difficult for a person who is fighting for their economic survival not to mention my physical survival.’”

Participants also discussed the ways they contributed to the pursuit of mutual understanding in the therapeutic relationship. The majority of participants did this by providing
accurate information about their lives and presenting concerns. Some participants also shared their reactions to the therapeutic process. Each of these behaviors provided counselors with the opportunity to more accurately attend to clients’ needs, which facilitated clients’ sense of being understood. A few participants, anticipating being judged negatively by therapists who did not share salient social class or other cultural identities, withheld pertinent biographical information. A number of participants also reported withholding reactions to their therapist for fear of causing misunderstandings within their relationship.

Carol, a low-income, Black/African-American-identified woman, shared the profoundly positive impact of mutual understanding in her relationship with a middle class counselor, saying, “for me to understand [Counselor’s Name] as well as she understands me, I think that is a blessing from God.” Jonathan, a working-class, queer-identified, African-American man, had this to say about his middle-class, queer, Latina counselor who he believed grew up poor or working class:

I felt like there was such a sense of peace in knowing that the person who I was talking to could actually relate to my experience at some level. There was another level of – I felt like a deeper level of understanding and connection to my counselor that facilitated my sessions with her.

These examples illustrate the importance of seeking mutual understanding in therapeutic relationships for the poor and working-class people interviewed for this study. As participants discussed these experiences, they described the conditions and actions that enhanced and inhibited the development of mutual understanding between them and their therapists, as well as
the outcomes of this process. These societal conditions, therapist and client actions, and therapeutic outcomes are described in further detail in this chapter.

Client Sociocultural Awareness

**Class differences within a social class hierarchy.** The participants in this sample discussed social class as group memberships arranged along a hierarchy differentiated by degree of financial security and leisure time. As self-identified members of the groups with the least financial security and leisure time, participants emphasized the relationship between social class and well-being. This category encompasses participants’ definitions of different social class memberships, class-specific stressors for working-class and poor people, and the role of intersecting identities in understanding poverty.

**Wealth and flexibility.** According to participants, the people at the top of the social class hierarchy, upper class and wealthy people, had the greatest economic stability and ability to live leisurely lives. Several participants defined upper class as people who do not have to work to survive, or who can miss work “without jeopardizing their job or financial standing,” in Elena’s words. According to participants, being free from economic constraints allows wealthy people the flexibility to spend money and travel without much restriction. In Omar’s words, upper class people “have what they want when they want it,” and Willie added, “they would go where they want to go.” A few participants expressed feeling envious of wealthy people for this freedom. I noticed, however, that most participants offered limited descriptions about what being “upper class” meant to them, possibly because the lives of wealthy people were removed from their own. Diane spoke to the social distance of upper class people, saying, “You don’t really see
them.” Elena may have also spoken to her experience of social distance from wealthy people when she said, “I can’t, honestly, like I can’t really comprehend what a wealthy person is.”

To be “in the middle.” To be middle class, according to these participants, was defined according to what “middle class” was not: not poor and not rich. As Catherine described, “They are living much better than a poor person, and they are not living as high a standard as a rich person. They are in the middle.” Three poor, unemployed participants viewed being middle class as closely related to being working class because they perceived people in these classes as having greater access to steady employment as a resource. Most participants, though, saw middle-class people as having greater financial and employment stability than both poor and working-class people. The majority of participants identified middle-class people as having higher incomes and educational opportunity than working-class people. Middle-class people were seen as having the benefit of savings, access to resources like high-quality healthcare, and less physically- and time-demanding occupations. Tameka explained this difference between the jobs working-class and middle-class people have access to:

I think that people who work in working class, it is like those jobs are, they are harder in sometimes they are more physical, whereas others’ job are, maybe, like white collar jobs are more based on education, based on, not boring and all the things of that nature. I think it is the physical demands are definitely more and I think a lot of times that there is more time involved in the jobs but also less money.
Annette provided a summary of the ways middle-class people can be differentiated from working-class people when she said middle-class people have “more financial flexibility,” their lives are “a little bit more comfortable,” and “they don’t feel strained.”

**Poor and working class commonalities and differences.** The theme of feeling “worn out,” to use Lianne’s words, was expressed by numerous participants about what it meant to be working class or poor. This sense of “constant fatigue,” in Elena’s words, comes from having to work many hours with little leisure time and from having to manage money consistently. Priya identified the “pressure” working-class people “are under” to have “the funds to provide for your family” and “making sure your kids are healthy, even if it does not mean having health insurance.” Priya went on to speak directly to the limited leisure time working-class people have:

> When it is working class you barely have time to yourself, let alone if you have a family, being able to see your kids, spend time with them and grow them up in a way that you would want them to grow up if you had the resources.

Vicki, who identified as poor, and Sonia, who identified as working class, both described spending considerable time and energy monitoring their expenses each day. Sonia described “counting and setting things aside and negotiating and renegotiating finances with great regularity,” and Vicki added, “I have to think about my rent for the next month. I do the calculations every day.”

The key distinction participants made between being poor and being working class was one’s ability to afford basic necessities. Working-class people were described as “always working” in Lianne’s words, and living paycheck-to-paycheck. Jessica highlighted the financial
insecurity faced by working-class people when she expressed that though she was able to cover her basic expenses, she also considered, “I kind of just think of, like, if you do not necessarily have savings or you feel like if you lost your job… what would you do?” However, by participants’ definitions, being poor means “even what you work for does not meet the needs you have and your family has,” as Alicia stated. According to participants, basic needs were defined as needs for clothing, food, shelter, and some access to healthcare. Several participants who identified as poor shared that “making ends meet was a challenge,” as Jonathan stated. Like working-class people, many poor participants reported that finding ways to meet their basic needs was time-consuming and emotionally draining, with the added stress of not knowing “when that next money source is coming in,” as Sonia shared. When asked what it meant for him to identify as poor, Willie said, “It’s a struggle, you know, not being able to keep too much, you know?”

**Stigma of poverty.** A number of participants shared that an added stressor of poverty was being looked down upon for being poor. Rashad stated, “When you’re coming from a lower class, you get the perception that people are just immediately, uh, judging or criticizing you because of that.” The reason for this, Andrea argued, is that “some people who are middle, upper class, and wealthy, they tend to look down on people who are low income.” Michael shared the stereotypes he feels middle-class people hold about poor people: “You are a drug addict, you commit crimes, things like that, you know, to support any of your habits and anything like that. Or if you want clothes or sneakers, you don’t have any, you get food stamps and welfare.” Accordingly, Carol shared experiences when she felt like she had been “treated like half a person” by people she perceived to be middle class. Tameka, who presently identified as
working class, also shared her worries about how other people viewed her family when they experienced episodes of poverty during her childhood. She said, “we felt that people were talking about us, people are looking down and, ‘They do not have this, they do not have that.’” For some participants, past experiences of being stigmatized contributed to fears of being misunderstood or judged negatively by middle and upper class therapists. These experiences are included in the section, “Different Identities.”

**Intersecting Oppressions.** Most participants spoke to the ways multiple forms of oppression compounded the marginalization of poverty. Several participants linked race or racism to social class, as Savannah shared, “racial minorities are more likely to be poor in America,” and, “I think it would be more White that would be considered middle class.” In addition to race, Elena also linked poverty to immigrant status, gender, and marital status, stating that poor people “constitute a lot of marginalized groups probably like immigrants and unwed mothers… because those people have a barrier” to educational opportunities. Diane added her perception that ability/health status and age were linked to poverty: “A sick person is going to be poor. See somebody in a wheelchair, unless, you know, they’re very well-dressed, you can bet money that they’re poor… Or older people tend to be poor.” Diane spoke personally to the intersection of ability and poverty when she shared that she has not been able to work due to disability: “The difficulty now is I cannot work and so, I am truly shafted. It’s not good to be poor, but it’s much worse to be poor and sick.” Lastly, Omar spoke to the intersection of ability and poverty in the context of mental health difficulties. He identified shared stereotypes of poor people and “people with mental illness” as being “uneducated” and “that all we know about is
drugs.” He went on to explain that psychiatric medication is one needed resource that poor people may not be able to afford, which then perpetuates their mental health concerns:

We have to worry about mental illness and then being poor on top of that. Because if you are poor you can’t pay for your medication. If you don’t have your medication, then when a episode happens, how are you going to survive that episode?

**Social class and mental health.** Twenty-one participants identified poverty and other class-related stressors as being detrimental to their own and/or others’ mental health. Eleven participants identified class-related concerns as highly salient in their decision to seek counseling. For example, Michael shared that he sought counseling because, “I want to go back to school and things like that. I need to make that, put that step forward before anything, go back to school. And then maybe I can get a job.” Like Michael, the participants for whom class issues were highly salient in their presenting concerns shared they sought counseling in order to obtain needed resources, such as education, employment, secure housing, or food, and/or to cope with the distress of not having these resources. Ten additional participants identified class concerns as secondary or tangentially related to the concerns that brought them to counseling. These participants were currently able to meet their basic needs and so did not experience pressing economic distress, but discussed issues such as fear of financial insecurity, classism and other forms of oppression, and the impact of their social class-related experiences and values on their interpersonal relationships. Claire was the only participant to say that she “had not discussed many things related to social class” in counseling, though she felt it was important for therapists
to learn about the “different pressures” of poor and working-class people who “are more struggling with money issues” and “may even not have that money to go to the counseling.”

Some participants specifically described the relationship between class-related stressors and mental health. Jessica and Carol described the depressogenic nature of poverty contributing to people feeling “emotionally-” and “spiritually poor,” respectively. Derrick also identified a link between being “poor in money” and feeling “poor in life” and further explained how chronic financial insecurity contributed to his own feelings of depression:

When you ain’t got no money, I know when I ain’t got no money, I’m depressed. I’m depressed trying to figure out how to get some money and I don’t work, I get a check month to month. So that’s very stressful because once you get your money, you pay bills. Once the money is gone, you got to wait three or four weeks later for your next check. That is very stressful and very depressing.

Michael agreed, saying being poor, “is like shit… You know, after you finish buying what, you, little you have with food stamps and stuff, it is like survival.” Andrea added that poor and low-income people feel discouraged by the numerous difficulties and barriers they face as they try to “get out of just being poor,” stating, “A lot of people that live in my situation, they lose hope – about getting out of it, being, having a better life.”

On the other hand, some participants described middle-class people as being less stressed and more optimistic than poorer people because they had financial and employment stability and ready access to needed resources – including high-quality mental health services. This belief was endorsed by Annette, who reflected that middle-class people have “maybe a positive, little bit
more positive outlook on living in general,” and Carol, who stated that middle-class people “have a tendency to think more highly of themselves than a person who has, who is poor” because middle-class people are able to meet their material needs, or, in her words, they “have what it takes to sustain life.”

**Systemic barriers to mental health resources.** In the context of the more limited access to needed resources poor and working-class people experience, some participants additionally noted that poor and working-class people experience material and institutional barriers to counseling services, which reinforces the link between class issues and mental health concerns. Six participants shared that the cost of therapy and limited health insurance coverage shortened their length of treatment and determined where they were able to seek treatment. Four participants who sought affordable counseling in community-based organizations or training clinics also identified the frequent changeover in counselors as a barrier to building and maintaining mutual understanding with their counselors. Willie spoke to this process: “See, in my contact with counselors, you get a good counselor and then they got to move on, you know? And then you’re stuck again. Then you get a new counselor, you got to start all over.”

**Perceptions of Therapist Social Class.** The majority of participants (n = 19) reported working with therapists who were a different class than them, with sixteen participants identifying their therapist as middle class and three identifying their therapist as wealthy or upper class. Of these nineteen participants, six experienced a sense of mutual understanding and connection to their therapists after learning or inferring that their therapists had a poor or working-class upbringing, with one additional participant perceiving her therapist as coming
from her same social class. In this section, participants’ perceptions of their therapist’s social class and reflections of how similar and different identities influenced the development of mutual understanding in the therapeutic relationship will be discussed. This discussion illuminates the influence of shared and different social class memberships alongside other cultural identities, including race, gender, and sexual orientation, with the understanding that participants constructed meaning about identity by taking these intersecting factors into account.

Notice social class cues. With class issues being salient in participants’ lived experiences and presenting concerns, the majority of participants reported being attuned to indicators of their therapists’ social class. In order of descending frequency, participants based their perceptions of therapists’ social class on: a) occupation cues, b) appearance and manner of dress, c) characteristics of therapists’ office space, and d) therapists’ vocabulary and demeanor. Though most participants used multiple cues to identify their therapists’ social class, their observations will be discussed in separate subcategories for the purposes of organization.

Occupation cues. The majority of participants identified their counselors as middle or upper-class by virtue of their occupation, assumed income, education attainment, and professional affiliation. Accordingly, Tameka identified her counselor as middle class, saying, “I probably assumed that because of her title, that she probably had more money than I did…Just hearing what she does for a living, I probably would have guess that she had, that she was doing well for herself.” Like Tameka, many participants assumed their therapists had high salaries by virtue of their occupation, as well as their professional affiliation with “prestigious” institutions,
to use Claire’s descriptor. In this vein, Elena assumed her therapist to be upper middle class because “she has a secure professional job at an ivy league” counseling center. Jonathan noted about his counselor, “I knew she had a couple of degrees, not from elite institutions, but she at least had a Masters degree or two…and she was a senior counselor, so she made at least like six figures.” Claire added that she assumed her therapist was not working class because therapists “need a lot of money to get trained in these things.” Several participants shared their awareness that their counselors had masters or doctoral degrees, or were in school pursuing such degrees, as evidence of their social class membership.

Some participants who saw therapists in private practice viewed this occupational setting as a cue for social class, as Savannah noted, “The fact that she had her own practice let me know that she was at least middle class.” A few other participants added that the fact that their counselors could offer pro bono or sliding scale services was an indicator of their financial stability.

Elena also felt a salient class difference emerged in her work with her middle-class therapist through differences in the predictability of their work schedules. Elena explained that she received her work schedule for her service industry job week-to-week, which made it difficult for her to “commit” to attending therapy sessions scheduled in advance. Elena saw this dilemma as a “demonstration to me of our social class differences” because she viewed her therapist as having “more control over her time whereas I really don’t feel like I have a lot of control. Like I’m kind of at the whim of those in a higher power than me.”
**Therapist appearance and manner of dress.** Participants often commented on their therapists’ clothing and accessories to indicate their social class. Savannah stated that her middle-class therapist’s clothes appeared “expensive,” and Vicki added that her middle-class therapist’s clothing was “elegant.” Annette added that the therapists in one community organization where she received counseling services “were pretty ritzy” because of “the way they dressed, definitely the way they dressed” and their jewelry. Earl went on to compare his middle-class counselor’s style of dress favorably to his own, saying, “She dressed better than I did.”

Lianne stated that she could “recognize all the brand name stuff” her middle and upper-class counselors wore. In one instance, this recognition extended to the food her therapist was eating: “She was eating [brand name] yogurt everyday so she is not poor… My initial thought was, I can’t believe that yogurt is like one dollar-something each!” Brand name accessories also provided a cue for Andrea in considering her therapists’ social class: “I know there was a social class difference from the items, the items of clothing she wore, her accessories. She had a Louis Vuitton bag. So obviously, she wasn’t struggling how I was.”

Alicia, who identified as working class and perceived her therapist to also be working class, related to her counselor’s “not extravagant” style of dress and reflected, “I would not feel comfortable sitting in a room with someone who has the money to spend a couple of hundred dollars on shoes. I mean, that is a prerogative and that is fine. But it would not help me feel comfortable from where I come from to sit down and tell you all my issues.” A few participants agreed that therapists should be mindful of the impact brand name clothing and accessories may
have on clients, or in Savannah’s words, working to “understand how that can affect the people you’re dealing with or people you’re speaking to.”

*Characteristics of therapist office space.* Aspects of a therapists’ office space played a similar role to aspects of their appearance in signifying therapists’ social class. Some participants used office furnishings, the size of their therapist’s office, and the appearance of their therapist’s office building to aid their perceptions of therapist social class. Tameka, Vicki, Annette, and Savannah agreed that their therapists were middle class because their offices were not large or in a particularly “fancy building,” in Savannah’s words, but were “very comfy,” according to Vicki. Annette also discussed negative experiences with the aforementioned “ritzy” counselors she perceived to be upper class and described the “tense” office environment that lead to this class identification:

They don’t want anything out of place. Their offices were totally immaculate and everything… they were very rigid… Nothing just seemed, how would you say - ordinary. Nothing seemed relaxed. It was a, it was a tense environment I would say.

Some participants added that office furnishings, like pictures, gave them windows into their therapists’ lives, such as the style of their homes and the vacations they took. In this way, Priya identified her therapist as middle class, saying, “This is what I gathered from the pictures in her office and that kind of stuff. She seemed to have quite a comfortable life. The pictures were of travel and family decked out, that kind of thing, like in really nice clothes.” Earl also saw the books his therapist had as an indicator of her advanced education, saying, “Well she had a
Ph.D. So even though we connected and could communicate, I noticed that – looking at the books she had in office, there was some stuff that was way over my head.”

*Therapist vocabulary and demeanor.* Lastly, some participants used their therapists’ vocabulary and demeanor as social class cues. For these participants, therapist vocabulary served as a signifier of educational attainment and professional status, intersecting with the occupational cues reflected above. Andrea spoke to this when she stated that her therapist “sounded different from how I sound,” and identified the differences as, “Maybe her language was more educated…” Using her words of, ‘What brought me here today,’ and things like that.” In contrast, Alicia found that her working-class therapist “used a vocabulary that I would understand,” and added, “She seemed like someone I would encounter in my circles.”

An understanding of how “demeanor” acted as a class cue for participants rests in their perceptions of social class differences in the ways people interact. Alicia observed that middle and upper class people display “a lot more rigidity in the way they interact with others” whereas working-class people appear to be “a lot more casual” in their interactions. Other participants described “rigidity” in their interactions with middle and upper class therapists. Tameka initially felt her “middle to upper class” therapist had a “professional wall up” and Elena described her middle-class therapist as “very polite. She’s like very non-abrasive.” Elena’s description of her therapist’s demeanor appeared to have a somewhat negative connotation, communicating interpersonal distance between herself and her counselor. In addition to the class-based occupation and appearance cues Elena observed, Elena stated that her therapist’s demeanor signified that “she’s living a different life than I am in regards to social class,” which made it
difficult to “really establish any rapport with her.” Rashad expressed the belief that “you can pretty much tell” when a person has “transitioned” from growing up poor to “another” class by “the way they interact with you:”

A lot of times, when you have somebody that comes from that type of background and they’ve been there and done that, they can kind of relate to you a little bit more in you know – and even though when your counselor, they’re not speaking a lot of times, you can tell a lot of times by their communication and people’s body language whether they can understand you, whether they feel you, whether there’s compassion. You can pretty much tell.

**Identity comparisons.** Many participants initially evaluated the likelihood that they would be understood and able to relate to their therapists by identifying cues that signified their therapists’ class membership. These participants reported that the similarities and differences they perceived between their own and their therapists’ social class had an impact on their therapeutic experiences.

**Shared identities.** Numerous participants noted that perceiving their therapist as having class and other identities in common, including gender, race, culture, age/generation, and sexual orientation, facilitated a sense of “knowing” their therapist and promoted clients’ belief that their therapist would understand client’s concerns and life experiences. The following quotations capture participants’ reflections about the impact of shared identities on their experience in therapy.
Alicia, a working-class, Black/African-American-identified woman, described having a positive, growthful counseling experience with a therapist she identified as a working-class woman from a similar cultural background. Her therapist’s familiarity with her communication style, in particular, facilitated Alicia’s sense of being understood:

I guess I felt like she just spoke to me on my level as if it was someone in my community… I never felt like I had to explain anything to her. I felt like whatever I said, she understood. It wasn’t like a second, a follow up of, “What do you mean by that?” Or she understood what I was saying without me having to try and, to re-word everything. For me, it helped the relationship because I felt like she understood me and when she did ask follow-up questions it was not about my use of language. Like follow-up questions were more counseling like than trying to understand my vernacular… so, then, she is very relatable to me.

When I asked Alicia about the impact of having similar class, racial/cultural, and gender identities with her therapist, she replied, “It was definitely a positive impact. Then, like I said, it just made me feel comfortable and I never felt judged or looked down upon. I always felt very, very comforted and there was just an open space.”

Jonathan, an African-American, working-class, queer man, echoed the importance of shared identities in his relationship with his counselor. Jonathan sought counseling at his predominately White, private college’s counseling center. In this college community, Jonathan felt that his identities as a working-class, queer, man of color were highly salient. He reported that “homophobic, racist, classist” experiences on campus took an “emotional toll” on him, and
having a counselor that he could “relate to and confide in made all the difference in the world in my academic and personal success.” Jonathan identified his counselor as a Latina, queer woman who he perceived to be middle class, but whom he thought “did not have a middle-class upbringing.” Jonathan recognized that he “kind of imposed a social class identity that may or may not be true,” based on his knowledge that his therapist had immigrated to the United States and his use of race as a class cue. Nonetheless, Jonathan felt that his perception of her shared marginalized identities “helped me to identify more with my counselor and strengthened our relationship.”

Tameka, a 24 year old, Black-identified, working-class woman, elaborated on the shared experiences that contributed to a sense of mutual understanding between herself and her counselor, who Tameka identified as a White woman appearing to be in a “higher social class” and in her mid-40’s. This counselor shared that she had grown up poor, a disclosure that “elevated” their relationship, according to Tameka. After I asked Tameka how learning about her counselor’s poor upbringing affected her view of their relationship, Tameka explained:

Well, I guess it was like, we both went through some of the same things. We both worried about money when we were younger, what we were going to have for dinner. Maybe we will have dinner today and tomorrow but I do not know about the rest of the week. Having to wear old clothes and it was something, like, that was looked down upon, other kids making fun of me because of the way I dressed or the shoes I was wearing, not everything up to date, and she knew what that looked like. It was the little things like that, and it was the bigger things. Just, you know, just wanting to get out of that situation.
Wanting to go to school, work hard, and get a better job, try to start a new life. She understood all of those aspects about me…We just connected on those levels.

**Different Identities.** In this section, participants’ initial and ongoing impressions of the impact of therapists’ different identities will be discussed, and any changes that occurred in their relationship over time will be noted. Several participants indicated that differences in class, race, or gender between these therapist “did not matter” because therapists immediately demonstrated genuineness and personal investment in the therapeutic relationship, an openness to discussing class issues, and/or a clear understanding of participants’ presenting concerns. Willie shared that class differences between him and his counselors did not have an impact on their relationship because he could tell they cared about him, were invested in his treatment, and helped him to find housing, which was his primary concerns. Willie shared that these counselors “had good things in store for me” and “wished good things for me.” He had confidence that “they was going to give me the best advice they could give me and hoping that I do well you know?”

When participants stated class and cultural differences “did not matter,” they communicated that these differences did not inhibit the development of mutual understanding. For these participants, it seemed, the development of mutual understanding occurred early on and was maintained throughout the course of the therapeutic relationship. Priya’s experience with a White, “middle to upper” class counselor exemplifies this process. Priya recalled identifying class cues about her therapist when they began meeting, but stated it was a “passing thought at the moment,” and overall, “I did not consider class at that time.” Priya observed that her therapist had the “connection and compassion to… understand the emotions I was going
through.” Further, in reflecting on her counseling experience, Priya shared her surprise that her White, middle-to-upper class therapist demonstrated an understanding of her upbringing in the context of race, culture and class:

I never thought that a non-minority person would be able to associate so much with me, or at least understand where I was coming from… to understand the background I come from and the difficulty it took for my parents to migrate from another country to here and work their way up.

Alternatively, some participants reported having difficulty connecting with therapists who they perceived as different from them in terms of social class and other cultural identities. For these participants, perceived social class, race, and gender differences elicited clients’ expectations of being misunderstood or judged negatively, which had the potential to challenge rapport development. Of these participants, four shared that the depth of misunderstanding and disconnection between themselves and their middle-class therapists could not be bridged, resulting in negative overall appraisals of these therapeutic experiences. Yet, three of these participants also had positive experiences with other middle-class counselors with whom they were able to achieve mutual understanding. Savannah, a poor, African-American woman, was the one participant who only described an insurmountably negative relationship with a middle-class counselor. Savannah felt apprehensive about working with a counselor she perceived to be middle-class and White, saying, “She was White. She dressed very well, and just looking at her office let me know that she did – she was not poor. So that kind of eliminated some of the rapport that we could have built right there off-hand.” Savannah feared that her counselor would
view her in “stereotypical,” reductionistic terms, as “just Black and poor,” and felt unable to behave authentically with her therapist. She terminated counseling after two sessions, anticipating that she would have been more comfortable with a counselor who shared her racial background.

Rashad experienced difficulty relating to a middle-class counselor because he anticipated being misunderstood and judged negatively for being poor, and his counselor did not appear to attend to his class issues. However, he stated that he was able to move past his initial doubts about other middle-class counselors by evaluating their behavior and noticing “they’re not criticizing” him, which helped him to challenge his assumptions that he will be stigmatized. Additionally, Rashad recognized that counselors “don’t know you, too,” acknowledging that “it took time” for counselors to get to know him and therefore better understand his experiences.

Diane was another participant who had both positive and negative experiences with middle-class counselors. As a poor, White woman with disabilities, Diane found that her middle-class counselors were largely not “helpful” to her because she did not feel they could understand her classed experiences:

And that’s because especially the ones who were more solidly middle class, you know, they meant well, but their own experience was so narrow. I mean they may have traveled more than I, do you know what I’m saying? It wasn’t narrow like that. It is just the people they went to school with, and they grew up with, and that they associated with were only one sort of person. They didn’t really know how other people lived. It was outside their experience.
However, Diane identified having a positive therapeutic experience with one White, female, “middle to upper-middle-class” therapist because she had a “very empathetic personality.” Diane felt connected to and understood by this counselor, who was a trainee at the training clinic Diane attended for therapy, and was disappointed when her therapist graduated. Diane described the process of coming to know her therapist:

So even thought I may have had suspicions about her initially, I could overcome them, because she would, you know, she actually was – well this sounds terrible. She was a human being. She was able to think outside her own experience, her personal direct experience.

Indeed, for most of the participants who initially experienced apprehension in working with therapists across identity lines, their doubts were assuaged by the development of mutual understanding in the therapeutic relationship. Andrea’s nuanced experience with her counselor demonstrates the connecting force of mutual understanding in a relationship between two people who hold different identities. Andrea, a poor, African American woman, was “apprehensive” about working with her White, “middle to upper class,” female counselor. She anticipated that her counselor “couldn’t possibly understand” her experiences of oppression and marginalization because her counselor would never “experience the things that you have experienced… would not have experienced the struggle, or poverty, or racism that one faces, as me being African American, things of that nature.” She also shared her fear that her counselor would “judge” her for “not being able to take care of myself and my family and having a great job, by just basically being poor, and just not having enough.” Andrea stated that her feelings toward her counselor
changed over time through the development of mutual understanding saying, “As I began to open up about things that I was dealing with… she would respond by saying something that I could relate to, or that I know that she could relate to me.” She added, “As I got to know her, she seemed to, I guess I warmed up to her, she warmed up to me,” highlighting the importance many clients placed on “getting to know” their counselor and the mutuality involved in this process of building connection.

Additional examples of participants bridging differences through mutual understanding will be provided through the discussion of actions that they took to engage in this process, and the actions they perceived their therapist taking, which will be discussed in the following sections.

**Client-Therapist Interactions**

In the following sections, the *client actions*, *therapist actions*, and *client reactions* that contributed to the process of seeking mutual understanding will be discussed. In each section, examples of *mutuality-enhancing* and *mutuality-inhibiting* actions will be provided.

**Client actions.** When prompted to consider how they, as clients, participated in the experiences they described, participants discussed their decisions about whether to share or withhold personal information and reactions to their therapists. These disclosures are discussed along a dimension of “sharing” versus “withholding,” a slight difference from the Presence-Absence dimension utilized to examine therapists’ behaviors. The dimensional anchors used for clients’ actions highlight clients’ agency and intentionality behind their actions.
Clients typically described the personal information they expressed or withheld from therapists. “Personal information” is defined as descriptions of their lived experiences and presenting concerns. Clients’ decisions to share or withhold personal information influenced the course of development of mutual understanding in the therapeutic relationship. By sharing accurate personal information, many clients provided therapists with opportunities to more fully understand clients’ experiences and needs. Thus, sharing accurate personal information was considered to be a *mutuality-enhancing action* and withholding accurate personal information was considered a *mutuality-inhibiting action*. Likewise, decisions to share or withhold reactions are defined as clients’ interpersonal disclosures in the context of their relationship with their therapist. These actions are also discussed along a dimension of “sharing” versus “withholding,” where *sharing reactions* was considered *mutuality-enhancing*, and *withholding reactions* was considered *mutuality-inhibiting*.

**Sharing accurate personal information.** Most participants shared experiences of expressing their treatment needs with counselors and did not identify withholding personal information. Andrea stated, “I discussed with her about not having enough, and how hard it was to live basically.” Some participants reported that they shared personal information openly without prompting from their therapists. Priya reflected this agency in her relationship with her therapist, saying, “I was completely honest with her. I obviously wanted to get the most honest feedback. I told her everything.” Vicki also spoke openly about her difficulties with her counselor, saying, “I went to her and talked to her about all the problems I was facing.” Catherine added that she shared her concerns with her counselor as they arose in an active attempt to seek assistance: “When I feel there is something coming up that is going to hurt me,
that is hurting me, I speak it out.” Likewise, Michael felt responsible for initiating conversations about his needs in counseling, saying that his counselors were “open” to discussing these issues, “but, you know, you just go and do it, you don’t wait for nobody.”

Additionally, most clients also felt encouraged to share personal information in therapeutic relationships characterized by mutual understanding. As demonstrated throughout this chapter, clients demonstrated a willingness to take the risk to share information about themselves when counselors openly inquired about their experiences, reflecting an interaction of mutuality-enhancing client actions and mutuality-enhancing therapist actions. This is particularly evident in the discussion of therapists’ actions around addressing class issues. As mentioned earlier, Tameka felt encouraged by her counselor’s disclosures about her poor upbringing and stated that in her counseling experience, “money was not like this taboo subject or anything like that… we just talked very freely about that type of stuff.” Tameka then felt comfortable “bringing up” conversations about “how I worried about money and how things were growing up.”

Withholding accurate personal information. In contrast, when some participants decided to withhold personal information from therapists (engaging in mutuality-inhibiting actions), they recognized that their therapists were left unaware of important aspects of their experience. Jessica shared that she “felt like I could never be honest” with an upper-middle-class counselor with whom she did not feel connected. She shared that she was being sexually harassed by two people she worked with who “fit the same demographic” as her upper-middle-class counselor. Jessica stated that she felt she “could not really speak about it” because “I just
felt like she would judge me.” Instead, Jessica chose to speak about issues she felt her therapist “could relate to,” like the “pressure” she felt “to be a perfectionist.” She stated, “Maybe I associate that with like being middle or upper middle class. I do not know why, but I felt like she could understand that.” This decision appears to represent Jessica’s active attempt to feel understood by her therapist by sharing experiences she believed her counselor would understand and avoiding content she feared her counselor would not understand.

Andrea also “spoke carefully” early in her relationship with her therapist during the time when their class and race differences felt salient to her. Initially, Andrea stated that her fear of being judged manifested as her being “very short-answered” and not “engaging.” She began to “open up” more to her therapist, though she decided not to share that her children were fathered by two men. Andrea withheld this information because she did not want her therapist to have a classist, racist appraisal of her parenting experience and family structure, saying, “Usually, you know, some people they think about, ‘She has baby mama drama,’” and, “I did not want her to think, like, ‘Here is this low-income, African American person,’ you know.” As a result, when she would discuss issues of parenting with her therapist, she stated her counselor would only recognize her children as having one father: “She would say that, like ‘How does he help? How would he be of help?’ and stuff like that, instead of saying, ‘the kids’ fathers.’” During these interactions, Andrea shared that she felt “untruthful.” Towards the end of her therapy, Andrea decided to share her initial impressions with her therapist and the impact it had on her counseling experience, when invited by her counselor to do so (as will be described in “Naming Class Issues in Therapy” under “Therapist Actions”).
Likewise, Savannah withheld pertinent information about her presenting concerns and therapy needs from her counselor based on her observation of class and race differences in the therapeutic relationship, saying: “It made me – I kind of held back from her things that I would share initially because I thought that she just probably would not understand. Or that she would have stereotypical views about me if I shared some of my poor upbringing with her.” The main information Savannah withheld was her food insecurity, her strategies to manage this difficulty, and her need for additional assistance. She said, “I did not want to tell her that sometimes I would look for free food and that I was trying to find a way to get some assistance, like food stamps, and that was part of my stress, one of my stresses why I went to see a counselor.” Savannah terminated counseling without sharing her needs or obtaining the assistance she sought counseling for. From these examples, it is apparent that the decision to withhold personal information inhibited mutual understanding in the counseling relationship, but also that participants made the decision to withhold personal information in the context of a therapeutic relationship in which they already anticipated being misunderstood.

**Sharing reactions.** Some clients shared their reactions to give voice to misunderstandings or misattunements they experienced. When these disclosures were made in a therapeutic relationship characterized by mutual understanding or where otherwise invited by counselors, participants found that therapists validated and directly addressed their concerns. These experiences represented interactions of “mutuality-enhancing client actions” and “mutuality-enhancing therapist actions.” Jonathan directly contributed to developing a more genuine relationship with his therapist by naming and challenging the “stilted formality” he noticed early on in their relationship. Jonathan became aware that he and his counselor had “wall of formality”
between them, saying that his counselor responded to him in an “almost robotic way,” which he understood as a reaction to “cues that I was giving her as well, because I tend to talk to people with, you know…a textbook, neutral voice.” However, Jonathan went on to say:

So much stuff was going on during my senior year that I could not maintain the composure that I was trying to maintain… At which point I was like, “Ok, look [counselor’s name]… we need to talk. There is no time for this stilted demeanor. I do not have time for that. This is what’s going on for me.” And that was the point where I really kind of cut the stilted formality and just cut to the chase.

Once Jonathan acknowledged this dynamic with his counselor, he found her to be more emotionally responsive to him and more willing to self-disclose. Jonathan felt increasingly comfortable being emotionally expressive with his counselor, as well. Over all, he said, “Our relationship became more personable, just more friendly.”

In my interview with Claire, she discussed a cultural misunderstanding that occurred with her therapist the week prior and stated that she planned address it with her counselor in their next session, saying, “I think the good thing about counseling is that they are pretty open and I can talk about, talking about any concern with her.” Claire felt her counselor was “trying to empower me in a White, western way that a woman should be independent, have her own career,” which felt at odds with Claire’s value of “harmony between people.” Though Claire had not yet shared this particular reaction with her therapist, she reported that she had previously discussed reactions about therapy experiences with her counselor. In her “past experience with this,” Claire
felt her therapist communicated “full acceptance to me” and “genuine care,” which helped Claire “trust her” with the anticipated disclosure.

Elena initiated a conversation with her therapist about a salient class difference in their work together: differences in the predictability of their work schedules. Elena explained that she received her work schedule for her service industry job week-to-week, which made it difficult for her to “commit” to attending therapy sessions scheduled in advance. Elena saw this dilemma as a “demonstration to me of our social class differences” because she viewed her therapist as having “more control over her time whereas I really don’t feel like I have a lot of control. Like I’m kind of at the whim of those in a higher power than me.” When Elena had to reschedule her sessions due to work conflicts, she often found her therapist could not accommodate her. Elena reported that the resulting “inconsistency” of their sessions made her feel less “connected” to her therapist. When she voiced her concerns in session, Elena felt cared for and validated by her counselor’s response:

I was like, “I want to quit seeing you,” like, it's kind of like, “Why do I need, why do I even need to?” It got to the point where I was like, “Obviously we should terminate this counseling relationship because it's obviously not working out.” And she was like, “I understand where you’re coming from.” …She really was caring about me and empathic.

Elena’s therapist provided referrals to free counseling at the end of their work together that also contributed to Elena’s sense of being cared for.

In a few cases, participants shared their reactions and felt their concerns were not addressed or understood, representing an interaction of “mutuality-enhancing client actions” and
“mutuality-inhibiting therapist actions.” In these cases, participants usually decided to terminate the counseling relationship. Annette shared a rupture in her relationship with one of the “ritzy” counselors described earlier in this chapter, in which her therapist communicated to her that she was “hopeless.” Annette shared her hurt feelings with this counselor, “I said that it was offensive to me. It hurt my feelings. I felt that that was just not proper for her to say that to me as a therapist you know?” Annette felt that sharing her reaction “caused conflict” in the relationship and she perceived her therapist’s response as “combative.” Annette then decided to seek counseling services at a training clinic and enthusiastically described positive experiences with her counselors there.

Sonia also reported sharing her reaction to a counselor who said, “You can do this, you can be stronger,” to encourage her to stay in graduate school when Sonia was considering withdrawing. Sonia shared, “I said that was very nice of her to say but I don’t think that is accurate. At this point in time I am not able to do that, nor do I want to. I needed, I remember telling her was that I needed to take a break.” Like Annette, Sonia decided to end this counseling relationship and requested to see a different counselor at her university counseling center.

**Withholding reactions.** Some participants discussed having reactions to their therapists that they decided not to share, a mutuality-inhibiting action. These participants declined to share reactions to their therapists when they believed they would hurt their counselor’s feelings or be misunderstood. In these cases, participants recognized that not sharing their reactions meant they might go unrecognized by therapists. As with participants who withheld accurate personal information, most participants who withheld reactions reported that the therapeutic relationship
could be sustained when therapists engaged in mutuality-enhancing actions (interaction of mutuality-inhibiting client action and mutuality-enhancing therapist action). For example, when Andrea felt “a little offended” after her counselor used slang in session, she “shoved it off and laughed a little” in response in session. When asked to consider what stopped her from sharing her reaction, Andrea said, “I didn’t want to make her feel a certain way, if she was authentic and genuine about how she was being.” Andrea did not clarify what she meant by “feel a certain way,” though it appears that she did not want to provoke negative feelings in her therapist by sharing her reaction. Because Andrea’s therapist attempted to demonstrate genuineness and attend to class issues in other interactions, Andrea continued her relationship with this therapist and rated it positive overall.

Conversely, a few participants terminated the relationship when their mutuality-inhibiting actions were also met by the therapists’ mutuality-inhibiting actions. In one instance, Savannah chose not to share her negative initial impressions of her therapist because “I did not – I thought that would have been inappropriate. Because then I would be in the position where I am the one who is now judging and thinking just because she is White and middle class that she would judge me.” Savannah had observed other mutuality-inhibiting actions on the part of her therapist (discussed later in this chapter) and stopped going to counseling.

Further, most participants declined to share their awareness of the class differences between themselves and their therapists and stated these issues were not discussed in their therapy. Many participants shared that they did not wish to engage in conversations about class issues in the therapeutic relationship in order to avoid offending their counselor or to otherwise
avoid conflict in the relationship. Omar expressed the concern shared by many participants that addressing therapists’ class differences “would be more like tapping into their personal life,” and Carol expressed a fear that initiating such a conversation with her counselor would “feel like I was invading their privacy” and “hurt their feelings.” Rashad anticipated that discussing class differences would be a negative experience: “It would become an attack between classes. ‘You don’t understand because you didn’t grow up this way.’ I don’t want to discuss that.” He later clarified that having a direct conversation about class differences would be “under the discretion of the counselor,” as he assumed that counselors “are probably trained to take those moments and understand those opportunities where they can do that” in order to “bring us closer.”

A few participants believed conversations about class differences between themselves and their counselors were unnecessary because these class differences were expected. Lianne stated that there was no need to discuss class differences between herself and her wealthy therapist because “it is like an unspoken, known fact.” She went on to say, “He has a private practice and he sees me for free. So the fact that he can afford to see me for free, that make sense? That means that he knows and I know.” Lianne feels that class differences typically go unspoken “for everyone,” saying people “don’t really talk about it.” Derrick added that in his experience receiving counseling at a community-based organization that provides job training services, counselors are perceived to be in a higher social class than clients by virtue of being employed. Therefore, he stated, “I don’t think it should affect nobody really. Of course you’re going to have more money than anybody in the program!”
**Therapist Actions.** Participants shared numerous insights about therapist actions they experienced as helpful and unhelpful in the therapeutic relationship. In this category, therapist actions are discussed as *mutuality-enhancing* or *mutuality-inhibiting*, based on the reflections offered by participants. Two themes in therapists’ actions emerged as significant and frequent in interviews with participants: therapist genuineness and *attention to class issues*. Participants typically characterized therapist actions along a dimension of “presence” or “absence” of helpful, or mutuality-enhancing, actions in the therapeutic relationship; that is, the *mutuality-inhibiting therapist actions* represent the absence of identified *mutuality-enhancing therapist actions*. Accordingly, *demonstrating genuineness* was considered mutuality-enhancing and *lacking genuineness* was considered mutuality-inhibiting. Similarly, *attending to class issues* was seen as mutuality-enhancing and *neglecting class issues* as mutuality-inhibiting.

**Demonstrating genuineness.**Nearly all (n = 21) participants discussed the importance of therapist genuineness in the development of mutual understanding. Participants identified a collection of behaviors that can be understood as “properties” or ways that therapists demonstrated genuineness to them, including: a) validating self-disclosure, b) compassionate emotional responsiveness, and c) “how they carried their powers.”

**Validating self-disclosure.** Many participants identified therapist self-disclosure as a behavior that allowed them to learn more about their therapists and ultimately find ways of relating to them. *Self-disclosure* is defined as verbal statements that contain therapists’ reactions to clients or personal information about the therapist. Therapist self-disclosure appeared to be most well-received by clients when the disclosure was perceived as a validation of their own
experiences, or as an act of generosity that allowed the client to better know the therapist. In regard to the latter explanation, several participants acknowledged and communicated respect for traditional therapeutic boundaries around disclosure. For example, Earl stated that he did not ask his therapist many personal questions because, “She cannot disclose too much. And I knew that so I did not kind of ask her questions that would be crossing boundaries.” Consequently, these participants expressed gratitude for their therapists’ willingness to thoughtfully share about themselves beyond what is typically expected for therapists.

Some participants described a fondness for therapists who shared their hobbies, personal anecdotes, or their reflections about world events with them. Annette described interactions with a therapist she met with briefly who would “talk about his personal life sometimes” by sharing stories about his children and engaging her in conversations about current events. Annette shared her appreciation for these interactions, saying “it was just a very friendly relationship… he was the doctor, he didn’t have to be that personal, but I enjoyed just talking current events with him during our little time together.” Annette described this as a “good relationship” and noted that she ended treatment because she could not afford the session fees.

Sonia spoke to validating and connecting aspects of therapist self-disclosure in her interactions with two therapists. She first shared a therapist’s genuine reaction to her race- and class-related presenting concerns (these are discussed further in future categories): “When I told her what had happened… she goes, ‘Well no wonder you feel terrible!’” and she also said, “‘Yes, this kind of sucks,’” referencing the difficulties Sonia shared. After previously meeting with four therapists at her university counseling center who had not demonstrated this
understanding, Sonia felt immensely relieved by her therapist’s disclosure, saying, “I thought, ‘Oh, she heard everything I said!” With this therapist’s support, Sonia made the decision to withdraw from school and continue therapy when she returned home. Sonia’s therapist at home, a White, Catholic, wealthy woman, was “honest” and “frank” about her own affluent upbringing, as well as her social justice-oriented political leanings. Because Sonia also identified as “radical” thinker who was dedicated to “dealing with inequities within the education system,” she felt that her therapist’s self-disclosure about shared political beliefs “made her seem a lot less foreign to me,” despite their race and class differences. She added that her therapist’s self-disclosure allowed her to better “know” and feel more connected to her therapist, saying, “I think seeing that I could see her story in her political and social leanings made her someone I could then have conversations with.”

Jonathan also described his therapist’s acts of self-disclosure as validating and connecting. He shared that his therapist would often validate his experiences of marginalization in his college environment by identifying with him:

… after I would tell her, after I would confide to her something about my experience in [College] or some difficulties I may be having or some success I may be having, she would follow up with something like, “I know what you mean. It’s hard for us at places like these,” or, “It’s tough for us at places like this.” So when she is - using the word “us” denoted that she felt that there were aspects of our lives that intersected. That created a sense of solidarity and shared experience at a place like [College]… so that contributed to me feeling a sense of connection and then shared social class identity as [College].
Likewise, Tameka felt understood by her therapist’s self-disclosure and use of humor. In fact, these aspects of her therapeutic experience increased her commitment to therapy:

She would sometimes just really tell stories about herself and make jokes and things like that and tried to sort of relate the situation to my situation and, you know, just try to get me to see a certain point or learn a certain lesson. She, I do not really know how to explain it, she kind of, one of those you just have to know, but she was just really friendly, like you could talk to her about anything… And that is why I saw her for so long because she really understood what I was going through and how I felt about everything.

**Compassionate emotional responsiveness.** Most participants commented that therapists’ compassionate emotional responsiveness, or nonverbal behaviors that indicated therapists’ warm emotional reactions to clients, facilitated mutual understanding in the therapeutic relationship. When participants noticed their therapists’ reactions to them, they felt cared for and understood; in turn, therapists’ willingness to be emotionally transparent also provided participants with the opportunity to see their therapists as more fully “human.”

Several participants registered their therapist’s emotional reaction in their eyes. Vicki felt consistently attended to and encouraged by her therapist’s nurturing gaze, saying, “I can see that from her eyes when she is listening to my story. That would give me encouragement and I would share more.” When asked to describe this inviting gaze, Vicki shared, “It is like, I do not want to say mommy looking at baby, but it is like, caring.” Jonathan further shared that when he expressed excitement or pride in his personal growth, he felt gratified that his therapist would
join him in celebrating his accomplishments, both verbally and nonverbally. About his therapist’s nonverbal emotional responsiveness in these interactions, Jonathan said, “I could see it in her eyes, her eyes lit up!” Sonia added that her therapist — with whom she had her longest and most positive therapy experience — would become visibly moved by what Sonia shared in their sessions, stating, “There were times when, you know, I would note that her eyes well up while I was talking.” She added that seeing the impact she had on her therapist “felt like a very supportive experience.”

Rashad noticed differences in body posture and physical closeness that communicated different levels of understanding and intimacy in his work with different therapists. In his work with a “probably always middle-class” male counselor, Rashad felt his counselor sat “kind of far away” from him, which made Rashad feel like he was being treated “like a stranger in the street.” He noticed that his middle-class, previously poor, female counselor (the person Rashad refers to as “she” in the following quote) sat closer to him. Reflecting on this difference, he explained:

I just think that people generally in terms of body language and stuff come closer to each other as they’re communicating if they understand each other, and if they don’t they pretty much kind of separate…She’s more touchy-feeling. She’s closer to me. When we talk, we’re like, here [leans in towards interviewer]. Do you know what I mean? Or if we’re communicating, you know, she, we’re [clasps palms together]. You know, it’s different. There’s a difference.
Participants generally appeared to have a hard time naming the nonverbal behaviors that communicated their therapists’ reactions and understanding. Participants I interviewed in person, like Rashad, would try to physically demonstrate these behaviors to me in lieu of having the words to explain them. For participants I interviewed over the phone, I found that sometimes these nonverbal interactions simply could not be fully explained. For example, in my interview with Alicia, she repeatedly shared “it is really hard to answer those types of questions” and “it is hard to say” when asked for clarification about how she knew her therapist understood her experiences. She went on to say that something unspoken was shared when her therapist “was just kind of there like, ‘Yes,’ almost like a – and she never said it but what it felt like was like, ‘I hear you and I understand what you’re saying.’”

Therapists’ emotional responsiveness to clients was also demonstrated through their perceived investment in client’s well-being. Willie felt gratified by his counselor’s assistance, saying: “She really went out of her way to help me.” Annette echoed this sentiment about a counselor who helped her obtain disability benefits: “She seemed like she cared, like it wasn’t just a job for her… She had a personal interest in my care, my treatment. That’s what made it work.”

“How they carried their powers.” This property encompasses power-sharing therapist behaviors that communicated therapists’ respect for clients and invited clients to have agency within the therapeutic relationship. Some participants had a history of negative experiences with “nasty” social service and healthcare providers (according to Andrea) in which they felt condescended to or “not taken seriously,” as Rashad stated. Thus, several participants were
attuned to whether their therapists treated them as “human beings,” or whether they acted as though they were “high class” or “on a pedestal,” in Derrick’s words. Derrick and other participants recognized that their therapists had a great deal of power in the therapeutic relationship, in terms of their class privilege as employed people, as potential gate-keepers to needed resources, and as people with the power to hospitalize clients. What made the difference, as Derrick stated, was “how they carried their powers.”

Therapists communicated respect through acts of checking in with clients and larger acts of consent-seeking. Annette reported feeling “comfortable” and “accepted” by her therapist’s small, but impactful, acts of checking in. She shared that her therapist, “asked you if you wanted the shade up or down… If she got a phone call she needed to take it, she would say excuse me, she wouldn’t just pick up the phone.” Participants also felt respected and more engaged in treatment when therapists regularly sought their consent and input about treatment planning. Alicia reported feeling “more comfortable” after her therapist invited her to discuss the “ground rules” of their work together. Alicia described this process as identifying both her and her therapist’s expectations of their work together. She added, “I was glad we kind of laid out expectations of like what I knew was ok, what she knew was ok, and it was helpful overall.” Sonia reported a similar experience with her long-term therapist, who shared at the beginning of their work that she believed she and Sonia would work well together, but also encouraged Sonia to consider whether she felt they would be a “good fit.” This act demonstrated to Sonia that her therapist:
… was reflective on her own practice and really hearing what I’m saying… And so it very much so then felt like, it felt like a partnership in a way. And that’s how, and that’s how I always imagined what a healthy counseling experience would be like, where you and that other person are working simultaneously on your own abilities and boundaries to try to come to some kind of healthy outcome.

In this quotation, Sonia highlighted the mutuality necessary to build a successful counseling “partnership.” Sonia also felt empowered by a previous therapist who “was the first person, the first person to actually ask, ‘Well, what do you want to do?’” when Sonia shared that she was considering withdrawing from school after feeling marginalized on the basis of race and class within her graduate program. In response, Sonia then felt able to “sort through” the “options” she was considering. During this process, her therapist acted as an ally for Sonia, by “weigh[ing] in about what she thought pros and cons were” for the options Sonia was considering and voicing her support for the choices Sonia made.

*Lacking genuineness.* Correspondingly, several participants described actions that communicated a lack of genuineness, thus inhibiting mutual understanding. The properties of “lacking genuineness” are: a) invalidating self-disclosure, b) invalidating emotional responses, c) formal ways of communicating, and d) exerting power in the therapeutic relationship.

*Invalidating self-disclosure.* Some participants reacted negatively to therapist self-disclosure when they perceived the therapist as trying to “manipulate” the client into sharing more information, using Rashad’s words, or when they felt the disclosure was intended to demonstrate the therapists’ empathy, but actually showed that the therapist had not understood
the client’s experiences. Examples of participants feeling misunderstood through their therapists’ self-disclosure are discussed further in the category, “Attending to Social Class.” These misunderstandings occurred when therapists shared their own experiences in an attempt to relate to clients, but did not appear to acknowledge the social class aspects of the experiences clients were presenting.

Andrea was one participant who reported having “mixed” feelings in her experiences with her therapist’s self-disclosure. On the one hand, when her White, middle-class appearing therapist disclosed growing up in a working-class neighborhood close to where Andrea lived, Andrea felt more comfortable with her therapist, saying, “That just gave me more confidence to really open up to her.” When Andrea’s therapist began using slang and informal ways of speaking in session, after presenting as very “professional” in their earlier interactions, Andrea felt both an increased “familiarity” with her therapist and the sense of being condescended to:

It was like a double-edged sword. It made me feel like, she didn’t have to come down to my level or what she thought my level was. Then on the other hand, it kind of, like, made me think that she wasn’t like a valley girl…. I thought she was just doing that because she thought that is how we could relate to each other, or understand one another, or I could understand her.

When I asked how she felt in these interactions, she replied, “I had mixed feelings,” and then clarified that she was “maybe a little offended.” Andrea felt somewhat offended because she “could understand” her therapist “when she was talking the other way,” meaning when her therapist used a more “educated” vocabulary. Andrea reported having a positive experience with
her therapist overall and she appeared hesitant to speak negatively about her therapist in this part of the interview.

*Invalidating emotional responses.* Several participants perceived therapists as lacking genuineness when they lacked warmth and seemed uninterested in clients or in their work, as though they were “only doing it for the money,” in Derrick’s words. Additionally, a few participants noted a caveat to their desire for therapists’ emotional transparency. Participants preferred therapists to remain emotionally neutral rather than have a nonverbal reaction that communicated surprise or disgust. Diane stated that she did not want a therapist to have a “poker” face, but also did not want to “see them screwing up their face and looking with distaste” when she shared “unpleasant” experiences. Andrea further explained:

Like, you do not want to see someone else be surprised by something you say. You kind of just want them to be there and make you feel like it’s normal. Like, when you are emotionally going through something, like it is not out of the ordinary. There are other people who feel these things too.

Thus, when participants were sharing a painful or shame-provoking experience, or an experience they feared was not “normal,” clients preferred therapists to respond with “neutral facial expressions,” in Savannah’s words, which would communicate nonjudgment.

*Formal ways of communicating.* Some participants described “rigid” and “tense” verbal and nonverbal behavior, to use Annette’s words, which communicated emotional distance in the therapeutic relationship. Andrea’s observation of her therapist’s formal body posture echoes Rashad’s assessment of body posture presented earlier. She observed that her therapist initially
behaved in a formal and “professional” way, sitting “straight up in her chair,” which communicated to Andrea that her therapist “had her wall up.” Jessica shared having an experience with a therapist who would “agree” with her feelings, but Jessica wondered “if she was really agreeing with me, or if she was agreeing with me because the technique said she should agree with me to make me open up more.” To Jessica, this therapist’s words “felt like a script,” which made her question her therapist’s authenticity. Further, Jessica shared her expectation of spontaneous, genuine emotional responsiveness from her therapist and her dismay when she did not observe this, “I thought if I said something funny, I thought she would laugh. I asked her what she thought and I thought she would respond, respond to my questions. I thought she very much kept herself at a distance.” Of note is that some participants viewed “professional” and “rigid” interpersonal behavior as a class cue, so therapists who interacted with participants in this way potentially reinforced the salience of class differences in the therapeutic relationship.

*Exerting power.* Some participants felt alienated by therapists who did not actively engage in power sharing with clients. Omar, in particular, felt overpathologized and misunderstood by his therapists. He shared experiences of therapists “putting words in my mouth or they don’t understand what I’m saying. Instead of asking me, they will misinterpret it.” Omar felt mistrustful of his therapists and felt he had benefitted little from counseling because of these ruptures. He encouraged counselors working with poor and working-class people to simply check in with their clients when they present something unfamiliar, saying, “If you don’t know something, ask.” The significance of checking in can also be seen from Savannah’s experience,
in which she stopped attending therapy after two sessions because her therapist did not appear attentive. Savannah explained:

What happened is as I was talking and beginning to just open up more and explain why I was there I did not feel like I had her full attention. Her phone kept going off and she would check it. And I just felt like I just really want someone focused right now. And I did not feel like I had that so I decided not to go again.

A few clients shared experiences of working with therapists who did not appear to seek consent about treatment planning or regarding interventions they used. Jessica felt a disconnection in her relationship with a therapist who would use interventions without explaining their utility. Jessica recalled being asked to share her reactions to different objects in her therapist’s office, saying, “I felt like he would get me to talk about stuff that I felt did not matter.” Similarly, Vicki expressed mixed feelings after she spent one session “crying” and discussing her stress about working while attending school and her therapist redirected the focus of the session to Vicki’s relationships with others. Vicki acknowledged that exploring her relationships was the “original reason” she sought therapy and understood that she should continue to focus on these issues. However, she said, “I considered this counseling to be somewhere I could talk freely. At that time, if I was really struggling with working problems and I really needed to talk to someone, she should be the best person to listen to me.”

Lastly, Savannah reported feeling compelled to answer her therapists’ “direct questions,” which made her feel “exposed” for revealing more than she was “willing to reveal at the time.” Savannah explained that therapists can have more power than they realize and unintentionally
“pressure people to talk about their experiences.” Savannah thought it would be useful for counselors to ask “very open” questions (i.e., “How can I be helpful to you today?”) rather than, “What’s making you stressed?” that would allow clients to choose how to answer questions and decide what details they would like to provide.

**Attending to class issues in therapy.** All of the participants in this study stated that therapists demonstrate a fuller understanding of their poor and working-class clients’ lived experiences when they attend to social class issues in counseling. Tameka noted that addressing class-related concerns was especially important for middle and upper-class therapists because “you are showing that patient that okay, I might not know everything you are going through because I have not gone through it personally but I am trying to understand and I want to understand. I think that makes a big difference.”

This subcategory captures the ways participants perceived their therapists to be addressing social class-related issues in the therapeutic context. The therapist actions explicated here are as follows: a) assessing material circumstances, b) including class issues in case conceptualization, c) providing tangible assistance, and d) naming class issues in the therapeutic relationship.

**Assessing material circumstances.** The majority of participants shared that they felt invited to share class-related concerns in therapy when counselors asked them about their finances, employment, and ability to access to needed resources. When responding to the question, “How open was your counselor to discussing class issues in counseling?” most
participants indicated that counselors who asked questions to better learn about their material circumstances demonstrated openness. For example, Elena shared:

She was pretty open to discussing everything… She would inquire and like she would ask a lot of times. And always – like it came up towards the end, it came up at the beginning, and she asked about it first in the initial intake interview about like my ability to pay for counseling.

Several participants recommended that therapists make this assessment a regular part of their assessment. Willie suggested, “Find out what their finances is and their habits… Ask them, are they buying food? Is they budgeting?” Similarly, Diane stated, “I think a little bit of the counseling, you need to discuss… like what do you like to eat? When you go shopping, what do you buy?” Annette added that assessing client’s material circumstances provides therapists with opportunities to provide more effective treatment. She stated, “I think, too, they [therapists] need to take in effect the people that they’re seeing, like what is their situation in life so they could better assist them and continue to keep them coming. Like I said, there are a lot of issues whether it be with children, buying food, or whatever.”

Including class issues in case conceptualization. In addition to assessing clients’ material circumstances, counselors who then considered class issues in their conceptualization of client’s concerns demonstrated that they were listening to clients’ “whole issues,” as Claire stated. Annette encouraged therapists to consider that clients’ everyday stressors, such as financial constraints and unemployment, have a significant mental health impact and need to be attended to alongside “all the baggage that they’re coming in with, like abuse and whatever they grew up
with, you know?” She added, “It’s the day-to-day things that affect that person and has a lot
to do with their treatment.”

In her work with a White, middle-class, female therapist, Elena described a validating
interaction in which her therapist was able to attend to the class-related aspects of her body
image concerns. She shared:

Like there was one time that she had responded to me and she said that like it must have
been difficult for me to have body insecurities compounded on top of being poor because
it probably influenced what kind of groceries I could buy. And like hearing that kind of
insight from her was something that was really validating because it, like, reinforced her
ability to empathize with my situation and she, like, expressed something in my life that
other people hadn’t noticed because it was so complicated... Like, people see them apart
but she saw how they interacted and that was something that like gave her the rapport.

Though Elena struggled to feel connected to her therapist due to the inconsistency of their
meetings, she felt understood by her therapist primarily because she could understand the
“complex” interplay of food insecurity, inequitable access to nutritious foods, oppressive
messages about beauty ideals, and the resulting “body insecurities” this participant experienced.

Tameka’s counselor identified and challenged the “negative view” Tameka had about
being poor, such as, “You are where you are for a reason and that you are a loser,” by helping
her to deconstruct societal images that linked wealth to happiness and superiority. From these
conversations, Tameka learned to challenge these messages herself by taking pride in her
parents’ work and seeing her values of “hard work and dedication” and “support from family and
friends,” as the things that make a person “happy” and “well-rounded.” Tameka stated that she was then able to “stop looking at the wealthy and the upper class and people who were famous as better and happier than we [participant’s family members] are.”

Providing tangible assistance. Most participants described benefitting from therapists who provided tangible assistance to address clients’ class related concerns. This category describes the concrete actions that therapists took to help clients find resources to meet their material needs. According to participants, therapists provided tangible assistance by collaborating with clients to develop action plans to address their most pressing concerns, providing referrals to needed resources, and completing documentation to assist clients in obtaining access to resources like housing and public assistance.

Several participants felt supported by therapists who helped them develop concrete plans and strategies to actively manage urgent, immediate concerns. Specifically, Catherine, Carol, and Willie felt helped by counselors who assisted them in developing budgets. Tameka shared that her therapist “helped me the most” by giving her “job hunting tips” and helping “put my resume together.” Tameka went on to say that her therapist “actually went and found some places that were hiring, like, and she like literally showed me a list of places I could try and talk to.” For these reasons, Tameka identified her therapist as “also kind of like a mentor” to her. At the time of our interview, Derrick expressed feeling helped by his counselor to find part-time work he anticipated would “help pay my bills” and allow him to continue to receive needed disability benefits through Supplemental Security Insurance (SSI).
According to these participants, therapists who took a pragmatic, action-focused approach to treatment communicated that clients’ needs were real and valid. For Priya, this meant her therapist, “did not sit there analyzing whether ‘this’ was the reason why I got into ‘this,’ but more like, ‘Now that you are in this, where do you go from here?” Similarly, Sonia’s therapist helped her to plan how she would cope with future experiences of racism and classism in her graduate school setting:

Race and class always came up within the context of, well, like, “How do you negotiate it?” It was less so, “How do you feel about it,” because that would inevitably come up in my telling, but it was, “Okay, so then what do you need to do and how can we figure out a way to work with that?” What do you need to do that and what kind of supports to you need? How can we try to discuss a plan that you can have so that you’re armed with some sort of agency and dealing with those things should they happen again?

Additionally, the majority of participants reported that their therapists had appropriately referred them to resources, including shelters, medical providers, and lower-cost therapy, or expressed their wish that their therapist had greater awareness of community resources in order to provide such referrals. Elena shared that her therapist at a university counseling center provided referrals to free counseling when her free sessions at the counseling center came to an end. Elena stated, “The referrals were really a demonstration of how genuinely she cared about my well-being. And I really appreciate her and respect her for that.” Carol reported that her therapist referred her to a shelter and for medical care, acts that she feels “saved my life.” Diane explained that making referrals to agencies that could address clients’ needs outside of therapy
would provide a strong network of support for her and other poor and working-class people.
She stated that therapists,

…could say “We, we work with this agency that you can tell them like the problems you have.” And they can make referrals. Do you see what I'm saying?...I don’t expect the counselors to call, be, to be social workers. But there are ways maybe they could have relationships with other community agencies that they can then point you in the right direction.

Further, some participants described positive experiences working with therapists who were knowledgeable about the documentation needed for clients to apply for government assistance and benefits. Willie shared a positive experience with a counselor who would “give little housing tips” when he was living in a shelter and looking for more stable housing. He stated that his counselor would tell him, “…‘maybe you could go fill out an application here, go fill out an application somewhere else,” and identified public housing agencies Willie could visit to begin the application process for subsidized housing. He expressed his gratitude for one counselor who was able to accompany him to other community agencies to support him in obtaining needed resources: “Well, one, she got me some housing and she was working with me. You know, she took me places like take care of my business with food stamps, you know. She really went out of her way to help me.”

Annette described a similar experience with a therapist who, upon assessing her financial difficulties, encouraged her to seek disability benefits and helped her with the application
process. She shared that her experience working with this therapist promoted more positive attitudes toward therapy:

My first doctor [name], she was a godsend to me…I would come to her once a week, but, and she helped me get my disability. Um I wasn’t looking to get disability but I felt I had no way to live. I was on public assistance, I couldn’t pay my rent, I mean it was horrible… She made me look at therapy like it was, you know, a godsend. Like it was something to welcome. She took all the fear out of it.

**Naming class issues in the therapeutic relationship.** Five participants reported that their therapist initiated conversations about the impact of class-related issues in the therapeutic relationship. *Class-related issues* affecting the therapeutic alliance included class differences between themselves and their therapists as well as concerns about payment for sessions. Each of these participants reported that conversations about class issues present in their therapy experience enhanced their relationship with their counselor. Andrea, who initially expressed misgivings about working with a middle-class counselor, reported that her counselor invited her to share her reflections about their work during the termination process. Andrea described her experience of sharing her negative initial impressions with her counselor:

And so, towards the end, I told her that I thought she was like stuck up or valley girl… She agreed, she understood how I would feel that way. It was, what’s the word?

Validating.

Andrea also offered her thoughts about the potential benefits of having this conversation earlier in her counseling experience. She stated that being asked what her “opinion was of the whole
counseling situation” would have made her feel like “someone important.” She added that this conversation would likely have strengthened the therapeutic alliance by reducing the negative feelings she believed were mutual in the relationship earlier in their work:

I think it might have broken the ice a little, and then maybe we could have gotten more work done… It could have maybe eliminated or lessen the feelings that each of us had of each other, or what I thought she was going to be, like how she was feeling toward me.

In regard to addressing concerns about session payment with their therapists, Elena, Annette, and Sonia each found their therapists to be responsive, non-shaming, and accommodating. For Earl, a low-income, African-American man who received pro bono counseling services with a therapist he perceived to be a middle-class, White woman, not being able to pay for his sessions contributed to feelings of “some shame” and “embarrassment” because “six months prior I probably would have been able to pay for services, but it was like I did not have any money.” Earl recalled that his therapist regularly checked in during session “to get a sense of where I was at with the arrangement.” Earl initially found these conversations to be “awkward,” but felt his therapist was “open” and “very encouraging, nurturing” during these interactions. He reported that they used humor to approach this sensitive topic: “For as long as I needed the sessions, she said, ‘I will bill you later,’ but she did not bill me later. That is the running joke.” When I asked what it was like to joke with his therapist about this issue, Earl described a deepened connection between them: “It was funny. I got a chance to get closer, get more intimate with her. I became less guarded.”
Neglecting class issues. Some participants shared that they expected counselors to have training to “take care of people from different classes,” as Claire stated, and therefore have the knowledge and skills necessary to view class-related experiences as part of the larger human condition. As a result, several participants described counselors who had knowledge of community resources, could provide appropriate referrals, and understand the client in the context of their social location as simply “good” therapists. In contrast, when participants’ therapists did not accurately attend to their class-related experiences, participants expressed feeling disappointed, misunderstood, and even alienated from their therapist. Therapist neglect of class issues had two properties: a) missing and dismissing class issues and b) providing little tangible assistance.

Missing and dismissing class issues. Several participants shared interactions in which their therapists communicated lack of awareness and understanding about social class issues. In one example, Priya, a working-class, Indian-American woman, shared a brief interaction with her middle-class, White, female therapist involving what she believed was a misinterpretation of her relationship with her father. Priya had sought therapy while she is was in a “volatile” romantic relationship and was working with her therapist to learn healthy coping strategies and increase her awareness of her interpersonal behaviors. Priya enjoyed that her therapist typically provided her with “concrete feedback” and “tools” to address her concerns (in accordance with the mutuality-enhancing therapist behavior, “Providing tangible assistance”); Priya was less pleased when, after she shared that her “dad was never around too much because he was working so hard” while she was growing up, her therapist indicated that her father’s absence “was
probably the main reason” for her relational difficulties with men. Priya expressed relief that her therapist did not “talk too much about” this interpretation because:

I do not like assuming or drawing conclusions from anything like that. All he was trying to do was provide for us. I did not want that to stick in my mind. If he had not done that, I would not be where I am right now.

Priya found that her therapist was responsive to her treatment needs and returned to focusing on coping strategies, which made her “feel really good.” In contrast, Sonia described a series of “disconnecting” counseling experiences with several providers in which she felt misunderstood and disbelieved. When Sonia sought counseling at a university counseling center, she was starting graduate school after having spent a period of time homeless following the deaths of her mother and grandmother. Sonia had experienced and observed subtle racism and classism among the staff of her department and was considering taking a leave of absence from her program. Sonia recalled that one White, middle-class counselor seemed to “doubt” her experiences with department faculty by asking, “Are you sure that’s what was said to you?” She also felt a misattunement with a middle-class therapist of color who tried to encourage her with “the attitude of, ‘You know, what screw it, show them you can do this, be stronger,’” because “that felt a lot more like bullying to tell me to get tough and be stronger when I was lacking the tools and skills to do that.” However, Sonia’s experience with a White, middle-class therapist who likened her own divorce to Sonia’s experiences was the most “challenging:”

…the one I remember most distinctly was the woman who used our meetings to tell me about all the times in her life that were difficult… and I imagine that was meant to serve
as an, I don’t know, to display empathy or to tell me she understood but it was wholly different. I mean I was dealing, I was dealing with matters of race and class and isolation and loss and the issues she was describing were very different from the situation I was in. This is one example of therapist self-disclosure that confirmed for Sonia that she was not being fully understood.

Rashad also had difficulty “trusting” a counselor who did not take the time to explore the personal and class-related meanings Rashad assigned to the experience he was sharing. Rashad shared with his therapist that he ate peanut butter and jelly sandwiches and felt that his therapist attempted to establish rapport through a superficial commonality:

…he was like, you know, “I like to eat peanut butter and jelly all the time” and stuff. And I’m looking at the dude like, “You don’t eat peanut butter and jelly,” you know what I mean? So I was like, I didn’t say it to him, but in my mind, I’m like, you know? “I eat it for an evening dinner. I eat it for a reason if I have to get by,” you know?

Rashad perceived his counselor’s self-disclosure as “saying what he thought I wanted to hear to make me comfortable,” which made him feel “manipulated” and caused him to question his therapist’s authenticity. Notably, Rashad also did not feel comfortable addressing this misunderstanding with his counselor.

Some participants shared misunderstandings in which therapists would attempt to explore solutions to participants’ difficulties without appearing to consider the barriers they were facing. Diane described numerous such “frustrating” experiences with her middle-class therapists:
Well, you know, I’ll be talking about a situation that happened to me. And, they’ll say, “Well, why didn’t you go back and if you thought that would solve your problem, why didn’t you go back and get that thing?” And I said, “I know that would have solved my problem. But it cost x, uh, dollars and I can’t afford that.” I had to go, “I have to wait, either until I have enough money to go and buy the thing to solve the problems.” Or [they’ll ask], ‘If you had this problem, why didn’t you see the doctor?’ Because this doctor requires a co-pay and I can’t afford it right now… And, obviously, they’re supposed to ask you why you’re doing things. But sometimes, it’s, you know in my case unfortunately a lot of it is strictly for economic reasons.

Diane felt these repeated misunderstandings inhibited the development of rapport in her relationships with middle-class therapists, saying that “we could get along faster” if “there would be certain thing I don’t have to explain a hundred times.” Andrea agreed, stating that therapists “just need to understand… that it is hard to get out of just being poor.” She shared her response after a therapist suggested she attend school to improve her economic circumstances:

Well then how am I going to go to school? How does that work? Especially if you have children and you are going to need a babysitter for that. You got to pay for that. Then you got to pay for books, then you got to pay for the classes. Even if you go to a class and they give you financial aide, they may not pay for all of it. So it’s a hard thing to think about.

Finally, some participants spoke to misunderstandings that arose from differences in class values and worldviews between themselves and their therapists, particularly when they perceived
their therapists as belonging to a “higher” social class. One such incident was reported by Lianne, a poor, Asian-American woman, who spoke to the importance of earning enough money to support her parents and a sibling with a disability when she finished her graduate school education. When she shared this expectation with her therapist, she stated:

> Usually when I say… I want to make a lot of money to buy my parents a house and take care of my brother… he [counselor] disagrees with me. He says that I don’t have to buy them a house and take care of them and stuff, but I think I have to.

When I asked how it felt to have her therapist disagree with her, Lianne replied, “I don’t care. I don’t listen to him and I am very stubborn. I just say, ‘You’re wrong.’” She shared that her plan to provide for her family was not distressing or burdensome to her, so her therapist created some conflict in their relationship by challenging this goal. Though Lianne stated, “I don’t care” in reference to her therapist’s disagreement, her irritated tone of voice and closed body language during this portion of the interview suggested that Lianne may have felt angry that her counselor would challenge this important goal outright.

> Providing little tangible assistance. A few participants shared feeling unhelped in dealing with their material concerns. Andrea appreciated that her therapist would engage her in conversations about pursuing “some alternatives that can help by financial situation” by encouraging Andrea to consider how she could “make a financial profit” from “what I like to do.” Andrea stated that her counselor would affirm her interests in “cooking” and “doing hair” by saying, “ ‘Maybe those are some of the things you could do to bring extra income into the household.’” At the same time, Andrea felt she would have benefitted from her therapist
providing “more resources” in pursuing these goals, such as, “maybe referring me to culinary classes or beauty salon or something, or some kind of business class, or where there are grants, where you can get grants from or something.”

Though Willie had positive experiences with a counselor who was knowledgeable about community resources, Willie shared that the “hardest thing” for him to “deal with” in previous counseling experiences was that “some [counselors] don’t know about housing.” Likewise, Omar identified “better housing” as the “biggest thing” he hoped for in pursuing counseling that he had not yet obtained.

**Client Reactions**

Participants frequently shared the complex cognitive and emotional reactions they had to their interactions with their therapists. The reactions expressed by participants ranged from subtle feelings of satisfaction or disappointment, to strong feelings of intimacy and profound gratitude, or deep pain and anger. These reactions shaped participants’ responses to their therapist and thus contributed to clients’ actions in seeking mutual understanding. Indeed, the two dimensions that capture clients’ reactions -- the degree to which clients felt understood and the degree to which they felt connected to therapist – were closely related and emerged as the most frequent codes utilized in this study and gave rise to the core “seeking mutual understanding” narrative. Brief examples will be presented here to illustrate the dimensions of this core category, and many other examples of participants’ reactions have been presented throughout this chapter in connection with relevant incidents.
Feeling understood. Client reactions can be located in reference to three positions along this dimension: feeling understood, feeling misunderstood, and feeling judged. Most participants shared experiences of feeling understood by their therapists, such that they believed their therapists grasped the complexities of their experiences. Carol described feeling understood as her counselors “tried their darnedest to figure out how they can be in my shoes.” Some participants also shared experiences of feeling misunderstood, during which they felt their therapists were overlooking key aspects of their experiences. For example, Sonia felt that most the therapists she met with her university counseling center seemed not to understand the intersecting impact of class and race on her concerns:

It was very much so like not understanding. I never felt like she, like any of them were mal-intentioned but I don’t think they quite understood where the various points of difficulty may converge and created a larger issue.

Feeling judged is differentiated from feeling misunderstood in that the few participants who felt judged felt actively criticized or looked down upon by their therapists. Examples of this position include Omar’s feeling of being “disrespected” and Annette’s feeling of “rejection” when a previous therapist told her she was “hopeless.” Andrea also recalled “feeling a little inferior” and “maybe judged” earlier in her work with her therapist.

Participants typically engaged in mutuality-enhancing actions when they felt understood, and mutuality-inhibiting actions when they felt judged. A few participants who felt misunderstood frequently by their therapists also engaged in mutuality-inhibiting interactions. On the other hand, some participants who felt misunderstood engaged in mutuality-enhancing
actions (i.e. by sharing reactions or correcting their therapist with accurate information) when they believed or hoped their therapist would ultimately understand them.

**Feeling connected.** Client reactions can also be located in two positions along the dimension of feeling connected and feeling disconnected to their therapist. Again, the majority of participants reported feeling connected to their counselor. As seen throughout this chapter, participants described this as feeling “connected,” “relating to-,” “identifying” with, and feeling “close” and “intimate” with their therapist.

Some participants reported feeling distant or disconnected from their counselor, particularly early in the relationship or immediately following a misunderstanding. Andrea described this as feeling “apprehensive” toward her therapist initially. Michael described a feeling of distance from his counselor after she strongly encouraged him to attend his scheduled trainings at the community-based organization where he received counseling and other services, rather than leave for the day to visit his sick and dying mother in the hospital. Michael felt frustrated and misunderstood by this advisement and stated, “I still associate with her and everything like that, but it is just totally different. You know, I mean, I respect her… but it won’t never be the same like before. It is like there is distance.” Describing her work with wealthier counselors, Annette described her sense of disconnection as, “They were misfiring with me.” Sonia also felt her relationships with some counselors as a “poor fit” and said, “I felt like a lot of them were listening but no one could hear what I was saying.”
Therapeutic Outcomes

The category of “Therapeutic Outcomes” captures participants’ reflections about their personal growth through past or present counseling experiences. Due to participants’ diverse counseling experiences, participants shared crystalized reflections of therapeutic outcomes after their therapy had ended, as well as gains or limitations in personal growth from therapy that was on-going at the time of our interview. Client’s self-reported therapeutic outcomes appeared to be related to the quality of the therapeutic relationship, as clients who reported having a positive relationship with their therapist typically reported growthful outcomes, and participants who described having a negative therapeutic relationship reported less positive outcomes. Most clients felt they learned more about themselves and their life experiences through counseling. Participants who experienced mutual understanding within their therapeutic relationship felt they gained tools to 1) “Find some kind of way to cope” and 2) improve relationships with others. Participants who felt less understood and connected within their therapeutic relationship typically reported the outcome: “I would feel stuck.” These outcomes will be discussed in further detail in the subcategories below.

“Find some kind of way to cope.” Numerous participants benefited from counseling by learning how to better cope with painful feelings or difficult life experiences. Alicia shared that she hoped counseling would help her “eliminate entirely the negative feelings that I had,” but came to understand that this might not be possible. Instead, she felt her counseling experience:

…helped me deal with a lot of my emotions in a productive manner… although it seems like a very basic lesson that I think that you do not know early on is like, it is not good to
hold everything inside, to kind of push things inside and not deal with them. So whenever we, you feel you have to communicate those things whether it is writing them down or speaking to someone, everyone has their own method. But you need to find some kind of way to cope.

Carol echoed having a “a real rewarding experience” in counseling because she learned how to better manage her anger, saying, “I have gained wisdom to know right from wrong, I mean to really know right from wrong, and I learned how to be stable in being angry. If you are angry, there is a way to be angry. I learned that.”

Rashad further elaborated about the ways he could apply what he had learned in counseling to his everyday experiences. He spoke to his ability to identify his feelings, consider how his behavior contributed to these feelings, and how he could actively change his behavior in order to bring about a different outcome. He stated, “If I’m not around my counselor, I can sit there and take what I’ve learned from it and brainstorm myself. If I’m feeling a certain kind of way, ‘Ok, why are you feeling this way? Because I did x, y, and z. Ok, so what can you do to change that?’”

Tameka realized that her counselor was “not going to listen to me and give me the solution to my problems, she was going to help me figure out what to do.” Through counseling, Tameka felt she gained a “more realistic” outlook about coping with the difficulties she might encounter in the future, saying, “Sometimes the solution is not probably what you wanted or something good, it takes time and it is gradual and it is about having the tools to deal with what life throws at you.” For Tameka, the “tools” she gained were the attitudes of “you are going to
have to take one day at a time, step by step” and “when things do not work out, you have to always have a Plan B or Plan C and take it that way so you are not disappointed.” Holding onto these “life lessons” helped Tameka to feel more hopeful and “motivated” to be agentic in her life, saying, “I am doing what I have to do, it is just going to take some time to get where I want to be.”

Echoing Tameka’s experience, several participants shared that having coping “tools” helped them to see themselves as having some influence in how they dealt with their difficulties, even if they could not exert complete control over the external stressors they experienced. When Jonathan was dealing with his family’s financial insecurity and facing multiple microaggressions in the college environment, he felt counseling helped him to “to identify what I was feeling, to reflect on what I desired of situations or what I desired outcomes to be.” Jonathan spoke with great pride and enthusiasm about his ability to engage in this reflection during this “trying time,” saying:

I felt like, oh my gosh, I felt like I was developing. I felt like I was becoming a person that was more in tune with themselves and that was something that I was trying to value. I felt proud of myself. I mean, saying that I was proud of myself is not the word, is not enough to describe how happy that I was during this trying time.

Priya similarly expressed feeling confident in her ability to cope with life difficulties, saying, “I understand that whatever it is, adjusting to any situation that I am in, there has to be a way out. I just have to figure it out.” Priya added that she felt revitalized by the knowledge she gained in counseling, which ultimately “brought me back to life in some sense.”
Improving relationships with others. Several participants also felt counseling helped them improve their ability to share their needs and feelings with others in their lives, and to be more understanding with others as well. It appeared, then, that some participants who experienced mutual understanding within their therapeutic relationship promoted mutual understanding in their other relationships by sharing their own feelings and having empathy for others. Catherine was able to apply the anger management strategies she learned to communicate her feelings and resolve conflicts in her relationships. She shared that counseling helped her

...because I have a tendency to get, if somebody does something to me or make me mad or angry, I used to get upset real bad… I learned it don’t make no sense to do that, you know. Just go and get it over with fast, and get it over with and go back to being friends.

Michael shared that he has learned to openly share his difficulties with others in his life, saying, “I constantly tell people what I am going through and what I am feeling.” Similarly, Earl stated, “I learned that I needed to set healthier boundaries and not keep stuff in and to be more assertive and to express my needs more.”

Derrick felt counseling “helped me become a better person by listening to other people’s problems and to be able to help that individual to the best of my ability.” He went on to say, “It makes me feel like a better person when I can help people. It makes me feel strong too.” Carol also felt that she learned how to provide “support” to others through counseling, which she described as a gratifying experience: “It is a reward, like, when you, when you have helped someone, and they came through, that is a reward for you.” Claire described the connection between being able to “feel” her “feelings” and her ability to empathize with her friends, saying:
I was never able to feel, feel the feelings before. But after I went to counseling, I began to open up to my feelings and um I was also able to, I was also able to hear, able to listen to my friends, to be with them.

“I would feel stuck.” The few participants who reported feeling less satisfied with their counseling experiences shared that they felt “stuck” and unsure of how to deal with their presenting concerns. These participants felt they did not have the tools to make active changes in their lives and felt less supported by their therapists in developing these strategies than the participants who felt empowered and revitalized by their therapy experiences. The name of this subcategory comes from Diane’s words as she described her experiences working with a therapist who appeared unwilling to discuss her class-related issues. She shared that she gained some insight about her family dynamics through this counseling experience, but largely felt “frustrated” as her primary concerns persisted:

Over time, it’s been helpful in helping me understand my birth family’s relationships and why I have some of the problems that I have… And, um, so there’s some value in that. On the other hand, I still have my problems. And in fact, my non-physical problems. So, though I think it’s good to understand these things, I don’t know in a pragmatic sense how helpful they are.

Diane described her “non-physical problems” as the “emotional” difficulties she had in feeling close and intimate with other people. Her “physical,” or external, problems referred to “economic” difficulties she had as an unemployed, disabled woman. Thus, Diane felt that both
her class-related concerns and relationship difficulties were not adequately addressed in this counseling relationship.

Other participants who felt less helped in counseling also expressed the desire to address their concerns directly, in a “pragmatic” approach. Vicki shared that she benefitted from having “someone who could listen to me,” but felt, “I did not really get any other stuff.” She shared that she wanted to develop plans of action in her counseling, so she could know “what to do” to address her concerns. Similarly, Lianne felt she gained “having someone to talk to, that’s it,” from counseling. She wanted more direct “instructions” from her counselors about how to “reach a particular goal” in counseling. For Lianne, this goal was finding a job so that she could help provide for her family.

Like Lianne and Diane, some participants felt stuck when their therapists did not attend to clients’ day-to-day, class-related experiences. For example, Omar, who described his relationships with his previous counselors as largely “unsuccessful,” expressed his need for safe, secure housing and getting a “different” perspective and “better feedback” about how to manage his mental health concerns. In our interview, when I asked if he felt he had received these things from counseling, Omar shook his head to indicate he had not. While Andrea found it helpful to “express how I am feeling and maybe some alternatives that can help my financial situation,” she still didn’t “have any solution to my issues or my problems” and would have felt helped if her therapist offered referrals to “more resources.” Omar and Andrea’s assessments reiterate the importance of therapists’ attending to clients’ class issues and economic concerns in order to promote positive therapeutic outcomes. A therapist can be caring and supportive, but offering
encouragement, alone, is not enough to help a client create change when they are facing multiple external stressors in their lives. As Elena shared, “Like, ‘You’re a good person’ really doesn’t change the reality of a bad situation.”

Summary

Participants entered therapeutic encounters with a sociocultural awareness that informed their interactions with their therapists. Participants who shared class and other cultural identities with their therapists expected that their class-related presenting concerns and life experiences would be understood, while many participants who observed class differences between themselves and their therapists worried that they would be misunderstood or judged negatively. Seeking mutual understanding emerged as the core narrative for poor and working-class clients as they worked to build connection and bridge differences around class issues in therapy.

Participants described the interactions and reactions that enhanced or hindered this process, as well as the gains or disappointments they bring away from their counseling experience. This model suggests that poor and working-class clients are aware of social class in the therapy room and are willing to engage with therapists to collaboratively navigate issues of class. The following chapter will offer further discussion of these findings, the strengths and limitations of this study, and implications for psychological research, training, and practice.
Chapter V

Discussion

This study explored poor and working-class clients’ class-related experiences in psychotherapy. The investigation attempted to capture how poor and working-class people experience social class issues in therapy, how they negotiated social class-related issues and potential class differences with their therapist, the societal context with which they understand these experiences, the psychological impact of such experiences, and recommendations for therapists working with class-oppressed clients. In so doing, this investigation sought to extend the work of the few scholars (Chalifoux, 1996; Goodman et al., 2009; Thompson, Cole, & Nitzrim, 2012) who have invited poor and working-class individuals to give voice to their counseling experiences for the purposes of rectifying a glaring discrepancy in the psychological literature: the tension between repeated calls for attention to issues of social class, classism, and poverty (APA, 2000; Bullock & Lott, 2001; Smith, 2005), and findings that these issues continue to receive little scholarly consideration (Buboltz, Deemer, & Hoffman, 2010; Lee, Rosen, & Burns, 2012; Saris & Johnston-Robledo, 2000). In addition to exploring poor and working-class clients’ appraisals of therapists’ behavior, the unique focus of this study was to position poor and working-class people at the center of the inquiry by exploring the actions they take to negotiate class issues in therapy.

Using a constructivist grounded theory approach, the theoretical model that emerged from the data reflected participants’ process of seeking mutual understanding with their therapists in order to navigate class issues. This chapter will provide a summary of the findings according to the research questions proposed in Chapter II, and will juxtapose them with the
existing literature. The themes of social class awareness and mutuality will be discussed in further detail, as they significantly aid in understanding the experiences described by participants. The researcher’s reflections on the findings, strengths of the study, and limitations will be reviewed. Finally, implications of this study for research, psychotherapy practice, and training will be presented.

**Summary of Results**

This study was guided by two primary research questions: “How do poor and working-class clients experience, understand, and negotiate class issues and class differences between themselves and class-privileged therapists?” and “According to poor and working-class people themselves, how can counselors and therapists better serve class-oppressed clients?” The investigation of these questions led to the creation of a theoretical model describing poor and working-class clients’ class-related experiences in therapy; the model addressed these questions via a core narrative of seeking mutual understanding. This was defined as a process by which clients felt both understood by and connected to their therapists, highlighting participants’ emphasis on mutuality.

*Clients’ sociocultural awareness*, the class and culture consciousness participants carried into the therapy room, provided the context in which clients understood their classed therapeutic experiences. Through this lens, clients derived their therapists’ social class membership from assumptions about therapists’ occupation, education, and salary and observations of class cues present in the therapists’ appearance, demeanor, and office environment. For these participants, the discernment of shared or different class and cultural identities influenced clients’ reactions to their therapist and contributed to clients’ decisions to share or withhold information and
reactions with their therapist. Nuanced interactions of mutuality-enhancing and mutuality-inhibiting client actions and therapist actions framed clients’ pursuit of mutual understanding with their therapists, even in the presence of class and cultural differences between them. The majority of participants described positive counseling experiences and therapeutic outcomes with their predominately middle-class therapists, yet also shared complex understandings of their less helpful or negative counseling experiences. According to these participants, therapists who demonstrate genuineness and willingness to attend to class issues can contribute to a strong working alliance in which poor and working-class clients feel accurately understood and connected.

**Clients’ Understanding of Social Class: Social Class Awareness**

Participants in this study described social class membership as a salient and meaningful way to understand their lived experiences, mental health concerns, and interactions with their therapist. Liu, Soleck, Hopps, Dunston, and Pickett (2004) described this “social class self/other awareness” as a fundamental component of individuals’ subjective experience of social class (p. 104). These authors have proposed a Social Class Worldview Model (SCWM, Liu et al, 2004) that describes individuals’ consciousness of social class; relationships to others within one’s social class (including family and peers) and people who belong in other classes; the relationship one has to materialism, time, and resources; and normative behaviors associated with one’s class membership. In addition to viewing social class as a social location, this model emphasizes that social class membership has psychological implications for how people make meaning of their experiences and interact with their environment. Understanding poor and working-class clients’ social class worldviews, then, is crucial for therapists to develop a more accurate understanding
Accordingly, in this study, participants’ definitions and perceptions of social class shed light on their actions and reactions in relationship to their therapists. A key feature of participants’ subjective understandings of social class was the importance of intersectionality, a concept proposed by Black feminist thinkers to describe the “varying amounts of penalty and privilege from multiple systems of oppression which frame everyone’s lives (Crenshaw, 1991, p. 559; Collins, 2000). Though social class-related experiences remained the focus of the study, participants viewed social class and classism as operating in tandem with such identities as race, gender, sexual orientation, and ability and associated systems of oppression to give rise to their particular sociocultural context. Participants’ social class definitions, their understanding of the relationship between social class and mental health, and meanings they attached to shared and different class identities will be discussed.

**Social class definitions.** In this study, participants delineated the social class hierarchy that they perceived, one in which wealthy and middle-class people had greater access to needed material resources, economic security, and leisure time than poor and working-class people. According to participants, class membership also encompasses a person’s relationship to employment, as participants made direct comparisons between the relative employment security of wealthy and middle-class people and the employment insecurity and low access to work faced by working-class and poor people. By defining classes in relation to one another and emphasizing the inequities that exist between classes, participants’ understanding of social class
is consistent with a social class-based analysis of socioeconomic inequality (APA Task Force on SES, 2006; Grusky, 1994). That is, participants went beyond the materialist construct of “socioeconomic status” by contextualizing differential access to resources in a system of class power and privilege (Smith, 2010). Reflecting on her position as a poor and disabled woman within this system, Diane stated, “I am truly shafted.”

Participants also largely confirmed Zweig’s (2000) social class taxonomy by addressing the different relationships to work held by people of different social classes and the proximity of working-class people to the experience of poverty. According to participants, wealthy people typically did not have to work, middle-class people had greater job security, working-class people worked long hours for little pay, and poor people typically did not have access to work or were underemployed. Elena’s statement that her middle-class therapist had “more control over her time” and greater ability to predict her work schedule echoed Zweig’s (2000) assertion that working-class people of little power over the “pace and content” of their workday (p. 13).

Like Zweig (2000), participants challenged the notion of poor people representing an “underclass” of people who live in chronic, unchanging poverty and have no intention of working. Nearly all participants reported fluctuations in their economic and financial circumstances throughout life. With deep, personal understanding of the ways classism manifests interpersonally, several participants reported being stigmatized for being poor or expecting to be judged negatively as a person of their social class. This is what Carol called “being treated like half a human being.” Unlike samples of middle-class people who tend to make internal attributions of poverty and view poor people as “lazy” and “criminal” (Cozzarelli et al., 2001;
Cozzarelli et al., 2002), participants in this study understood poverty as a condition in which people do not have the income to meet the basic needs of themselves and their families. Working-class participants often saw themselves as one paycheck away from losing the ability to cover their monthly expenses and poor participants confirmed that they were struggling for survival. In this way, participants described what Smith (2010) called the “precariousness of life” (p. 71) that can typify the lived experiences of poor and working-class people (Banyard, 1995; Dodson, 1999; Nicolas & JeanBaptist, 2001).

Participants’ inclusion of leisure time in their conceptualization of class inequities is notable. The value of the “protestant work ethic” espoused by dominant American cultural groups positions leisure time as a commodity one earns through “hard work” (Stewart & Bennett, 1991). Despite participants’ view that poor and working-class people are “always working” to find ways to meet their material needs, these groups are frequently stereotyped as “lazy” (Cozzarelli et al., 2001) and thus viewed as undeserving of leisure time. Participants’ recognition that wealthy and middle-class people have greater access to leisure time aligns with Liu and colleagues’ (2007) identification of leisure time as a manifestation of middle-class privilege, particularly for those middle-class people who hold multiple privileged identities. Though periods of rest and leisure time have been codified as fundamental human rights (United Nations Commission on Human Rights, 1948), the freedom to engage in leisure activities is certainly linked with one’s relationship to work and access to resources: working long hours, holding multiple jobs, having no paid sick leave or vacation time, and managing chronic financial stress can all restrict poor and working-class people’s access to rest and leisure. In this
way, participants’ reduced access to leisure time appears to be another manifestation of the class oppression they encounter in their daily lives.

**Social class and mental health.** Participants uniformly viewed economic insecurity and limited access to resources and rest as primary contributors to mental health difficulties for themselves and/or other poor and working-class people. In light of participants’ experiences of economic insecurity, little chance for rest and fun, and poverty-related stigma, both poor and working-class participants associated chronic exhaustion, fatigue, stress, and depression with their class experience. Some participants also shared their perception that middle-class people experience less stress and depression and have more positive appraisals of self. Participants’ perceptions of the relationship between social class and mental health is consistent with the large body of research that documents the higher rates of mental health concerns among poor and working-class people as compared to their middle-class and wealthy counterparts (e.g. Bassuk et al., 1998; Brown & Moran, 1997; Bruce, Takeuchi, & Leaf, 1991; Coiro, 2001; Hobfoll et al., 1995; Kessler et al., 2005; Rayburn et al., 2005; Rosen et al., 2003; Siefert et al., 2000).

The participants in this study provided a class context for mental health concerns by identifying social-class related concerns as contributing to the distress that prompted them to seek counseling. Participants’ narratives about class-related stressors as mental health concerns provide added support to the claims made by scholars (e.g. Albee, 1969; Belle & Douchet, 2003; Cole et al., 2011; Griffin et al., 2002; Jenkins et al., 2008; Smith, Chambers, & Bratini, 2009) that poverty, economic insecurity, and classism, along with other forms of oppression, directly serve as the etiology of mental health concerns among poor and working-class people.
According to participants, the link between poverty, classism, and increased mental health concerns is made all the more problematic by the numerous institutional barriers that poor and working-class people face in accessing mental health services and treatment. Participants’ experiences with barriers to treatment are consistent with previous studies in which poor and working-class people identify frequent counselor changeover (Chalifoux, 1996; Thompson et al., 2012), the cost of services and limited insurance coverage as significant challenges to accessing treatment (Levy & O’Hara, 2010; Miranda & Green, 1999). An important finding of this study is that participants felt understood and connected to counselors who inquired about the barriers clients were facing and adjusted fees to allow for continuity of treatment or provided referrals to more affordable services.

**Class cues and class identities.** Consistent with the findings of Chalifoux (1996) and Thompson et al. (2012), participants in this study shared that they observed class cues that prompted them to make inferences about their therapists’ social class. Participants made inferences about a therapist’s class on the basis of occupational cues, aspects of the therapists’ appearance, manner of speaking, and demeanor, and aspects of the office setting. For most participants, these observations were not neutral. These observations evoked strong feelings and expectations about whether or not therapists would be able to understand and relate to clients. For many participants who worked with therapists they perceived to be middle-class or wealthy, these class cues prompted fears and expectations of being misunderstood or judged negatively, consistent with Chalifoux’s (1996) findings in her interviews with White, working-class women about their relationships with middle-class therapists. Conversely, participants who perceived
their therapist to be of a similar class background (or perhaps who had grown up poor or working class) felt increased comfort and familiarity with their therapists.

The notion that clients’ perceptions of therapists’ cultural identities can impact the working alliance has found credence in what are often seen as disparate theoretical approaches to therapy. Both psychodynamic and feminist theorists offer explanations for participants’ reactions to the class cues they perceived. In their discussion of cross-race therapeutic dyads and interactions between therapists and clients with difference sexual orientations, psychoanalytic researchers Gelso and Mohr (2001) described the construct of cultural transference, which was defined as “culture-related distortions” directed at the therapist that are “rooted in patients’ past experiences” with members of the therapist’s cultural group (p. 59), and “likely reflect some degree of reality” (p. 63). According to these authors, cultural transference can manifest as “minority” clients believing that their “majority” therapist adheres to oppressive ideology or is unaware of the issues facing members of the marginalized social group the client belongs to (Gelso et al., 2001, p. 63). Additionally, clients from marginalized groups can experience positive cultural transference toward therapists from similar social groups or idealize therapists from privileged groups, mirroring the increased societal value conferred on these privileged groups.

Indeed, several participants in this study worried that their middle-class or wealthy therapists would hold classist perceptions of them or would not be helpful. These participants’ fears were grounded in their beliefs that middle-class and wealthy people hold negative perceptions of poor people, as finding that has been born out by research (e.g. Cozzarelli et al.,
Participants tended to have universally positive experiences working with therapists who they believed shared similar class backgrounds because they felt more confident that they would be understood by these therapists. Though several participants spoke highly of their middle-class and wealthy therapists and some were reluctant to offer criticism of their therapy experiences, it is unclear from the interviews whether clients idealized their class-privileged therapists within the class-related cultural transference. It is possible that participants provided favorable appraisals of their therapists in the spirit of their gratitude, or due to hesitance and uncertainty of how I, the interviewer and a middle-class counselor myself, might react to criticisms of their therapist.

The feminist theorists who have participated in generating Relational Cultural Theory (RCT) have further unpacked how oppression contributes to mistrust and disconnection between people of marginalized and privileged social groups. Relational cultural theorists apply a power analysis to understanding identity differences by reminding us: “It is not, however, the differences that plague us. It is rather that the differences are profoundly stratified” (Walker, 2004, p. 93, emphasis original). According to RCT, individuals develop relational images from our interactions that inform our expectations about how we will be treated by others. Our interactions cannot be extracted from our sociocultural context, and so our past and present attempts to build relationships with others are “raced, engendered, sexualized, and situated along dimensions of class, physical ability [and] religion” (Walker, 2002, p. 2). Thus, institutionalized and cultural oppression gets performed in relationships through group-based stereotypes, negative prejudices, and “distancing and denigrating responses” (Lott, 2002, p. 100), causing relational disconnections between people who occupy social positions with differential access to
power. When people from marginalized groups are repeatedly excluded from access to social, political, and economic power by members of privileged social groups “who want to protect what they have” (hooks, 2000, p. 3), they learn to expect difficulties connecting with members of privileged groups, at best, and dangerous interactions at worst. It makes sense, then, that poor and working-class people might be wary of class-privileged therapists and experience a more immediate sense of rapport and safety with therapists of similar class backgrounds.

However, just as studies regarding the benefits of racial/ethnic match between therapist and client have generated mixed findings (e.g. Cabral & Smith, 2011), the findings of this study suggest that shared social class identities between therapist and client can be helpful in establishing rapport and reducing clients’ fears of being misunderstood, but are not essential for building a strong working alliance or promoting positive treatment outcomes for poor and working-class clients. Most participants in this study found that they were able to bridge perceived class differences between themselves and their therapist when they sought mutual understanding with their therapists and therapists’ actions enhanced mutuality in the therapeutic alliance. Clients’ strategies for navigating class issues will be discussed in the following session.

**Mutuality in Client and Therapist Interactions**

Participants in this study negotiated class differences and class issues in therapy through seeking mutual understanding with their therapists. Because of the significant explanatory power of the feminist therapy conceptualization of *mutuality* in understanding the dynamic processes by which clients and therapists collaborated or neglected to address class issues, client and therapist interactions will be discussed within a Relational Cultural Theory framework.
Relational Cultural Theory (RCT) was developed by Jean Baker Miller and her colleagues at what is now known as the Jean Baker Miller Training Institute at the Wellesley Centers for Women (Comstock, Hammer, Stentzsch, Cannon, Parsons, & Salazar, 2008). Drawing on their extensive experience working with female clients, this group of feminist therapists proposed that human beings – women in particular – grow and heal through authentic and mutual connections to others (Miller & Stiver, 1997). RCT challenges traditional theories of psychological development that identify processes of individuation and separation as hallmarks of optimal functioning (Jordan, 2004; Comstock et al., 2008). As mentioned earlier in this chapter, RCT theorists hold that an individual’s life experiences, mental health, and well-being are embedded within cultural systems of privilege and oppression. Though this theory was originally developed based on the relational experiences of White women, it has since been expanded to be more inclusive of considerations of race, sexual orientation, and class (e.g. Tatum, 1997; Eldridge, Mencher, Slater, 1997; Garcia Coll, Cook-Nobles, & Surrey, 1997). Additional key components of RCT will be presented in the following sections to provide an interpretive lens for understanding the client actions, therapist actions, client reactions, and therapeutic outcomes described by participants.

**Client actions.** When engaging in mutuality-enhancing actions with their therapists, participants demonstrated an increased willingness to share information about themselves and their reactions in the therapy room. These participants perceived that expressing themselves more authentically within the therapeutic relationship allowed counselors to have a fuller understanding of clients’ needs and experiences, which, in turn, helped clients feel more connected to their therapists and more likely to seek mutual understanding in future interactions.
with their therapist. Participants’ desire to experience mutual understanding with their therapists aligns with the main RCT tenet that human beings grow and change through connection, rather than individuation or separation (Miller & Stiver, 1997). In particular, the core narrative of seeking mutual understanding is quite similar to the RCT concept of mutual empathy, or the “flow of empathic attunement between people” (Jordan, 1997, p. 15), and mutual empowerment, which is a mutual “growth-fostering” process in relationships (Miller & Stiver, 1997). Moreover, pursuing mutuality through authentic expression, as participants did when they took the risk to share more with their therapists, has been positioned as an effective relational stance for forming connections and working through conflict in the context of multiple identity differences (Garcia Coll, Cook-Nobles, & Surrey, 1997), and specifically with regard to social class (Thompson et al., 2012).

At other times, clients engaged in mutuality-inhibiting actions, characterized as withholding accurate personal information and reactions, when they anticipated or felt they were being misunderstood or judged negatively by the therapist. These actions coincide with the narratives of working-class participants in Chalifoux’s (1996) study, who expressed concerns about being misunderstood by their middle-class therapists and acknowledged that they “omit things” and “leave things out” when speaking to their therapists. Also in line with Chalifoux’s (1996) findings, participants’ concerns about being misunderstood or judged negatively occurred within a cultural context, such that clients withheld information to avoid activating therapists’ negative stereotypes about clients’ marginalized identities - particularly at the intersection of class, race, and gender.
A unique finding from this study is that clients also withheld their observations about class differences between themselves and their therapist when they feared offending or hurting their therapist. It appeared, then, that clients withheld personal information and reactions about class differences or class-related misunderstandings from their therapist to avoid relationship ruptures in therapy. This finding fits with the RCT concept of the “central relational paradox” (Miller & Stiver, 1997), which explains that people yearn for deeply connecting relationships but will engage with others in a superficial or false way with the belief that behaving authentically would provoke others to reject or humiliate them (Jordan, 2004). Particularly applicable to the present study’s findings, the central relational paradox has been described as highly salient in relationships where people are attempting to connect across different identities (Garcia Coll, Cook-Nobles, Surrey, 1997). When class-oppressed clients withheld information and reactions in their relationships with class-privileged therapists, these actions could represent “self-protective inauthenticity,” which may reflect marginalized group members’ attempts at “the suppression of all experience that makes the dominant group uncomfortable or threatened” (Jordan, 2004, p. 49). Clients who expect that their experiences will be distorted by ignorance or active stereotyping may also withhold information and reactions “in order to keep [their] truth alive or to maintain a sense of integrity” (Jordan, 2004, 53.) Thus, key principles of RCT provide a theoretical basis for understanding withholding information and reactions as “strategies of disconnection” that poor and working-class clients may use for self-protection and to preserve their relationship with their therapist (Jordan, 2004, p. 49).

**Therapist actions.** In sharing about their therapeutic experiences, participants identified therapist actions that were meaningful, valuable, and helpful, as well as the actions that were
alienating or unhelpful to them. Participants uniformly emphasized the importance for therapists to 1) demonstrate genuineness and 2) attend to class issues in work with poor and working-class clients. These therapist behaviors were seen to be *mutuality-enhancing* because they contributed to participants’ feeling understood and connected to their therapist, which in turn promoted positive treatment outcomes. Correspondingly, participants considered *lacking genuineness* and *neglecting class issues* to be *mutuality-inhibiting* therapist behaviors that contributed to negative client reactions and therapeutic outcomes.

Participants’ evaluation of therapist genuineness and willingness to attend to class-related concerns is similar to narratives expressed by previous studies of poor or working-class clients’ therapeutic experiences. Goodman et al. (2009) studied the reactions and outcomes reported by low-income, depressed women who worked with counseling student-advocates using a Relationship-Centered Advocacy (RCA) framework. As described in Chapter II, the RCA model incorporates a “full-frame approach” to the needs of low-income or otherwise marginalized clients in which “advocates” address clients’ presenting concerns and the institutional barriers they face in the setting of authentic, trusting relationships with their clients. Goodman et al. (2009) found that the women in their study emphasized the importance of building “real” relationships with their advocate and their need for instrumental support to deal with day-to-day difficulties. For these women, advocates who provided concrete assistance were also viewed as offering emotional support. Conversely, the working-class women Chalifoux (1996) interviewed felt that their middle-class therapists lacked awareness of the daily, lived impact of clients’ financial insecurity and more limited access to needed resources. These women ultimately felt
misunderstood, even when working with warm, sensitive counselors, because salient class issues and class differences went unaddressed in therapy.

Lastly, in their interviews with low-income clients, Thompson et al. (2012) observed that low-income clients feel safer and more trusting in relationships with therapists who initiated discussion about class issues in therapeutic relationship and demonstrated an understanding of the complex ways social class operates in clients’ lives. Like the participants of this study, Thompson et al. (2012) found that low-income clients were particularly moved by “meaningful moments” in therapy when their therapist “went above and beyond one’s traditional role” by helping clients obtain needed resources or “shar[ing] part of him- or herself” though a gift, self-disclosing, or “tearing up” and “joining [clients] in their grief” (p. 215). The findings of Thompson et al. (2012) stand in close alignment with the core narrative from this study, suggesting the usefulness of the emergent theoretical model of seeking mutual understanding to navigate class issues.

Janet L. Surrey (in Miller, Jordan, Kaplan, Stiver, & Surrey, 1997) wrote, “In relationships based on the search for mutuality, each participant can represent increasingly her feelings, thoughts, perceptions in the relationship, can have an impact on the others and on the relationship, and can be moved by or move with the others” (p. 42). Given this emphasis on authenticity, how might counselors realistically and therapeutically engage in mutual relationships with poor and working-class clients? The participants of this study offered complex, thoughtful suggestions for therapists to consider that coincide with recommendations put forth by RCT theorists. Notably, the participants of this study did not endorse unfiltered
therapist self-disclosure or emotional expression. Participants responded positively to therapist self-disclosure and emotional responsiveness primarily when these actions demonstrated therapists’ understanding and validation of clients’ experiences, or provided a caring gesture that was responsive to clients’ relational needs. RCT theorists likewise differentiate between “reactivity” and “impulsive, entirely spontaneous” expressiveness, and “responsiveness” which involves compassionate consideration of how clients may receive and be helped by our actions (Jordan, 2004, p. 68).

Thoughtful consideration of therapists’ relational impact also requires therapists to be aware of the impact of addressing and neglecting class issues in therapy with poor and working-class clients. As in previous studies (e.g. Goodman et al, 2009; Thompson et al. 2012), participants in this study felt supported and well understood by therapists who assessed their material needs and provided referrals and tangible assistance as needed. Unlike past studies, most participants expressed reluctance to discuss class differences in therapy. These participants were aware of class differences with their therapists but reported that these differences had not been discussed, so it is possible that clients’ hesitance to discuss class differences may have stemmed from therapists’ avoidance of these issues. Further, when it comes to social class, inter-class or cross-class dialogues are rare in this society. As Lianne observed, people “don’t really talk about it.” Thus, it is possible that participants were reluctant to discuss class differences because doing so would require clients to enter into an unfamiliar, potentially relationship-disrupting experience where the outcome was uncertain.
When therapists did explore class issues differences with clients, participants felt validated and more closely connected to their therapists, in line with experiences reported by low-income clients (Thompson et al., 2012) and clinicians working with low-income clients (Kim & Cardemil, 2012). These findings speak to the importance of counselors’ comfort in “broaching” the topic of cultural differences with clients (Day-Vines, Woo, Grothaus, Craigen, Holman, Dotson-Blake, & Douglass, 2007, p. 402), as these conversations have the potential to “prevent” or “transform” disconnections around cultural differences (Comstock, et al., 2008, p. 283).

Consistent with previous research (Chalifoux, 1996; Thompson et al. 2012), participants in this study felt disappointed, misunderstood, and disconnected when therapists appeared to lack the willingness, knowledge, or awareness to appropriately attend to clients’ material needs in counseling. It appears that therapists who neglect class issues in therapy may unwittingly commit classist microaggressions in their relationships with poor and working-class clients (Smith & Redington, 2010). Though classist microaggressions have received little attention in the psychology literature, Smith & Redington (2010) contended that classist microaggressions may be analogous to more widely-researched racial microaggressions as unconscious, often unintended microinsults and microinvalidations that communicate demeaning, marginalizing messages to the target group.

Applying a microaggression framework to participants’ experiences with their therapists (Sue et al., 2007), therapists who neglect to address class issues in therapy may communicate that clients’ material concerns, experiences of classism, and reactions to the class cues they
observe in the therapy room are unworthy of discussion. Therapists who decontextualize clients’ presenting concerns (e.g. asking, “Why don’t you go to school?” without considering the barriers to education poor and working-class clients may face) may further communicate insulting, invalidating messages to clients. Therapists who are able to recognize these class-based ruptures can take steps to repair the relationship by re-engaging in mutuality-enhancing actions, including acknowledging the misunderstanding and inviting the client to discuss their reactions. Indeed, Walker (2004) stated that mutuality can act as a “path to reconnection” when we experience disconnections in the context of differences (p. 120).

Taken together, the mutuality-enhancing therapist actions identified by participants align with recommendations for culturally-competent therapeutic practice. Fischer, Jome, and Atkinson (1998) proposed that the common factors-approach to counseling, which holds that positive therapeutic outcomes can largely be attributed to healing aspects of a strong working alliance across treatment modalities, can act as a “skeleton,” or foundation, that “requires the flesh of cultural knowledge” (p. 542) to make therapy “functional with a variety of clients” (p. 531). Similarly, with specific attention to social class in their review of treatment studies addressing the needs of low-income, depressed women, Levy and O’Hara (2010) found that low-income women were most likely to remain engaged and benefit from counseling interventions that were logistically and financially accessible and characterized by a collaborative therapeutic relationship in which a client’s “worldview, life circumstances, and needs are understood by her clinician” (p. 14). Levy and O’Hara stated that these “practical, psychological, and cultural accommodations” are each “necessary,” but none alone are “sufficient” to make psychotherapy relevant and accessible to this population. Participants in this study, too, viewed both therapist
genuineness and attention to class issues as powerfully influential in their treatment outcomes. Participants’ reactions within the therapeutic encounter and treatment outcomes will be addressed in the following section.

**Psychological Impact of Navigating Class Issues in Therapy**

The psychological impact of participants’ experiences of navigating class issues in psychotherapy was captured through two categories of findings: *client reactions* to the therapist and *therapeutic outcomes* of the counseling experience. Participants’ reactions and treatment outcomes had several themes in common and thus are discussed together here. Positive reactions to their therapist and positive therapeutic outcomes were related to mutuality-enhancing client and therapist actions. At times, when participants engaged in mutuality-inhibiting actions and their therapists responded with mutuality-enhancing actions, these participants reacted by feeling better understood and more connected to their counselor, which increased their willingness to seek mutual understanding in the therapeutic relationship. Clients who engaged in therapeutic relationships characterized by such mutuality reported treatment outcomes of feeling motivated to use tools to care for themselves, cope with difficulties, and improve their relationships with others. According to RCT, these positive reactions and gains from counseling mirror aspects of the “five good things” that characterize mutually-empathic and growth-fostering relationships: increased “zest” or vitality, empowerment to be agentic in relationships, desire to pursue connections with others, and increased self-knowledge and self-worth (Miller & Stiver, 1997). Past studies of low-income clients have also found that clients felt understood and cared for and reported positive therapeutic outcomes when their therapists addressed class issues and material
concerns and promoted working alliances based on mutuality and authenticity (Goodman et al. 2009; Thompson et al., 2012).

On the other hand, participants who perceived their therapist as engaging in mutuality-inhibiting actions, whether participants themselves engaged in mutuality-enhancing or mutuality-inhibiting actions, described having negative reactions to their therapist and some negative therapeutic outcomes. Indeed, the negative reactions of feeling judged, misunderstood, and disconnected, and the negative outcome of feeling “stuck” align with the characteristics RCT theorists associate with disconnecting relationships: lack of energy, sense of helplessness or immobility, confusion, decreased self-worth, and withdrawal from the relationship (Jordan, 2004; Miller & Stiver, 1997). Again, these findings are consistent with past studies of working-class and low-income clients that found clients felt misunderstood, disconnected, or judged and reported less positive treatment outcomes when working with therapists who appeared inauthentic and unaware of class issues within the therapeutic relationship (Chalifoux, 1996; Thompson et al., 2012). These findings clearly outline that therapists can contribute to positive treatment outcomes for poor and working-class clients by attending to class issues within therapy and engaging with clients authentically, and supporting clients’ move toward more authentic, mutuality-enhancing ways of interacting, as well.

**Researcher Reflections**

My passion to ally with class-oppressed people – born in the class consciousness instilled in me by my family – propelled me to complete this study. I began this investigation feeling indignant about the invisibility of poor and working-class people in the psychology literature.
And yet, I was consistently aware of my status as an “outsider” conducting research about the experiences of a marginalized population that I do not belong to. I wondered how participants observed and made meaning of class cues in their interactions with me. From the recruitment flyers, participants knew where I attended school (some participants met with me there) and that I was pursuing a graduate degree in counseling psychology. Undoubtedly, the information participants chose to share about their class-related experiences in therapy could have been affected by their perceptions of me and my own social location as a White, middle-class-appearing woman.

In my ongoing efforts to build rapport, I had informal conversations with participants before and after the interview and invited them to share their reactions to participating in the study. When participants told me again and again that they were grateful for the opportunity, that they “detected no bias” in my interactions with them (as Rashad told me), and expressed their excitement and well-wishes for my education, I was thrilled and felt gratified, of course. As I completed more interviews and ventured deeper into my data analysis, I noticed a potential parallel process: as participants described wanting to be self-protective and feeling protective of their therapists in their counseling experiences, I found myself feeling like I was being cared for, as well, and that there were some aspects of participants’ experiences that felt just beyond my reach. My clinician’s ear heard veiled expressions of shame, anger, and pain that I tried to invite participants to discuss more openly, and at times, these experiences went unnamed. Other times, I was humbled by participants’ willingness to share fears of encountering classism and racism in therapy – experiences not often shared across identity lines.
I offer these considerations in the spirit of transparency, and with the understanding that the assumptions of neutrality and objectivity posed by positivistic research are inherently upended in the use of constructivist research methodologies (Charmaz, 2006). In processing my outsider status through memo writing and conversations with my peer review, colleagues, and mentors, I take the stance that persistently engaging in the work to unearth one’s own biases, assumptions, and blind spots and speak across differences is one critical way to challenge the disconnecting force of societal oppression, particularly in interactions with groups of people who are just as persistently ignored. The findings of this study and others (e.g. Thompson et al. 2012; Weintraub and Goodman, 2010) speak to this notion: that people who take the risk to be authentic in their relationships and to name experiences that so often get silenced can build connections across class differences. That I occupied a more privileged social class location than the individuals I interviewed may have been a potential barrier in my data collection, but the connections built between me and the participants of this study also act as a mirror for my findings.

**Strengths and Limitations of the Study**

**Strengths**

The criteria for evaluating the strengths, as well as limitations, of this study are drawn from suggestions for evaluating constructivist grounded theory studies: originality, credibility, resonance, and usefulness (Charmaz, 2006). A significant strength of this study is that it positioned the voices of poor and working-class people at the center of the inquiry about social class experiences within psychotherapy. Even within the limited scholarly consideration granted
to issues of class and classism in the psychological literature, poor and working-class narratives remain largely invisible. In terms of sampling, this study achieved a larger sample size than most other qualitative studies of this phenomenon. The current investigation is also unique from the existing published accounts of poor and working-class clients’ therapeutic experiences in that it included the narratives of both men and women of color and sampled participants from a wide variety of treatment settings, encompassing two future research directions recommended by Thompson et al. (2012) in their recent qualitative study.

Theoretically, this study confirms and extends the findings of past studies of poor and working-class clients’ therapeutic experiences. Consistent with previous studies, the current study found that social class issues are salient within the therapeutic encounter for poor and working-class clients, and clients report positive experiences when working with therapists who are genuine and willing to address class issues. By elucidating the relationship strategies poor and working-class clients use to actively negotiate class issues in therapy and form positive working alliances with class-privileged therapists, this study offers unique insights missing from previous research endeavors, which have largely focused on participants’ perceptions of their counselor’s behavior (e.g. Chalifoux, 1996, Goodman et al. 2009; Thompson et al, 2010). These sampling and theoretical considerations are linked to the evaluation criterion of originality, as this study sought to “extend or refine” existing notions about poor and working-class clients’ experience and engagement in therapy (Charmaz, 2005, p. 182).

Several study procedures enhanced the credibility and trustworthiness of the findings (Charmaz, 2005). First, working with a peer reviewer helped me to explore and bracket my
biases and reactions to the interviews and data analysis throughout the study. Having my peer reviewer observing and responding to my data analysis illuminated blind spots and assumptions in my work and helped me to remain as close as possible to the words of participants. Second, simultaneous data collection and data analysis and use of constant comparative methods further ensured that the theoretical categories and concepts that emerged were grounded in the data and refined by subsequent data collection. Third, in order to “provide enough evidence” for readers to “form an independent assessment” of the study findings (Charmaz, 2005, p. 182), I also presented numerous participant quotations to support my claims. The use of pseudonyms in the presentation of the results allows readers to connect the narratives of each participant and observe the diversity of participants recounting similar experiences, lending further trustworthiness to the claims of this study.

Another significant strength of this study is that participants’ understanding of social class stratification and experiences of oppression is clearly linked to their presenting mental health concerns and interactions with counselors. In this way, this study appears to satisfy Charmaz’s (2006) criterion of resonance, which addresses the need for research to capture the “fullness” of the studied phenomenon by drawing connections between social systems and individuals’ lives (Charmaz, 2006, p. 182). By bringing marginalized voices to the center of this investigation, scrupulously grounding findings in the narratives of poor and working-class clients, and making visible how the therapeutic relationship is embedded within a sociocultural context, this study offers a useful theoretical model by which counselors can evaluate their work with class-oppressed clients.
Limitations

The findings of this study should be examined with consideration of several limitations. First, this sample was a self-selected group of poor and working-class people from New York City and Philadelphia who were informed in advance about the topic of the research. Individuals who volunteered and consented to participate in this study may be people who experience issues of social class as salient in their lives or who have a special interest in this topic area. Additionally, the specific sociocultural context of these participants may limit the applicability of these findings to the therapeutic experiences of poor and working-class clients living in urban settings in the Northeastern region of the United States. Poor and working-class clients in suburban or rural regions within the United States or in diverse international settings may have culturally-specific strengths or unique difficulties in navigating social class issues in therapy. Further, convenience and snowball sampling were the primary sampling strategies utilized in this study. Though I conducted data collection and analysis concurrently, I was not able to purposefully engage in theoretical sampling by seeking out participants with specific therapeutic experiences in the hopes of modifying the emerging theory.

Additional limitations of this study are related to the use of a singular data source and some of the specific conditions of data collection and analysis. In qualitative methodologies, scholars emphasize the importance of obtaining information from a variety of sources to enhance the theoretical model (triangulation of data; Morrow, 2005), immersion in the field of study, and participant checks, which involve participant review of transcripts or data analysis (Charmaz, 2005). Grounded theorists and ethnographic researchers encourage the use of field observations,
collateral interviews, focus groups, and archival data for the purposes of triangulating data and achieving more rigorous and trustworthy analysis (Charmaz, 2005; Creswell, 2007). Due to time limitations and my move across the country during data collection, I was only able to conduct one interview with each participant and I was not able to utilize participant checks. Further, while all efforts were made to interview participants in person, I decided to interview participants over the phone after I moved out of the region where recruitment was occurring. Phone interviews limited my ability to observe the nonverbal cues that I was able to make note of in earlier interviews. When I did complete interviews in person, I invited participants to meet with me in a small office at my graduate institution. For most participants, this was an unfamiliar setting and they may have noted class cues in the environment. It is unclear how the setting of the interview and my associate with this setting may have influenced participants, though I discuss my personal reflections on this matter in the “Researcher Reflections” section of this chapter. Despite these limitations, this study provides a strong contribution to the literature pertaining to multicultural psychotherapeutic processes and practice. The themes that emerge from this study resonate with previous studies of poor and working-class clients therapeutic experiences and offer useful implications for future research, training, and psychotherapy practice.

**Implications and Future Directions**

**Implications for Research**

This study offers a theoretical model of the ways poor and working-class clients experience, understand, and negotiate social class issues in psychotherapy. An important
Implication of this study is that class-oppressed clients may actively seek to bridge class differences between themselves and their class-privileged counselors in their efforts to connect and build a collaborative therapeutic relationship. According to participants, client expectations that middle-class or wealthy therapists will misunderstand clients’ experiences or ruptures within cross-class therapy dyads do not necessarily contribute to permanent and immutable disconnection. These participants suggest that a working alliance characterized by mutuality, genuineness, and a willingness to attend to class issues is vital in promoting positive therapeutic outcomes for this population, regardless of the therapist’s perceived class identity.

Continued use of qualitative research methods to bring poor and working-class clients’ voices into the psychotherapy literature would provide opportunities for helping professionals to better understand the class context of their interactions with clients. There remains little research about poor and working-class clients’ therapeutic experiences, and future research to this end could proceed on several fronts. Future research could continue examine the ways that social class issues manifest in psychotherapy. Specifically, more research is needed to elucidate how classism is enacted interpersonally, both in general interactions between people and specifically within the counseling relationship. Future research could also explore the impact of therapists’ classist microaggressions on the working alliance and counseling outcomes for poor and working-class clients. Additionally, researchers could further explore the relationship factors and therapist-client interactions that allow counselors and clients to address class differences and relationship ruptures that occur around issues of class in healing and therapeutic ways.
With an understanding of the intersectionality of cultural identities and systems of privilege and oppression offered by participants and supported by scholars (e.g., Collins, 2000), future researchers could explore how class-related concerns, class differences, and classism function in the context of other shared identities between therapists and clients. That is, participants could be sampled who perceive class differences alongside other cultural similarities, such as gender, race, ability, or sexual orientation, between themselves and their therapists. For example, researchers could study the experiences of poor and working-class Latina clients in therapy with middle-class or wealthy Latina counselors. Comparing the narratives of these populations may illuminate differences or similarities in social class identity salience (Liu et al. 2007) in the setting of other cultural identities. In keeping with the premise of intersectionality, such research would also provide a more nuanced understanding of the ways various cultural identities intersect with social class to inform interactions in counseling relationships.

Lastly, future research exploring therapist perceptions of their work with poor and working-class clients is important to determine the areas of agreement and divergence between therapist and client narratives. Previous researchers have demonstrated that therapists are aware of the importance of addressing class issues in therapy with poorer clients (Kim & Cardemil, 2012; Smith, Li, Dykema, Hamlet & Shellman, in press), though they may struggle with how and when to engage with clients about these issues (Weintraub & Goodman, 2010). Looking at “gaps” in the narratives between clients and therapists might inform our understanding about what therapists are “missing” in their work with class-oppressed clients. We might also consider the areas of agreement as providing evidence for what is being effectively communicated or
assessed for by therapists within the therapeutic interaction! Pursuing the research directions provided here would provide vital information about the ways social class and classism emerge and are dealt with in the therapeutic alliance, which would be beneficial for counselors who seek to provide class-aware and culturally-competent services – and their clients.

**Implications for Training and Practice**

Grounded in participants’ narratives, the emergent theoretical model of this study offers clear implications for psychology training and psychotherapy practice with poor and working-class clients. Social-class related issues were distinctly salient for the men and women in this sample. These findings point to the need for discussions of social class and classism to be further integrated within culturally-competent practice, supervision, and training (Smith, 2008). We must go beyond the cursory listing of “social class” as cultural identity domain that warrants attention and continue to unpack the complex ways that social class identity and experiences of class privilege or oppression shape a person’s worldview and lived experiences.

It is important for therapists, supervisors, and counseling educators to consider “social class” as a position within a system of social stratification, in which the class privilege of wealthy and middle-class people contributes to and is maintained by the oppression of poor and working-class people (APA, 2003; Bullock & Lott, 2001; Smith, 2010). Increasing one’s knowledge about how systemic and institutional classism interacts with other forms of oppression could greatly enhance exploration of class privileges (Liu et al., 2007), promote external/systemic attributions of poverty (Toporek & Pope-Davis, 2005), and thus illuminate gaps in knowledge and awareness that contribute to classist stereotypes and ideology. As
numerous scholars have suggested, awareness of one’s own class privilege, class mobility, and/or class oppression and resulting class-related values, beliefs, worldviews, and biases is critical for providing class-aware and culturally-competent psychotherapy, supervision, and counselor education (Arredondo, 1999; Smith, 2008; Sue, 2010). The Report of the Task Force on Resources for the Inclusion of Social Class in Psychology Curricula (2008) is an excellent compilation of scholarly, legislative, literary, and multimedia social class-related resources, as well as sample syllabi and classroom activities that promote increased class consciousness among students in psychology training programs.

Focusing on the practice of psychotherapy, the findings of this study suggest that counselors must be aware of the marginalizing and disconnecting force of systemic classism within interpersonal interactions. To challenge such barriers to connection, counselors should consider a relational therapeutic stance that emphasizes genuineness, collaboration, and consent-seeking when working with poor and working-class clients. Relational Cultural Theory (Miller & Stiver, 1997) and Relationship-Centered Advocacy (Goodman et al, 2009; Weintraub & Goodman, 2010) offer useful frameworks for incorporating authenticity, mutuality, advocacy, and attention to issues of power and privilege within counseling practice. In particular, as reflected by the participants in this study, therapists should consider how their language usage and communication styles may be received by poor and working-class clients. Therapists are encouraged to speak and interact in ways that feel genuine to them, with the understanding that differences in language or communication style may highlight class or other cultural differences between therapist and client. Rather than trying to match the client’s communication style, which may come across as disingenuous and thus diminish trust in the therapeutic relationship,
therapists may consider using communication differences as a way to thoughtfully explore client’s cultural transference in session (specific considerations for exploring class differences in the therapeutic relationship are included below). Moreover, encouraging counselors-in-training to find authentic ways of communicating with clients should be an integral part of supervision and training.

Further, in a society where a system of social class stratification is routinely denied, discussions about class are silenced (most notably through the common middle-class convention that “talking about money” is impolite), and poverty is stigmatized, poor and working-class clients may refrain from initiating conversations about their material concerns, economic insecurity, or class issues in the therapeutic relationship. Counselors can communicate openness to discussing class issues by assessing clients’ material concerns during the initial consultation and throughout the duration of therapy. Participants in this study recommended that counselors assess whether clients are able to meet their basic needs for housing, clothing, food, and healthcare, as well as clients’ educational and employment-related aspirations and barriers. For clients who have urgent needs for basic resources, partnering with clients to resolve issues of securing housing, food, clothing, and healthcare should be viewed as fully within the scope of therapeutic practice. Counselors need to be knowledgeable about and willing to refer clients to community and government agencies that can provide them with needed resources and services, including temporary housing and housing assistance, as well as free and low-cost meals and groceries, clothing, education and job training, legal and medical services. The participants of this study felt empowered by focusing on what they could influence or control, even in the setting of external stressors beyond their control. Thus, counselors can ally with clients engaging
in self-advocacy by helping them anticipate the obstacles they may face in gaining access to needed resources and developing action plans for responding to these barriers (Toporek & Chope, 2006).

It is clear from the findings of this study that poor and working-class clients are noticing class signifiers, making inferences about their therapist’s social class membership, and considering the impact of class similarities and differences in the therapeutic relationship, yet it is also evident that clients may hesitate to discuss these impressions with their counselor. Particularly in the context of class differences, clients may avoid discussion of these differences for fear of alienating their therapist and being shamed or rejected by the therapist. For these reasons, counselors should not expect that clients will bring these issues up, and may find that clients deny the presence of these concerns if asked outright. Thus, it is important for therapists to exercise clinical judgment in thoughtfully navigating potential class-related cultural transference (Gelso et al., 2001).

As they consider whether to address class differences with clients, counselors must take the strength of the working alliance into account and assess for clients’ expectations of being understood or misunderstood on the basis of class. Prior to engaging in these conversations, counselors are also encouraged to reflect on their own class awareness, class-related cultural countertransference, and negative feelings they may experience when discussing class differences with clients. Counselors must be prepared to “tolerate being vulnerable” as they hold their clients’ potential mistrust, anger, shame, and pain and manage their own painful feelings (Garcia Coll, Cook-Nobles & Surrey, 1997, p. 187.) Relational-Cultural Theorists emphasize the
“inevitable conflict” that occurs when we attempt to connect across cultural differences as a meeting place from which healing and growth can emerge (Garcia Coll et al., 1997, p. 188). Indeed, counselors who can collaborate with clients to discuss the often uncomfortable, painful issues related to social class may achieve a “more intimate,” authentic working alliance (recalling Earl’s words) and contribute to growthful outcomes for both the client and the therapist.

Lastly, in work with poor and working-class clients, it becomes abundantly clear that counselors must expand their view of their professional domain to include advocacy for social justice (Vera & Speight, 2003, Goodman et al., 2004). The findings presented here demonstrate that lack of access to needed resources and fears of economic insecurity were the primary contributors to participants’ mental health concerns. If helping professionals hope to collaborate with clients to improve their well-being, they must actively challenge the inequities that contribute to the disparately high rate of mental health concerns among poor and working-class people. Within the therapeutic relationship, incorporating critical-consciousness raising about social class, classism, and other forms of oppression into therapeutic work and supporting client’s participation in advocacy work are fundamental components of socially-just therapeutic practice for therapists who work with all populations (Goodman et al., 2004). Counselors who work with poor and working-class youth are encouraged to help them explore the impact of social class and classism in their lives to challenge internalized negative messages that they’ve received about their communities, families, and themselves. Engaging youth in critical-consciousness raising and promoting their interest in working for social change has been found to increase young people’s self-worth and agency, awareness of their strengths, and sense of
connection to others (Foster-Fishman, Nowell, Deacon, Nievar, McCann, 2005; Smith, Bratini, Appio, 2012), in line with the positive therapeutic outcomes reported by the adult participants of this study.

Counselors can advocate for policies and regulations in their workplaces, professional organizations, and at the national level that increase access to affordable healthcare and mental health services for poor and working-class people. Counselors can also participate in political initiatives that would dismantle the oppressive, exclusionary systems that disproportionately stress, burden, and marginalize poor and working-class people, such as supporting a living wage for all workers. Most importantly, counselors can partner with and take leadership from poor and working-class community members to better understand needs of the communities they serve and learn how they can best ally with class-oppressed communities.

**Conclusion**

When delivering a lecture to accept the Sydney Peace Prize in 2004, Indian writer Arundhati Roy said, “We know of course there’s really no such thing as the ‘voiceless.’ There are only the deliberately silenced, or the preferably unheard.” In a society where poor and working-class people repeatedly find themselves silenced and unheard, seeking mutual understanding – in therapy, in a research interview, in our communities – is an act of resistance and a movement toward connection by people who are routinely pushed to the margins. From the stories shared by 22 poor and working-class people about their therapeutic experiences, a theoretical model emerged that emphasized the centrality of seeking mutual understanding to negotiate class issues and class differences in therapy. This model incorporates both poor and
working-class clients and their therapists as active participants in the process to build connection and mutual understanding.

Drawing on a sociocultural awareness of social class differences and the existence of intersecting forms of oppression, participants shared their expectations that they would be misunderstood and judged negatively by middle-class and wealthy therapists, and received with warmth and understanding by therapists from similar class and cultural backgrounds. Several clients did feel understood and connected to therapists with shared identities, and a few participants reported disconnecting experiences with class-privileged therapists who lacked genuineness and neglected to attend to important class-related issues in the therapy room.

Nevertheless, the majority of participants working with class-privileged therapists challenged their initial apprehension by openly sharing personal information and reactions with their therapist. When clients shared authentically and were met by therapists who responded with genuineness and accurate attention to the class issues salient in clients’ lives, participants reported that class differences could be bridged. Even when participants withheld information and reactions, they felt welcomed to take the risk to share more authentically by therapists who were genuine and knowledgeable about social class-issues. Participants linked the quality of their relationship with their therapist to therapeutic outcomes. When their therapeutic relationship was characterized by mutual understanding, participants typically felt empowered to care for themselves and improve their relationships with others. When participants felt misunderstood and disconnected from their therapists, they felt “stuck” and unhelped by therapy.
When asked what counselors need to know about working with poor and working-class people, Annette remarked, “Overall, I think the therapist needs to really look at the person that’s in front of them and not making them feel that, you know, the other person’s down here.” As Annette spoke, she held out her palms facing up, moving up and down like two sides of a scale, showing the possible imbalance of a client being “down here” below the therapist, and then bringing her hands to the same level. Annette continued, “I think that’s what keeps us coming. That to me is the most important thing, where they can feel you are empathizing and you understand them. You see them for who they are and why they’re there.” The narratives shared by participants in this study suggest that social class issues are visible and meaningful to poor and working-class clients in therapy. With an emphasis on mutuality and class-awareness, clients and therapists can collaborate to address clients’ class-related concerns that contribute to psychological distress and, in the process, build more authentic, meaningful relationships in which clients feel truly “seen.” This study has implications for research and practice that encourage researchers and clinicians to turn their attention to the understudied issues of social class, poverty, and classism, and welcome poor and working-class people to the center of discussions about class and mental health.
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Appendix A
Demographic Questionnaire

Please provide the following information:

1. Gender:
   _____ Male  
   _____ Female  
   _____ Please specify if not mentioned above: ____________________________

2. Age:_________

3. Race or ethnicity (check all that apply):
   _____ Asian/Asian American  
   _____ Black/African American (non-Latino)  
   _____ Latino/a  
   _____ Native American/Native Alaskan  
   _____ White/Euro-American (non-Latino)  
   _____ Please specify if not mentioned above: ____________________________

4. Which of the following best describes your social class membership?
   _____ Low-income/poor  
   _____ Working class  
   _____ Middle class  
   _____ Upper class/wealthy

5. Please check the highest level of education that you have completed.
   _____ Some high school  
   _____ High school diploma or GED  
   _____ Some college or associate’s degree  
   _____ Bachelor’s degree  
   _____ Graduate degree

6. Please identify your occupation status:
   _____ Unemployed  
   _____ Employed part-time  
   _____ Employed full-time

7. If employed, please specify your occupation: ____________________________
Appendix B
Semi-Structured Interview Protocol

1. I’m going to mention some words that are used to talk about different people’s work experiences and social class positions. Can you tell me your perception of someone who is poor? Working class? Middle class?

2. Where do you think your understanding of these different kinds of people comes from?

3. Does any of the descriptions fit you a little better than the others? (If yes) Which one? What does it mean to be [a person of that class]?
   
   Possible prompts: What stereotypes do you think people have about that social class? How does that match up with your life experiences?

4. Before you started therapy, what did you think therapy would be like?

5. What issues/concerns were you hoping to address in therapy?

6. Thinking back to those social class words that we talked about before, what social class do you believe your therapist/counselor belongs/belonged to?
   
   Possible prompts: What did/do you imagine their lifestyle to be like? Were they in the same class as you? What did you think about that?

7. When, if at all, did you first notice social class differences (or similarities, as appropriate) between yourself and your counselor? What specifically did you notice? What was that like for you?

8. As you look back on your experience in therapy, were there any times that stand out in your mind when you noticed the difference of (your class) and (your therapist’s class) between yourself and your therapist? Could you tell the story of that time?
Possible prompts: How did you respond to [each event]? How did these experiences impact your relationship with your therapist? How do you feel about these experiences as you look back now?

9. Were issues like these ever discussed between you and your counselor? [If so] What was that like for you?

10. Sometimes concerns having to do with money or finances are connected to these issues. Did you and your therapist ever talk about those kinds of concerns?

Possible prompts: How open was your therapist to discussing social class/class differences/issues with money? How could you tell? [If not] What, if anything, would you have wanted to talk about?

11. What do you think therapists need to understand/know about working with people from [your social class]?

12. Could you tell me a little about your therapist’s background or demographics other than (his/her social class)? Were there other things about your counselor’s background or identity that stood out for you?

Possible prompts: How, if at all, did this impact your experience with them in therapy?

13. What, if anything, did you gain from your experience in therapy? What else would you have liked to get out of it?

14. Is there anything you might not have thought about before that occurred to you during this interview? Is there anything else you think I should know to understand your experiences in therapy better? Is there anything you would like to ask me?
Appendix C

Category Outline

Core Narrative: Seeking Mutual Understanding

Category: Client Sociocultural Awareness

Subcategory: Class differences within a Social Class Hierarchy

Property: Wealth and flexibility

Property: To be “in the middle”

Property: Poor and working class commonalities and differences

Property: Stigma of poverty

Subcategory: Intersecting oppressions

Property: Social class and mental health

Property: Systemic barriers to mental health resources

Subcategory: Perceptions of therapist social class

Subcategory: Noticing class cues

Property: Occupational Cues

Property: Aspects of therapist appearance and manner of dress

Property: Characteristics of therapists’ office space

Property: Therapists’ vocabulary and demeanor

Subcategory: Identity comparisons

Dimension: Shared identities-Different Identities

Core Category: Client Actions

Dimension: Sharing-Withholding
**Subcategory:** Sharing accurate personal information

**Subcategory:** Withholding accurate personal information

**Subcategory:** Sharing reactions

**Subcategory:** Withholding reactions

**Core Category:** Therapist Actions

**Dimension:** Perceived presence – absence of behaviors by client

**Subcategory:** Demonstrating genuineness

- **Property:** Validating self-disclosure
- **Property:** Compassionate emotional responsiveness
- **Property:** “It depends on how they carried their powers”

**Subcategory:** Lacking genuineness

- **Property:** Invalidating self-disclosure
- **Property:** Invalidating emotional responses
- **Property:** Formal ways of communicating
- **Property:** Exerting power

**Subcategory:** Attending to Class Issues

- **Property:** Assessing material circumstances
- **Property:** Including class issues in case conceptualization
- **Property:** Providing tangible assistance
- **Property:** Naming class issues in the therapeutic relationship

**Subcategory:** Neglecting class issues

- **Property:** Missing and dismissing class issues
Property: Providing little tangible assistance

Core Category: Client Reactions

Subcategory: Feeling understood

Dimension: Feeling understood – feeling misunderstood – feeling judged

Subcategory: Feeling connected

Dimension: Feeling connected – feeling disconnected

Category: Client Outcomes

Subcategory: Find some kind of way to cope

Subcategory: Improve relationships with others

Subcategory: Feeling “stuck”
Table 1

Participant Demographic Information

<table>
<thead>
<tr>
<th>Name</th>
<th>Gender</th>
<th>Age</th>
<th>Race/Ethnic.</th>
<th>Social Class</th>
<th>Education</th>
<th>Occupation Status</th>
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</thead>
<tbody>
<tr>
<td>Catherine</td>
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<td>Black/African-American</td>
<td>Low-income/Poor</td>
<td>Some college</td>
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<tr>
<td>Willie</td>
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<td>59</td>
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<tr>
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<td>Black/African-American</td>
<td>Low-income/Poor</td>
<td>High school/GED</td>
<td>Unemployed</td>
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<tr>
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<tr>
<td>Earl</td>
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<td>Derrick</td>
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<td>Jessica</td>
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<td>Priya</td>
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<td>Jonathan</td>
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</table>

Note. All names provided are pseudonyms.

a Two participants did not provide their age. N.I. = not indicated.
b Identified as “working class” in interview and “low-income/poor” on demographic form.
Figure 1. Theoretical Model of Seeking Mutual Understanding

Note. Arrows represent influences rather than causes. The solid bidirectional arrows represent client-therapist interactions viewed as helpful and connecting. Dashed bidirectional arrows represent disconnecting interactions between client and therapist.
Table 2

Core Categories, Categories/Properties, and Frequencies

<table>
<thead>
<tr>
<th>Core Category</th>
<th>Subcategory/Property</th>
<th>Frequency</th>
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</thead>
<tbody>
<tr>
<td>Client Sociocultural Awareness</td>
<td>Class Differences in Hierarchy</td>
<td>Most</td>
</tr>
<tr>
<td></td>
<td>Wealth and flexibility</td>
<td>Most</td>
</tr>
<tr>
<td></td>
<td>To be “in the middle”</td>
<td>Most</td>
</tr>
<tr>
<td></td>
<td>Poor and working class commonalities and differences</td>
<td>Most</td>
</tr>
<tr>
<td></td>
<td>Stigma of poverty</td>
<td>Some</td>
</tr>
<tr>
<td></td>
<td>Intersecting oppressions</td>
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</tr>
<tr>
<td></td>
<td>Race/racism x class/classism</td>
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<td>Class(ism) x ability/ableism</td>
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<tr>
<td></td>
<td>Class and other identities</td>
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<tr>
<td></td>
<td>Social class and mental health (class issues contribute to mental health concerns)</td>
<td>Most</td>
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<tr>
<td></td>
<td>Describes class issues as central presenting concerns</td>
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</tr>
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<td>Describes class issues are secondary presenting concerns</td>
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<td>States class issues are not present in presenting concerns</td>
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<td>Systemic barriers to mental health resources</td>
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<td>High session costs</td>
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<td>Limited insurance coverage</td>
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<td>Counselor changeover</td>
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<tr>
<td></td>
<td>Perceptions of therapist social class</td>
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</tr>
<tr>
<td></td>
<td>Describes therapist as different social class than client</td>
<td>Most</td>
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<tr>
<th>Core Category</th>
<th>Subcategory/Property</th>
<th>Frequency</th>
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<tbody>
<tr>
<td><strong>Client Sociocultural Awareness</strong> (cont.)</td>
<td>Perceptions of therapists social class (cont.)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Identified therapist as middle class</td>
<td>Most</td>
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<td>Describes therapist as previously poor/working class</td>
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<td>Identified therapist as upper-class/wealthy</td>
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<td></td>
<td>Identified therapist as working class</td>
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<td>Describes therapist as same social class as client</td>
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<td><strong>Noticing Class Cues</strong></td>
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<td>Occupational cues</td>
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<td></td>
<td><strong>Identity comparisons</strong></td>
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<td></td>
<td>Shared identities enhance connection</td>
<td>Most</td>
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<tr>
<td></td>
<td>Different identities inhibit connection</td>
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<tr>
<td></td>
<td>Differences mitigated by mutual understanding</td>
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<td>Different identities did not matter</td>
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<td>Differences insurmountable</td>
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<td><strong>Client Actions</strong></td>
<td>Sharing accurate personal information</td>
<td>Most</td>
</tr>
<tr>
<td></td>
<td>Avoiding discussion of class differences</td>
<td>Most</td>
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<tr>
<td></td>
<td>Withholding accurate personal information</td>
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*(table continues)*
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<th>Core Category</th>
<th>Subcategory/Property</th>
<th>Frequency</th>
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<tbody>
<tr>
<td>Client Actions (cont.)</td>
<td>Sharing reactions</td>
<td>Some</td>
</tr>
<tr>
<td></td>
<td>Withholding reactions</td>
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<tr>
<td>Therapist Actions</td>
<td>Demonstrating genuineness</td>
<td>Most</td>
</tr>
<tr>
<td></td>
<td>Compassionate emotional responsiveness</td>
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<td></td>
<td>Validating self-disclosure</td>
<td>Some</td>
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<tr>
<td></td>
<td>How they carried their powers, sharing power</td>
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</tr>
<tr>
<td>Lacking genuineness</td>
<td>Invalidating self-disclosure</td>
<td>Some</td>
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<td></td>
<td>Invalidating emotional responsiveness</td>
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<td></td>
<td>Formal ways of communicating</td>
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<tr>
<td></td>
<td>Exerting power</td>
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<tr>
<td>Attending to class issues in therapy</td>
<td>Assessing material circumstances</td>
<td>Most</td>
</tr>
<tr>
<td></td>
<td>Class issues in case conceptualization</td>
<td>Most</td>
</tr>
<tr>
<td></td>
<td>Providing tangible assistance</td>
<td>Most</td>
</tr>
<tr>
<td></td>
<td>Naming class issues</td>
<td>Few</td>
</tr>
<tr>
<td>Neglecting class issues</td>
<td>Missing/dismissing class issues</td>
<td>Some</td>
</tr>
<tr>
<td></td>
<td>Providing little tangible assistance</td>
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</table>

(table continues)
Table 2 (cont.)

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<th>Core Category</th>
<th>Subcategory/Property</th>
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<tr>
<td>Client Reactions</td>
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<td></td>
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<tr>
<td>Feeling understood</td>
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<td>Most</td>
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<td>Feeling connected</td>
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<td>Most</td>
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<td>Feeling misunderstood</td>
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<td>Feeling disconnected</td>
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<td>Some</td>
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<tr>
<td>Feeling judged</td>
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<td>Few</td>
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<tr>
<td>Therapeutic Outcomes</td>
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<tr>
<td>Find some kind of way to cope</td>
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<td>Some</td>
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<tr>
<td>Improve relationships with others</td>
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<td>Some</td>
</tr>
<tr>
<td>Feeling stuck</td>
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<td>Few</td>
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</table>

*Note.* “Most” indicates a frequency of 13 cases or more; “Some” represents 6 to 12 cases; “Few” reflects 5 cases or fewer.