

Exploring Psychological Therapists' experiences of working with clients who perceive themselves as living in poverty: An interpretative phenomenological analysis

By

Elvera Dorothy Ballo

1326143

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Department of Psychology

University of East London (UEL)

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Abstract

This study seeks to understand how therapists experience their work with clients who self-refer as living in poverty. Poverty is very rarely highlighted within counselling psychology publications and very little empirical research exists relating to how therapists understand this phenomenon. The under researched nature of poverty is surprising given this issue is becoming a topic of current debates alongside a rise in the number of individuals living in poverty and self-referring for therapy. The present study highlights a range of difficulties that therapists may face whilst working with clients living in poverty, how these difficulties may affect the work and how such difficulties are managed. The aim of these findings is to increase current knowledge about what is possible within the world of therapy and to raise awareness from which practitioners, students, training institutions and policy makers could become more informed. Eight psychotherapists took part in semi-structured interviews and Interpretative Phenomenological Analysis (IPA) was used in analysing the data. The results elicited three superordinate themes: the first, “Resilience in the struggle to engage with therapeutic work”, the second theme involved “Struggling to promote social activism” and thirdly, “Navigating multiple challenges and barriers”. The findings are examined in light of how they illuminate and diverge from various aspects of poverty-related literature and research. Suggestions are made for training, supervision, and practice, and for future research relating to poverty and mental health.

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I can confirm that the research presented here is my own. Sources of information from elsewhere have been indicated and referenced.

The Library and University have my permission to use this thesis for educational purposes.

Name: Elvera Ballo

Signature: EBallo

Date: 3rd April 2020

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Preface

Experiences that shaped my interest in therapists and their clients living in poverty

A large part of my working life has been within the National Health Service (NHS) as a cognitive behavioural therapist (CBT) working therapeutically with a range of presenting problems. I have often experienced clients attending with difficulties relating to poverty who are referred elsewhere for support only for them to return often in a state of distress. I found this experience disturbing as these clients needed to talk about their difficulties and they reported that debt advisers for example had not been helpful. Although I could discuss referrals in supervision, there was a sense of sadness and a need to engage with the client to see how much support I could offer as a therapist. I have a personal relationship to the topic of poverty and would like to begin the journey here.

My personal relationship with this topic began during my youth in Africa. My mother supported our household, as my father was absent. The country was patriarchal in structure; men worked while women tended to the home and children. My experience as a child equated to a middle-class lifestyle, however, the death of my father meant that my mother took on the role at head of the family. As she was then unable to work, the family dynamics immediately changed, and we moved down the social scale from a middle-class to working-class lifestyle. I found that I no longer enjoyed the things I previously took for granted, and this gave me a new appreciation of the potential tensions between a comfortable material life and a relatively

impoverished life. Many choices and opportunities in my life changed and although this was challenging, it was not always in a negative way.

Moving from one macro system to another; from Africa to the UK, I noticed the importance of having a family in Africa, which acted as a supportive container when I was experiencing poverty. In my view, life in the UK without a supportive container can be extremely challenging. As a single mother, sole provider and a student here in the UK, my life parallels my early experience of living in poverty. Being a woman and a mother, with sole responsibility in my family structure, I was thrown into this research topic (Heidegger, 1962). According to Heidegger (1962), my experience may cause me to feel anxious about others experiencing poverty albeit with a great deal of empathy. Heidegger stressed that we should not bar our moods altogether, but to cultivate our moods to find ourselves in the world, and also that these moods “attune” us to the world. As a woman, living in the UK, and as a professional, my understanding of my situation is that the individual has the propensity to be shaped by the culture and society (macro, exo systems) in which they live. I managed my anxiety of living in poverty by working hard because I had learned during my early years to help myself. I also received support from my personal therapist in managing my anxiety and by helping me to notice stuck points and changes I could make. I have found this support invaluable and learned that with intervention distress from poverty reduces and wellbeing is enhanced.

Thus, in my professional training as a CBT therapist within a GP’s surgery, I was able to transfer this learning to clients who were presenting with distress from living in poverty. Clients were referred by a group of GPs to the in-house therapy

service. Some of these clients did not initially present with issues to do with poverty, however, as treatment progressed, it became clear that their anxiety and low mood resulted from the effects of living in poverty. I reasoned then that some people may not have the ability or resources to help themselves out of poverty. It was here that I began to search for literature to support my work with clients presenting with issues to do with poverty. I discovered that there was very little literature on poverty and the few research papers I found typically talked about therapists feeling helpless and that therapists often experience burnout. Therapists also offer practical skills such as advocating on behalf of their clients by contacting benefit services which offer childcare and transport for their clients to attend therapy. Working within the GP practice, my supervisor advised me to offer empathy rather than these practical skills. I reflected on my therapeutic practice that I was not offering practical skills and had no prior training to support these clients. I further reflected that perhaps I could have been doing more harm than good in the therapy that I was offering given my personal experience of poverty and working outside of my competency (BPS, 2017).

Consequently, I was concerned about my own reactive countertransference (Clarkson, 2003) and projective identification (Klein, 1946). The former with regards to my unconscious actions or interventions that might lead me to offer advice rather than listening to the client's experience. A counter-transference situation may inadvertently lead me to disclose personal information during the session or further still blur certain boundaries by offering money or food out of feeling deep empathy or somewhat helpless. I know what being poor feels like and am familiar with its resulting distress. The latter being that I may act out the client's core fantasies and feelings, which as a trainee, I may not have been skilled enough to notice and to work through.

Having worked empathically with clients at the GP surgery as a CBT therapist, I continued my professional development as a trainee counselling psychologist within the Improving Access to Psychological Therapies (IAPT) framework. Within the IAPT service, I noticed that clients self-refer because they were experiencing distress from living in poverty and were explicit about wanting to talk about the impact of their circumstances and how it feels to go without certain necessities. These clients were then signposted to a group of low-income psychotherapists who work with people living on a low income.

For many years I heard IAPT practitioners and medical and nursing colleagues talk about the impact of poverty upon treatment delivery, yet at what seemed like a superficial level. It was here that I began to wonder what these low-income therapists did, what kinds of therapy they offered and how they dealt with helplessness and burnout (Smith et al, 2013). As I continued to read the literature alongside my professional experience, three points struck me: firstly, that clients who self-refer as living in poverty are in work and are referred elsewhere for alternative help. Secondly, in the consultation room issues around poverty often became an unspoken part of the relational dynamic, which influences the shape of the therapeutic relationship. How the dynamic is worked with, or not, could impact or even define the therapy. Thirdly, over my five years of counselling psychology training and practice, I had begun to consider how it could be possible for health professionals to hold a certain philosophical or professional position, and then act in ways contrary to that position. For instance, I noticed how health professionals were encouraged to address the issue of health and well-being, yet often omitted consideration of how poverty can impact upon health.

As a profession based on openness and exploration, it sometimes seemed as counselling psychologists, we avoid examining the strong association between poverty and distress. However, in the current era of austerity imposed from the macro system and bearing down on the microsystem, media concerns continue to grow about the increasing numbers of people living in poverty. Given this current climate of top-down cuts, I wondered how individuals could potentially help themselves out of poverty. I suggest that further research of how this phenomenon is understood could support a debate intended to enhance well-being and therapy. Given the difficulty inherent in my own experience of working with clients living in poverty, I wonder how those therapists who offer therapy to clients living in poverty experience and manage their work.

In exploring this question, this study begins with an introduction and background of poverty and how these views have shaped current theories. A review of definitions is presented together with a consideration of how poverty has been constructed. This is followed by a rationale for this study. A critical evaluation of the existing literature is presented as it offers the relevant background and context to the research study and outlines current knowledge germane to the aims of the research. Given the limited research available on therapists working with clients living in poverty, the literature search also focuses on gender, race and power to shine a light on any risk factors that therapists might encounter and that may impact their day to day work. The research questions are presented together with the aims and relevance to psychology research and practice. This study explores therapists' experiences of working with clients living in poverty, consequently, qualitative studies were given precedence over quantitative studies because of the experiential focus inherent in

qualitative research. As justification for the current project becomes explicit, I hope it will add to the knowledge available within all the fields of psychology.

Chapter One

Introduction

Jon, a participant therapist describes poverty as *“the effect of poverty, my colleagues would agree, it’s like a great big vice, a great big squeezer happening on the psyche, on the internal world... an emotional broken leg, punch to the chest, accident, freight train running over you, which leaves you in the same incapacity, that maybe having physical injuries from a car accident...the pressures of society, poverty being one, squeezes people out (59-65).*

Jon’s description of the impact of poverty offers us some indication as to the gravity and complexity of the work therapists working with clients living in poverty may encounter when managing the distress inherent in the presenting issues of their clients. Jon’s experience was indicative of the alarm he felt at the lack of support and care for those who live in poverty and the increasing number of individuals referring for therapy. As a high association of poverty, mental health and resulting distress has been established (Santiago, Kaltman, & Miranda, 2013), Jon’s experience highlights the impact of poverty and its potential to harm the human psyche (Elliot, 2016). In the current era of austerity and instability within the United Kingdom (Newman 2012), individuals presenting with distress resulting from poverty is rising and clients look to the National Health Service (NHS) to provide care amidst limited resources (Rao, Bhutani, Clarke & Sanjivan, 2016; Sizmur & Raleigh, 2018). Clients are subsequently signposted to areas where they hope to get support within the NHS which identifies with a medical model. This is a model which traditionally focuses on pathology,

employs diagnostic categories and prescribes medication (Woolfe, Strawbridge, Douglas & Dryden, 2010).

Global challenges and the adverse effects these have on the wellbeing of countless individuals, led researchers to notice that mental health disorders are higher in areas where poverty is high (Belle 1982). These researchers explained that this is due to the multiple stressors, traumatic events and ongoing hardships associated with the consequences of living in poverty (Bassuk, Buckner, Perloff, & Bassuk 1998; Belle 1982). It is less likely for these individuals to receive mental health services support and when they do, drop out of treatment prematurely (Falconnier, 2009; Garfield 1994). However, when interventions are designed which addresses transportation, childcare, cultural issues relating to race, ethnicity and level of poverty, outcomes are dramatically improved (Ammerman et al., 2005; Santiago et al., 2013; Ballinger & Wright, 2007). According to the literature, addressing poverty related stressors and other barriers presents an enormous task for therapists who work with clients living in poverty because research shows that therapists experience burnout, stress and hopelessness (Smith, 2010; Smith et al., 2013). Smith et al.'s (2013) research demonstrates that a feeling of hopelessness has the propensity to stifle the process of therapy, leading to a loss of value and long-term effectiveness.

Overview

As a result of inflation, the United Kingdom (UK) is reporting an unexpectedly large and increasing number of people both in and out of work and experiencing poverty (Kagan, 2015; Belfield, Cribb, Hood & Joyce, 2016). Interest is also increasing in terms of how people are supported (Psychologists against austerity, 2015, Weir, 2020). Poverty, mental health and therapy have received substantial attention since the 1980s and a focus has centred on exploring ways to adequately meet the requirements of therapists who provide support for those living in poverty (Smith et al, 2013; Overholser, 2016; Adler et al., 1997; Santiago et al., 2013; Miranda & Green, 1999).

This aim of this study is to examine how therapists experience their work with clients living in poverty. The study undertook to increase insight and awareness of such experiences. It was designed to understand and bring attention to the emotional, psychological, physical and societal impacts that working with their clients has on their circumstances, the impact their client's circumstances may have on them, and how these difficulties are managed. The aim is for these findings to increase current knowledge about therapists' experiences in the context of poverty, therapy, counselling psychology, mental health and our client work and to raise awareness from which practitioners, students, training institutions and policy makers could become more informed.

This study argues that by undertaking an in-depth investigation of the experiences of therapists' work with those living in poverty, the findings may help us to understand how poverty is experienced, what it means, and a context

for identifying how best to support therapists and their clients. This study also aims to understand what therapists require by understanding their work, the skills and knowledge they may require in managing the work and how to access available resources and services.

This study focuses specifically on therapists to understand the context of poverty in which they work, to notice what works when they offer therapy to their clients and to investigate what can we learn from the specific challenges they face. This may enable us to adequately prepare trainees wishing to work with clients living in poverty and to develop awareness of interventions to support this client group. The strong association of poverty and mental health issues makes those living in poverty a vulnerable group, vulnerable to psychological distress. As this group is largely under-served within the mental health sector (Smith, 2010), and clients have a tendency to either not attend free sessions or tend to drop out prematurely from therapy, this may cause stress for their therapists. Mental health workers or clinicians alike might have unfavourable biases towards these clients (Vera & Speight, 2003) and this can have a lasting impact on the individual living in poverty as well as their therapists. While I acknowledge the significance of support for those living in poverty, the key focus is on the therapists, their experiences and how they manage their work. As this area of research is relatively new, therapists' lived experiences will increase an understanding of the difficulties and ways in which poverty is defined, what attributes, skills and knowledge enables engagement and how support is managed. The relevance of this study to Counselling Psychology

practice is that understanding the experiences of these therapists has the potential to develop psychological interventions that are useful and accessible to clients.

1.1: Definition of poverty and current context

The current literature on therapists' experience of working with clients living in poverty tends to utilise the US definition of poverty which uses absolute measures (Goodman, Pugach, Skolnik, & Smith, 2012; Santiago, Kaltman, & Miranda 2012; Foss, Generali & Kress 2011). This is in contrast to the relative measures of poverty utilised by the UK government (Ashworth-Hayes, 2017), and measures the number of people who, due to low income, struggle to actively partake in the community economically, socially and culturally. These definitions and categorizations become challenging with implications for interpretations and may not be readily generalised to various settings and outcomes (Burnett & McKendrick, 2007). This presents a gap as there are limited studies that explore the experiences of therapists working with clients living in poverty in the UK. Studies in the US have found that building a sound therapeutic relationship on evidence-based treatment consisting of advocacy, intensive outreach, empathy, cultural sensitivity, and teamwork can lead to positive outcomes (Smith et al, 2013).

Thus, the perspectives of those providing such treatments in the UK are rarely described. The study therefore aims to explore the extent to which psychological therapists develop individual practices for working with people living in poverty, what it means for them to do this work and how the work is accomplished. Research has shown therapists to be vulnerable and marginalised, and thus distressed. Therefore, the personal and contextual dynamics that facilitate or impede efforts to help this group

and their clients in therapy is warranted. Poverty does not just mean being able to heat a house or eat, Smith (2010). Weale, (2019) found that individuals are deterred from participating in everyday activities in society. These studies have shown some people struggle to buy birthday presents for their children or some people cannot afford to socialise or meet up with friends and families. Poverty therefore results in people being excluded from society which may lead to the worsening of their symptoms (Weale, 2019). How clients are supported and how therapists manage their work is of importance to understand the issue of poverty explored in this thesis.

1.2 Increased interest in therapists' experience of poverty work

The UK has seen a significant increase in psychologist's interest in its work with those living in poverty as evidenced in the BPS vision for 2020, titled 'Poverty to Flourishing' which aims to embrace the social justice agenda and work towards political issues within communities (Rhodes, 2019). This follows continued calls to support families and children out of poverty through engagement with the individual, the community and organisations (Fox, 2003; Midland Psychology Group 2014; Kagan, 2015) and through research into child poverty (Heberle & Carter, 2015). These debates indicate a marked interest in poverty and psychological wellbeing.

Nonetheless, literature on therapists working within the context of poverty is scarce (Smith et al., 2013), a perspective that is crucial if the desired quality and health of those living in poverty is to be met. The US literature suggests that clients living in poverty experience existential stress and those therapists engaged in work with them tend to suffer increasingly with burnout and a sense of 'not doing enough' (Smith et al., 2013; Santiago, Kaltman, & Miranda, 2013; Borges, 2014). In the UK, a group of

psychotherapists who align their services to work with those living in poverty are currently filling a gap in the way health and well-being is supported.

Professionals such as Social Workers, Clinical Psychologist, Community Psychologists (Kagan, 2015) provide therapy for clients living in poverty in the relative absence of counselling psychologists. Therefore, this research seems timely in seeking to address the needs of the growing number of practitioners working with clients living in poverty. As someone who would also wish to share in this therapeutic experience, I wanted to understand the idiographic lived experiences of these therapists, to understand what keeps them motivated. Hence, I sought to address therapists' experience of working with clients living in poverty. The research aims to conduct a phenomenological study of how therapists experience, understand and interpret their practice with clients living in poverty.

There is a growing number of psychological theorists acknowledging the role of social, political, and economic factors in creating and maintaining poverty, the impact and effects on personal health and well-being are also becoming more widely recognised (Shildrick & Rucell, 2015). However, in the UK, individuals who self-refer with stress, anxiety and depression, which may be related to living in poverty, may have difficulty accessing services. This is largely because psychologists' training involves promoting change predominantly by focusing on the individual client to change his or her thoughts and behaviours. For example, in traditional cognitive behavioural therapy (CBT), the therapist explores primary difficulties found in unhelpful thoughts that then shape behaviour in unhelpful ways (Beck, 1995; Dutton & Santos de Barona, 1997). In traditional psychodynamic therapy (e.g. Freud, 1913;

Klein, 1946; Jung, 1964), the therapist explores the secondary difficulties and the source of distress embedded in the clients' childhood experiences and complex relationships (St. Clair & Wigren, 2004). A small percentage of therapists are beginning to notice secondary problems directly related to poverty which has been largely ignored within traditional therapeutic interventions and which is now widely being regarded as important in terms of improving recovery rates within the NHS (Fairak, 2018).

1.3 My Position in this study

Various models are used to understand poverty and its repercussions for those who work with those living in poverty. These models will be explored further in the literature review section. The biological or medical model of poverty traditionally focuses on pathology, using diagnostic categories and medication to treat individual symptoms (Bentall, 2004; Woolfe, Strawbridge, Douglas & Dryden, 2010). This medical model of formulation underpins most NHS psychological services and has the effect of shifting the attention away from cultural or social causes (Smith, 2010). The social approaches to poverty postulate that various theoretical and political motivations exist which influence how poverty is perceived. There is a focus on discourse (e.g. social constructionism) whilst another focus is predominantly on political aspects of poverty. Some social models tend to interpret poverty by referring to the individual's own personal choices in terms of individual failings with their resultant sense of aimlessness as well as a supposed willingness to depend on benefits.

The stance taken in this study endeavours to sidestep the dangers of being on a pendulum of biological or social determinism. Rather, the study assumes a more

holistic perspective. A critical realist approach allows for complexity rather than resorting to relativism and postulates that an external reality exists. Baskar argued that “things exist and act independently of our descriptions, but we can only know them under particular descriptions” (Bhaskar, 1975, p250). Critical realism distinguishes between ontology and epistemology, that objects are independent of knowledge and can be gained through experience, observation, communication or social interaction. Accordingly, disorders cannot be known by categorising them in order to describe them, but that distress exists and is a natural response to life’s difficulties. Regardless of how various cultures view distress, it seems a universal human experience.

Clear arguments from the critical realist perspective exist in poverty research. For example, Fitzpatrick (2005) and O'Mahoney and Vincent (2014) state that understanding reality depends on multiple interpretations and perspectives, for example how poverty relates to an individual, what this distress actually feels like, what caused their experience, how they get stuck - all may help us to understand the mind of an individual, the power against which they battle within their environment and to understand how they manage these experiences. According to the critical realist position, reality exists for each individual although, importantly, other discourses may also act as interpretations of it (Bhaskar 1975). As reality is ‘multi-determined’, with no individual way of establishing events (Bhaskar 1975), multiple causes must be elicited from an in-depth exploration of events. Hence, an important aspect of critical realist research is to gain deeper levels of understanding of all that exists and awaits discovery. According to Edge et al. (2014), “we need to listen in order to learn; to challenge ourselves and our practices; and to examine how our work may be

contributing to further oppression of people living with poverty, rather than contributing towards greater social justice". (p.7).

Strong arguments have also been made by ecological theory which purports that individual development can only be fully understood by viewing the individual within various interacting social systems and influences (Bronfenbrenner, 1979). Such interacting systems include the individual's immediate and extended family network, schools, local community and place within their community or society. According to Bronfenbrenner (1979), the pressures and experiences resulting from these interactions significantly shape the extent to which the individual either thrives or experience difficulties in their development. This model postulates that influences such as lack of resources can have lasting and damaging consequences on the individual's well-being and future life chances. Bronfenbrenner further encourages those who work with individuals who are impacted by intersectionality to consider the way in which difficulties in one part of the individual's life may interact with those in another, to exacerbate the hardships being experienced by an individual.

This current study aligns with Bronfenbrenner's view, and the critical realist perspective reinforces this view by linking elements of traditional, social constructionist and social model approaches. These approaches offer a useful standpoint whereby we can explore and understand the effects of poverty and assist in creating a definition that practitioners can access to support their clients. This researcher also shares Bronfenbrenner's view that social norms and values place expectations on individuals and families. For example, an individual may wish to socialize and meet others or engage in activities that are free, however lacks the fare to get there or the means to buy the right clothes to blend in with others. Research has

informed us of the importance of these tensions in the lives of individuals (Ammerman et al, 2005; Miranda, Azocar, Organista, Dwyer & Areane, 2003). Bell et al., (2000) noted that the relationship between materialism and well-being is ambiguous, and that some people report that they do not need money to be happy.

This study subsequently argued that individual and social factors are interlinked. For example, multiple barriers to resources has a negative effect on individual efforts to earn a living wage. Secondly, impoverished circumstances are sometimes caused by societal processes (Bronfenbrenner 1979), such as minimum pay and the high cost of living, all of which may contribute to a person's perception of living in poverty. It is argued that the improvement of social provision would minimize barriers to resources. An individual who can earn well and is supported by those around them has fewer restrictions in being able to live well enough. It is also argued here that problems that impact on family life can result in detrimental social restrictions for each of the individual family members. Therefore, an understanding of how to support individuals who work with those who feel excluded or distressed through living in poverty is required in order to maximise their abilities, to empower them to feel valued so they can make a productive contribution within their circumstances. In the UK, stereotyping has significantly influenced the way that those living in poverty are valued, and this lack of validation within society often results in their failing to see their strengths and how they may contribute to the society in which they live.

An appropriate model in the literature could be contextualised within ideas of social justice, advocacy and action (Ivey & Collins, 2003; Hartung & Blustein, 2002). This model sits alongside the value base of counselling psychology (Woolfe &

Tholstrup, 2010) and the idea that society contributes to the oppression of its members, and that by inaction psychology maintains the way society exists. According to this model, society can be changed to support people to live meaningful lives and that psychology can contribute to creating a context where more meaningful ways of living can be encouraged (Prillentsky, 1999). This model has the potential to educate practitioners in understanding factors that affect will affect them when working with those living in poverty and in further understanding of the client's world. What is also imperative is that researchers and practitioners cultivate holistic narratives about how poverty affects individuals. Rather than focus on isolated aspects of poverty, such as lack of income, poor housing, or inadequate resources, highlighting how these connect and interact to impact real lives is imperative. This study supports the work of Vera & Speight (2003) in calling for therapists to cultivate a high level of self-awareness and to reflect on their own biases and assumptions relating to poverty when working with clients.

1.4 Rationale for the study

The strong association of poverty and mental health has been established conclusively and widely reported throughout years of psychological research (e.g. Siefert, Heflin, Corcoran, & Williams, 2001; Smith et al, 2013; Adler et al, 1997; Santiago et al, 2013). Despite their obvious vulnerability to psychological distress, those who present with distress from the effects of poverty are generally overlooked by mental health professionals (Smith, 2010). For many years, those who have sought support have found it difficult to engage in psychotherapy and other therapeutic modalities. This lack of engagement has been associated with barriers to do with finances which makes it difficult to attend services (Falconnier, 2004). A further barrier is therapists'

unfavourable preconceptions or understanding of poverty and a lack of communication and understanding between what is being offered by professionals as to how these fit with the experiences and needs of individuals living in poverty (Falconnier, 2009).

The incongruity between increased presentations of clients living in poverty and low access to support and therapy has been noted within the literature, together with calls for increased attention for clinicians to practice effectively with those living in poverty (Smith, 2005). These calls have resulted in useful theories and literature pertaining to poverty and social class (American Psychological Association, 2008), with examples of useful interventions (e.g., Goodman, Glenn, Bohlig, Banyard, & Borges, 2009; Borges 2014). As studies conducted on poverty and mental health have focused on the effectiveness of therapy on outcomes, few have investigated the experiences of those providing therapy (Borges, 2014; Smith, 2010).

Having personal knowledge of colleagues in private practice working with clients living in poverty, it would be interesting to discover whether these therapists experience burnout, stress and helplessness in order to discover the coping strategies they may employ. It is the hope that this exploration will add to the advancement of therapeutic interventions. Firstly, by identifying what works in offering psychotherapy to clients living in poverty those who are interested in this work maybe better equipped to develop attributes needed for the work. This would enable them to make informed decisions about how best to move forward with their clients. Secondly, understanding these experiences could provide knowledge and information to bring about changes and interventions for clients living in poverty, an increasingly vulnerable population. Thirdly, given the numerous cuts to government services, it would offer us a better

understanding as to how therapists navigate any systemic barriers they encounter in their work and how these are addressed. Hence the overall objective of this study is to gain insights and an understanding of therapists' work with clients living in poverty.

1.5 Research Questions

The specific questions are:

- What are the experiences of therapists who work with clients living in poverty?
- How well prepared are therapists for work with clients living in poverty?
- How are obstacles (if any) managed?

1.6 Objectives

- To explore the experiences of therapists working with clients living in poverty and to understand therapists' personal qualities that enable them to do the job.
- To investigate therapists' preparedness for their work and their perceptions of their work
- To identify obstacles or challenges they experience and how they navigate or manage these obstacles

Chapter Two

Literature Review

2.1: Poverty, stress and mental health

This chapter aims to review relevant literature and research and begins with an outline of how poverty has been viewed over the years within the United Kingdom (UK), including findings from current United States (US) studies and models of therapists working with people experiencing poverty. The chapter concludes by discussing the literature and what this means for the current research enquiry. By being transparent, the researcher has sought from the beginning to show the strengths and limitations of the literature review so that the passion for this topic becomes an asset rather than a blind spot. This approach to the literature review will support the reader in positioning the researcher in relation to the literature that has been selected, whether consciously or otherwise, which has, in turn, shaped this review.

2.2: Background

In order to contextualise this current study, the background on literature about poverty and how this has shaped current theories is considered. Over the past one hundred years, social policies have referred to copious amounts of reviews on poverty, changing the classifications of those experiencing poverty from year to year. Historically, those considered 'living in poverty' were described as 'down and outs', 'food deprived' 'homeless' and 'destitute' (Smith, 2010). The government has taken the lead in providing for those in society experiencing poverty. For instance, a poor law was created in 1869 so that those who were unable to work were given some money to help them survive (Hutchison, 1992). During the 1950's to 1970's reports show low

levels of poverty and a more stable community, including a way to objectively measure poverty established through a poverty line (Glennerster, Hills, Piachaud & Webb, 2004).

The 1980's saw poverty peak at 8.6 million people (Mack & Lansley, 1985), and researchers using objective means to measure poverty discovered that depression, stress, self-esteem issues, stigma, powerlessness, and hopelessness were common effects for those on low income and living in poverty (Cohen, 1992). An Office of National Statistics (ONS, 2018) review of the literature in 2013 found that 7.8% of the UK population, equivalent to around 4.6 million were consistently experiencing poverty. In 2015, this figure rose to 13 million people, and is rising (ONS, 2018) amounting to 21% according to the Department for Work and Pensions (DWP, 2017). The Institute for Fiscal Studies (Hood & Waters, 2017a) reported that 21.9% of Britons were living in relative poverty. According to the Office of National Statistics (ONS, 2018), about one third of the UK population was deemed to be in poverty between 2010 and 2013, affecting about 19.3 million people. 40% of these were aged 65 years and over, and 30% of those under 65. 60% of these live in households with single parents and 46% in single adult households. As well as affecting mental and physical health, poverty deters parents from providing a compassionate and inspiring environment for children to develop socially, emotionally and cognitively, thereby impacting on social and economic status and the quality of life (Elliott, 2016). Elliot (2016) also showed that these children faced increased chances of suffering with poor physical and mental health in adulthood, including the risk of suffering grave, enduring and life-limiting illnesses. Child poverty alone may incur a cost to the UK economy in the region of £29 billion yearly, and can result in difficulties with future prospects and

well-being (Unwin, 2014).

A surprising statistic shows that 25% of those classed as 'living in poverty' are low paid public-sector workers (Ashworth-Hayes, 2017). Appio, Ann-Chamber, and Mao (2013) suggest this 25% evidences a pressing need for psychological therapies to be made available not only to those experiencing relative poverty but to those with wider issues of poverty. Chase and Walker (2012) also suggest this wider provision of therapy could support therapeutic services to be better equipped, to provide a more holistic service to deal with the impact of poverty-driven stigma and shame in terms of an individual's personal health. This statistic highlights a gap regarding the provision of support for those who experience and present with issues related to poverty. This further emphasises the need to understand what kind of support needs to be offered, what this looks like and how it is managed.

2.3: Evidence of increased mental health need in people experiencing poverty

Improving Access to Psychological Therapies (IAPT) has recently begun to recognise that the recovery rates tend to be lower in areas of widespread deprivation, and hence have begun to offer food vouchers to clients self-referring as living in poverty (Fairak, 2018). Fairak's (2018) research of the 1 million people referred to IAPT services in 2017 highlights the powerless position that therapeutic workers experienced when offering support to clients living in poverty. This study revealed that only 35% of IAPT clients from the most deprived communities recovered in therapy, compared to 55% of clients from less deprived areas. With a 20% gap in recovery rates, this study shows that individuals living in poverty may struggle longer with their depression or anxiety, or not benefit much from their therapy. Fairak (2018) believes that deprivation causes

communities to fall behind, which is likely to impact and reflect their practical needs as a result. Practical needs include adequate social housing, which is in decline (p.4) and the availability of food, which is evidenced by the increased use of food banks (p.20) in the same areas a lower positive outcome of therapeutic interventions (20% gap) are reported (p.8). With a rise in demand for therapy from individuals with practical needs there is a growing tension within mental health services; Fairak's (2018) study highlights a pressing need for co-joined services to support people in practical ways within mental health provision. Bronfenbrenner's (1979) interacting ecological levels which impact upon those in poverty reflects these multi-level issues that clients and therapists struggle to address. Pan and Chiou (2004) posit that hopelessness has the effect of impacting a clients' physical and psychological well-being in terms of lacking energy and experiencing a decreased mood, both of which can significantly impact recovery. Participants grappled with defining poverty, dealing with government services such as housing, debt and benefits, all of which they found demanding, frustrating and stressful (Dodson, 1998).

2.4 Challenging nature of defining poverty

Historically, poverty is difficult to define. According to (Kelly & McKendrick, 2007), people are said to be in absolute poverty if they do not have the basic requirements to survive such as food, adequate housing, sufficient clothing or medicines. Relative poverty, on the other hand, is the everyday struggle to participate in activities enjoyed by others in that community due to low income. Relative poverty is most commonly used to define poverty in the UK and equates each individual household's income to their country's average income; those earning lower than 60% of the average income are classified as 'living in poverty'. Persistent poverty happens when an individual

consistently experiences relatively low income over a sustained period of time (ONS, 2014).

Material deprivations occur when an individual cannot afford certain things that are available to others in their community or are unable to replace worn out commercial items. Worklessness is categorized as when there is no adult in a household being economically active (DWP, 2017). This has been recently adopted in the UK where at age 16, income, material deprivation and educational attainment are considered in measuring poverty in children and how they might be affected by their circumstances. These definitions and categorizations become challenging with implications for interpretations and may not be readily generalised to various settings and outcomes (Burnett & McKendrick, 2007). This is especially pertinent given that the current literature on poverty tends to utilise the US definition (Goodman, Pugach, Skolnik, & Smith, 2012; Santiago, Kaltman, & Miranda 2012; Foss, Generali & Kress 2011).

Most poverty studies have been done within the US. These US studies used an ‘absolute poverty’ definition to explore therapists’ experience of working with clients in poverty. This ‘absolute poverty’ definition focuses on work with clients who cannot afford to meet their basic needs; hence they have difficulties obtaining clothes, food to eat and a place to live (Smith, 2010). This definition is also used by the UN and the World Bank to measure those who are unable to meet basic needs such as food, clothing, shelter (Babakar, 2019) and are considered as living below the poverty line. These studies seem to reflect a specific focus of poverty such as food poverty, transport poverty, health poverty, each of which has the propensity of losing the holistic nature of poverty (Townsend, 1979). According to this assertion (1979) a definition used in

the UK suggests a common thread that ties various types of poverty together could be defined thus: “people are relatively deprived if they cannot obtain, at all, or sufficiently, the conditions of life – that is, the diets, amenities, standards and services which allow them to play the roles, participate in the relationships and follow the customary behaviour which is expected of them by virtue of their membership of society. If they lack or are denied the incomes, or more exactly the resources... to obtain access to these conditions of life they can be defined to be in poverty.” (Townsend 1979. p.31).

Although it is much easier to measure specific types of poverty, according to Townsend (1979) we may not be able to understand how these types of explanations shape how we participate in society and, most of all does not tell us how it feels to experience poverty. It has been claimed that the experience of living in poverty has different meaning to different people (Babakar, 2019). For example, the UK by definition explores individual resources in relation to others; these are known as relative measures. Those at the lower end are deemed to be in poverty in comparison to everyone else (Babakar, 2019). People that fall into the relative poverty bracket find it difficult to keep up with a society’s particular standard of living. Those at the lower end do not lack the basic needs per say because this type of poverty changes over time and income will increase as the wealth of the society increases. However, this type of poverty can lead individuals to experience a sense of isolation because they may not be able to afford, for example, internet access to contact others or money to travel to look for work (Cribb et al, 2017).

Research noted that 25% of those classed as poor are low paid public-sector

(McKendrick et al. 2008) workers, therefore some individuals falling within this poverty bracket may be able only to afford the basic necessities, or spend their wages on food and rent then struggle to make ends meet (Elliott, 2016). This relative definition means that individuals do not live in total poverty, but, do not at the same time, enjoy the same standard of living as others in society (Ashworth-Hayes, 2017). This definition is commonly used to measure poverty within the UK (Ashworth-Hayes, 2017), and it is used to measure the number of people who, due to low income, struggle to actively partake in the community economically, socially and culturally. This relative definition of poverty is what this study utilizes to understand therapists' experience of working with clients living in poverty. By utilizing the relative nature of poverty, we can understand how a person's view of their life in society can affect their wellbeing. This can then be used to understand how they can be helped. According to Morris et al., (2018) people may not always be responsible for their own poverty, and neither does their character depend on 'evidence' such as the colour of their hair, the way they talk or spend their time smoking or drinking, worklessness or their participation in certain class cultures.

Shildrick, MacDonald, Webster & Garthwaite (2012), found in their study that unemployment causes poverty which may support the idea that not being in work may be responsible for the failings of the individual and not their personal character. They discovered that what promotes a lack of employment are structural factors, not individual factors. Shildrick et al. (2012) found no evidence that people prefer not to engage in work; what they found was that people want and actively seek employment. Situations such as austerity, difficulties getting work, or the lack of affordable childcare prevented them from doing so. Hence, I utilise the relative definition of poverty which

considers not only those whose basic needs remain unmet but also those whose distress emanates from self-comparisons. An example of this is the queue of shame, where Weale (2019) talked about children suffering social exclusion and going hungry rather than risk the embarrassment of free school lunch queues. There is abundant research in the US indicating that when therapists work with clients living in poverty, that they experience burnout, stress and hopelessness (Smith, 2010; Smith et al., 2013) due to the multiple stressors described above. These will be discussed below.

2.5: Therapist work, process of the therapy and outcome

In the UK, little has been published concerning psychological therapists' thoughts and responses in relation to their work with clients living in poverty and the complex nature of the poverty-mental health-therapeutic practice overlap. Therefore, by exploring the US literature on therapists who provide therapy with clients living in poverty, we may gain better insight into their practice. Also, this may lead to the generation of interest in and improvement of practice, training, and guidelines pertaining to interventions concerning people experiencing psychological distress as a result of living in poverty.

Despite the association between mental health difficulties and the distressing circumstances of people living in poverty, there are few reviews on how clients access mental health treatment and how treatment affects recovery. Research has indicated that people experiencing poverty are less likely to attend mental health services due to barriers such as travel fares and childcare difficulties (Greeno, Anderson, Shear, & Mike, 1999). In addition, when people who identify themselves as living in poverty manage to access therapy, the literature shows high drop-out rates (Miranda, Azocar,

Komaromy, & Golding, 1999; Siefert, Bowman, Heflin, Danziger & Williams, 2000). Additional research shows that clients experiencing poverty are more likely than clients who are not experiencing poverty i.e. those who class themselves as “middle-class”, to fall behind in their recovery (Falconnier, 2004). As a result of these barriers and difficulties, Ammerman, Putnam, Stevens, Holleb, Novak & Van Ginkel, (2005) and Grote, Zuckoff, Swartz, Bledsoe & Geibel, (2007) conducted a study of clients living in poverty who are accessing therapy. They discovered that when interventions are specifically altered to attend to poverty-related difficulties such as travel, meeting clients in their own community and childcare incentives are provided, the treatment was more effective. This result was also reported by Borges (2014). What these authors show is that psychological interventions, when altered effectively, support those living in poverty, and, at the same time, give support to health professionals to deliver more effective interventions.

Models proposed to support those living in poverty are based on community psychology interventions, advocacy, all based on positive social justice psychology values by offering a holistic therapy service to clients living in poverty (Fox et al, 2009). Advocacy centres on studying qualities that enable individuals and communities to succeed through emphasising and encouraging social support and community-based actions (Overholser 2016). Woolfe (1983) (cited in Woolfe & Dryden, 1996 p. 606) and 20 years later Woolfe and Tholstrup (2010) advocated for counselling psychologists in the UK to examine the impact of social forces, in line with the discipline’s humanistic value base which places counselling psychology within a wider social and cultural structure. I will talk a little bit about social justice and social

activism before moving on to therapists' experiences of working with clients living in poverty.

Early studies of therapist's experience of work with clients living in poverty was conducted by Miranda and Azocar (2003); Grote et al. (2007) who reported successful compliance and positive treatment and outcomes measures for their clients when treatment was adapted to meet practical needs and clients were less likely to drop out of treatment early. Smith et al. (2013) found that modifying treatment to encapsulate advocacy interventions in addition to psychotherapy should be the focus of future interventions. According to Appio, Chambers, and Mao (2013), "Clinicians must directly attend to poor clients' material needs in the context of psychotherapy. This is vital to our efforts to promote clients' emotional and psychological wellbeing" (p. 159). These researchers intimate that therapists should be encouraged to assess whether clients struggle with meeting basic needs and that this investigation should be part of an 'ongoing clinical assessment' and to actively help these clients to acquire necessary support or access to resources (Appio, Chambers, & Mao, 2013). These findings marry previous quantitative literature on the value of advocating on clients' behalf (e.g. Grote et al., 2007; Miranda et al., 2003).

Smith et al, (2013) in the US explored the link between poverty and mental ill health in therapists working with clients living in poverty. They found the link is due to issues with systemic, structural causes in their work coupled by a lack of material and social support. The researchers report that although therapists develop strong empathy for their clients, maintained increased empathy, understanding and respect towards the plight of their clients, they also felt "overwhelmed," "burned out," and "overloaded".

Furthermore, their participants attributed poverty as a determining factor in their clients' circumstances and alluded to systems that tend to trap clients into poverty. Smith et al. (2013) found that building a sound therapeutic relationship together with evidence-based treatment which consisted of intensive outreach, cultural sensitivity, and teamwork can lead to positive outcomes. However, they also discovered that a therapist who experiences strong feelings of hopelessness may stifle the process of therapy in terms of its value and long-term productivity. As Smith et al. (2013) study uses the US definition that focuses on therapists work with clients who lack basic needs, a reference to Maslow's hierarchy of needs theory (Maslow, 1943) seems pertinent here as it is understandable that therapists may face difficulties or burnout in helping individuals to satisfy their most fundamental need before progressing on to other higher level needs. This further speaks to theoretical views that suggest that therapists may burnout because people living in poverty may or may not be receptive to therapy because their circumstances conspire to make it very hard for their basic needs to be met. This seems an important area to consider and to examine in much greater detail.

Borges' (2014) research using a feminist's critical approach focuses on multilevel power relations and boundary setting. This study found that because clients living in poverty may be feeling unheard, disempowered and scrutinised in order to have their needs met, therapists working with these clients may need to set boundaries as a key aspect of therapy when advocating on their clients' behalf. Boundaries include modifying how time is allocated to the therapy sessions, making adjustments for lateness as some clients may take buses (these are cheaper than trains), some may walk long distances due to an inability to pay travel fares, what location to meet and how

long therapy lasts. This study stresses the importance of flexibility when working with clients in poverty (Brown, 2009; Smith, 2000). Researchers (e.g. Pugach & Goodman, 2014) noted the therapists' willingness to explore participants' practical issues such as how much time is required for sessions, where therapy should take place, how childcare is worked out, etc, were critical aspects of the therapeutic endeavour.

These studies support the idea that mental health disorders are prevalent in areas of extreme poverty due to the multiple stressors associated with the consequences of poverty (Bassuk, Buckner, Perloff, & Bassuk 1998; Belle, 1990). Cochrane (1983). Cochrane's (1983) study shows that the poorer one is, the more likely a person can be diagnosed with a mental health problem. Four broad psychological categories linked to poverty involve stress, exclusion, powerlessness and social isolation (Goodman et al., 2012). Goodman et al. (2012), explain that existential stress can relate to insecurities such as a lack of food and insecure housing (Kushel, Gupta, Gee, & Haas, 2006). Goodman et al.'s (2012) research echoes the findings of a report published by Psychologists Against Austerity (McGrath, Griffin & Mundy, 2015), regarding the gravity of hardship induced by the psychological effects of financial strain and austerity. Interestingly, they discovered that participants reported being affected mostly through 'fear and mistrust' of others, 'humiliation and shame', 'isolation and loneliness', 'feeling trapped and powerlessness' and lastly, 'instability and insecurity'. McGrath et al.'s (2015) report underpins many of the poverty-mental health links found throughout this review of the literature.

2.5.1 Therapeutic models and approaches

Models are necessary tools for understanding the phenomenon of poverty and to explore the base from which therapists and others in society can implement approaches to support their clients. Therapeutic models offer an explanation and an awareness of poverty as well as the positions held by those who create and apply these models. The next section outlines the biological (medical) model, social and psychological models of poverty. The focus is specifically on how these views conceptualise poverty.

2.5.2 Biological Model of Poverty

During the 1980's, mental health professionals used a medical approach which tends to prescribe medication and to treat individual symptoms (Bentall, 2004). This medical model of formulation underpins most NHS psychological services. This model had the effect of shifting attention away from cultural and social causes (Smith, 2010).

Between 1981 and 2000, only 18% of published papers (Blustein, McWhirter, & Perry, 2005), in major US counselling journals examined a potential link between social class and poverty (Lott & Bullock, 2001; Smith, 2009, 2010). By narrowing their claims to the discipline of psychology, the above authors suggest that issues such as social class, and poverty have been given little attention. Because of this, Smith (2010) considers that research spanning years that highlight the chronic effects of poverty and its resulting psychological and physical harm has gone unnoticed (Smith, 2010). From this position, Smith (2010) suggests that counselling psychologists have neglected to engage in research into social class, economic fairness and how this affects practice, theory, and research. Smith (2010) proposes that this position is unacceptable, as it may tacitly endorse and reinforce classism, social-cultural views about mental health and the difficulties facing people struggling to understand the causes of their distress.

2.5.3 Social Model of poverty.

Social approaches to poverty contain various theories that are politically motivated and which may govern how poverty is perceived. Some of the focus is on discourse (e.g. social constructionism) whilst others focus more on political or sociological qualities of poverty. Nonetheless, some social model tends to ascribe poverty to an individual's own personal choices which appears to result in their failings, their aimlessness and a perceived dependence on the social benefit system. Nevertheless, as previously argued, such behaviour and experience of poverty can also be understood to result from the unequal ways in which society allocates and distributes resources and opportunities (Shildrick & Rucell, 2015). Although Shildrick & Rucell (2015) have noted the decreasing effect of social class in the UK, research undertaken by Savage et al. (2013) shows that social class and the manner in which the class system is maintained remain significant; that opportunities available to individuals are, to a large extent, still influenced by the class they occupy in society. In addition, these authors point to the importance of stigma and shame embedded in the experience of poverty, how poverty is understood and this, in turn, can lead to prejudice and negative stereotyping by institutions, including those who deliver these services. These institutions, according to

Savage et al. (2013) have been key in maintaining the stigmatization and negative experiences of those living in poverty. A social model of poverty focuses on how society is structured and organized and how this then impacts the lives of those who live in it. Savage et al.'s (2013) research clearly shows that the worlds between classes seldom overlap, let alone intersect. Class affects not only where individuals differ in financial status but also in the size of individuals' social networks as well as the extent to which individuals are able to socialize within their various cultural

contexts. From a social and a psychological viewpoint, growing up and experiencing these differing social and economic contexts has the propensity to impact considerably on an individual's thoughts, feelings and behaviour.

2.6: Poverty as a stigma concept

The experience of poverty has been shown to exacerbate emotional distress and may feed into other hardships e.g. homelessness (Goodman, Saxe, & Harvey, 1991).

The growing use of zero-hours-contracts as evidenced by an estimate of 800,000 people working in the gig economy (Sippitt & Ashworth-Hayes, 2015) and an increasing number of food banks in the UK - estimated at a million visits to food banks in 2013/14 - seem to support the increasing number of people living in poverty (McAuley, 2015). The percentage of those using food banks, especially single people, the elderly and couples who receive Universal Credit continues to rise and is now 16.85%; those being referred due to starvation have also doubled to more than 6.64% (McAuley, 2017). McAuley (2017) reports that the use of foodbanks continues to grow and an increasing number of people are struggling with insecure work, low wages and experiencing a high cost of living. He argues that government policies do little to reduce the number of individuals living in poverty and going hungry. He calls for the government to raise the minimum wage so that people can access a higher living wage. McAuley (2017) reported a direct link between those in unstable jobs, zero contract hours, part-time work and the number of people who eventually seek assistance from the use of foodbanks. He ascribes low pay and the rise in the cost of living as avoidable and preventable aspects of government policies that are directly implicated in an increase in those living in poverty. Baumberg et al. (2012), found that one in four people who were entitled to access food banks had either delayed or failed to make a

Social Security benefits claim because of the perceived stigma attached to doing so. Amidst these reports concerning the impact and accompanying distress of poverty, those live in poverty may not access mental health services. The impact of the wider socio-cultural attitudes, stigma and the influence of government policies remains largely unchanged over the past 50 years (Walker, 2008).

2.7: Poverty, gender, race and power

The notion that poverty is harmful to individual and society is widespread (Bradshaw, Finch, Kemp, Mayhew & Williams, 2003). A UK survey by Bradshaw et al. (2003) shows that 25% of females compared with 22% of males lived in relative poverty. This survey showed that more women live in poverty and dependent on income support. Furthermore, evidence from their survey indicates that women are more likely to be poorer than men due to a gender pay gap and that employment is designed in significantly disadvantageous ways by gender roles, so that those performed primarily by women are rewarded by lower pay grades (England, 2008). Due to caring responsibilities women also tend to experience interruptions in their job and training activities. The ways in which these differences affect women's financial independence contributes to why many women are financially dependent on men who may be bread winners in the family (England, 2008).

Risk factors for living in poverty can include people caring for those with a disability, lone-parents, having a disability and living within larger families. For instance, 41% of children living in single parent homes experience poverty, compared to 24% living with two parents (ONS, 2014). Other factors such as flexible working, low wages and high childcare costs can deter people who are single to look for or go to

work. A study by the Joseph Rowntree Foundation (2006) discovered a correlation between children from large families and having a parent who was unemployed. They are also more likely to have had a child at a young age, hence were not able to go into higher education; these are significant factors associated with poverty. Families comprising of a disabled child or adult have a 39% chance of experiencing poverty, compared to 24% of those who do not (ONS, 2018).

Another risk factor, race, seems to intersect with social class significantly, and these facets of identity and social status similarly converge with gender (Smith, 2010). A factor that increases the likelihood of experiencing poverty is being part of a black or minority ethnic group (Lui, Robles, Leondar-Ross, Brewer, & Adamsom 2006; Evans, 2004; Shapiro, 2004). These researchers found that 47% of children experiencing poverty are from black British households, compared to 24% in white or white and black households. Research indicated that roughly 60% of working-age adults from ethnic minority groups are in employment compared to 75% of white ethnic group (BMA, 2017). Yet, within the white ethnic group there are some subgroups that are more vulnerable to experiencing poverty, such as women and the disabled. It is worth noting that refugees and asylum seekers within the UK are also at great risk of living in poverty (Tribe, 2005). This is so for Asylum seekers who are unable to work whilst their claims for asylum are being processed; they depend on much less support than others who are unable to work. As the link between poverty and being an asylum seeker is beyond the scope of this review, see Tribe (2005). It is crucial to note that race and gender alone do not lead individuals into oppressive circumstances. Where race, class and gender intersect, an individual from an ethnic minority in the UK is more than likely to be unemployed as opposed to a white person in 2013. According to

the literature, Black ethnic minority groups experienced a very large increase in unemployment between 2008 and 2013 whereas young Muslim men and young Hindu women were reported to experience a higher level of unemployment in 2013 (NOS, 2015). As Smith (2010) points out, the unfair distribution of resources has a serious effect on those experiencing oppression and the stressors surrounding living in poverty exacerbates already challenging and sometimes impossible circumstances, resulting in a break down in mental health and contributing to feelings of powerlessness.

Powerlessness may feel pervasive when seeking support within the helping services; individuals living in poverty may carry trauma resulting from past relationships or unhelpful attitudes of worker within benefit offices, social services, housing and debt services (Abrams, Dornig, & Curran, 2009). It is therefore important to explore the effects of power within a helping or therapeutic relationship, how boundaries may be set, and how power may be negotiated within a helping relationship in terms of flexibility of support, the location and length of the sessions and the role that the therapist may play (Brown, 2009; Jordan, 2000; Smith, 2000). From a psychological perspective, a power dynamic must be considered when working with clients living in poverty in terms of tensions that may arise within the relationship and how practical issues are managed by working with others who are able to offer support with housing, benefits and debt relief officers, exploring employment opportunities and skills training - all of which may require mentoring and information about access.

When considered collectively, studies presented in this literature review show that therapists working with people living in poverty have a risk of burnout due to the multiple stressors inherent in the variety, severity and scope of their clients' presenting

problems (Smith et al, 2013, Goodman et al 2014). They may also lack knowledge of relevant literature, training and support to carry out advocacy, practical issues, managing power and respecting boundaries that help to engage effectively in client work. The research literature highlights how issues associated with living in poverty may require psychologists to use additional skills or at least be familiar with resources and places to which they can be referred. The idea that society contributes to the oppression of its members is profound and according to (Prillentsky, 1999) psychology can work as a major contribution towards promoting and experiencing more meaningful lives and ways of living. Vera & Speight, 2003) urge therapists to engage in self-reflection and awareness in relation to working with those living in poverty and to consider biases and assumptions relating to poverty when working with clients.

2.8 Social Justice and Social Activism views

According to Vera & Speight (2003), counselling psychology is a discipline that engages in social justice activities aimed at both individuals and their families. This includes making changes within society through both theoretical and practical activities. Social justice endeavours to enable practitioners to recognize and change systems that perpetuate oppression, and to understand the various ways social, cultural, political, and economic injustices negatively bear down on individuals and communities in terms of their psychological and emotional well-being. Wolfe (1983) recognises the unique position of counselling psychologists to advocate on behalf of their clients by offering therapy, by empowering, teaching and engaging in research that contributes towards the wellbeing of the individual in society.

Social justice encapsulates notions of human rights and equality, and has been described as advocating for the right of all people to make personal decisions with regard to the way we think or act, for resources to be fairly allocated, to live peacefully and to be fairly treated (Kagan et al., 2011). Social justice is also regarded as advocacy counselling (Kiselica & Robinson, 2001) and US counselling psychology defines social justice as: “we conceptualize the social justice work of counselling psychologists as scholarship and professional action designed to change societal values, structures, policies and practices such that disadvantages, or marginalized groups gain increased access to these tools of self-determination.” (Goodman et al., 2004, p. 795). Within the field of counselling psychology, engaging in social justice work means being active in a bid to change society, policies and financial practices (Vera & Speight, 2003,). This includes how a community may be configured in ways that maintain unfair practices, structures, and policies that deter certain groups from having access to resources and those practices that stifle human rights of expression (Fouad et al., 2006, p. 1). Social justice issues are also included in clinical and research practices.

The principles of social justice endeavour to ensure that those less able are not exploited, to prevent all forms of violence, to encourage all social actors to be active in the community, to experience freedom from oppression and harassment, to respect other cultures and to further the inclusion of marginalized groups. The action required to ensure that these changes are brought about is called social activism. Social activism is therefore acting with the intention of bringing about social change. People who are activists feel strongly about a cause and work towards changing a system within society or to change policies that maintain unfair and unjust practices. This

social action work is one of the ways in which professionals work collectively to meet the aims of social justice.

2.9: Relevance and contribution of the study to counselling psychology

knowledge

Although counselling psychologists are well trained in a great variety of social issues, poverty is placed in a somewhat non-existent category that if left unacknowledged, may see clients “trapped in social forces beyond their making” (Kagan 2015, p.19). This may leave those who work with this group feeling helpless and ill-equipped to manage their own concerns and those of their clients. The literature suggests support for those presenting with issues relating to poverty is valuable, and those providing such support also need to be supported (Borges, 2014). This is an important issue because the literature suggests that working with people presenting with issues of poverty may pose numerous challenges to psychologists, runs the risk of rendering their work ineffective, and thus could unintentionally engender harm (Cox, 2012b). The evidence that issues around poverty represent meaningful aspects of clients’ distress and that such issues require significant professional time and attention is lacking (Kagan et al., 2011).

The literature indicates that because clients’ problems are contextualised in their environment, they may find traditional therapeutic interventions frustrating, unhelpful and disempowering if there is not enough attention given to external hardships (Brown, 2009). Thus, (Sue & Sue, 2008) encourage therapists to explore contexts, to include and to talk about unfair dynamics within the social, political, and historical environment that directly have a significant impact on clients’ distress (Evans, Kincase,

Marbely & Seem, 2005). This reiterates the importance of exploring how psychological therapists experience their work and address contextual issues. Currently in the UK few counselling psychologists engage with clients presenting as living with poverty. This issue is perhaps exacerbated by the way in which poverty is conceptualised and defined (Laderch et al, 2003). The British Psychological Society in its current review of social issues (BPS, 2015) debates integration of positive psychology values into counselling psychology to deliver services sought by the public to offer a more complete and holistic service. Despite this call and growing poverty populations in the UK evidence suggests that the presence of counselling psychologists is not felt or recognised (Kagan, 2015), and the voices of therapists who currently work with those living in poverty within the UK are still scarce.

Kagan (2015) proposes that aligning with other disciplines such as community organisations, positive and critical psychologists may help to promote skills in advocating which would enable therapists to help clients to speak up as well as to speak on their behalf, in building empathy and reducing feelings of powerlessness. Edge et al, (2014) also advocates conjoined working other social justice psychologists to develop collaborative relationships so that clients' lives are witnessed and reported. From a counselling psychology perspective this raises fundamental questions in relation to therapeutic opportunities for people who work with those who identify themselves as living in poverty and for these clients to benefit from steps to facilitate this process.

The lack of literature and training provision for those working with clients living in poverty may leave those who work with this group feeling helpless and ill equipped to manage their work (Smith 2010). In view of the literature and models that

attempt to manage the challenges embodied in living with poverty and its related suffering, there is sufficient reason to believe that clients living in poverty may benefit enormously from empathic mental health interventions and services. If this were the case, the role of psychologists will be vital in assessing, formulating and tailoring more individualised experiences of therapy delivered by counselling psychologists with the skills and training to help them deliver interventions more effectively (Ammerman et al, 2005). Therefore, this research aims to bridge the gap within existing knowledge by exploring the perspectives of therapists currently practising in the UK to see what works and what doesn't.

Due to the growing number of people identified as living in poverty in the UK my research into therapists' experience of working with clients living in poverty is a relatively under-explored area of concern, especially given that living in poverty has conclusive links to stress, trauma and mental health issues (Kagan, 2015). The applied field of phenomenology, alongside the values of counselling psychology with its humanistic and existential phenomenological approach in exploring, understanding and making meaning of subjective experience, values and beliefs is a relevant framework for this study (Woolfe, Strawbridge, Douglas, & Dryden, 2010; Cooper, 2009). Understanding how distress from living in poverty impacts on biological, psychological, cultural and societal systems may be explored to ascertain its effect on an individual's development. Indeed, Bronfenbrenner's (1979) multi-level ecological model provides a good fit with the multi-dimensional philosophy of counselling psychology, exploring meanings, coping strategies and difficulties within the research question as therapists discuss their experiences of working with clients living in poverty.

Consequently, the overall aim of this study with its critique of the literature that is currently available is to broaden our understanding of how therapists' experience providing therapy to those who self-identify as living in poverty. I aim to explore the personal and professional beliefs, values and attitudes that psychotherapists observe as central to their work with this client group and to deepen our understanding of what facilitates or hinders their work as well as how they try to manage the obstacles confronting them. The aim is to bridge the gap between existing knowledge with an ideographic exploration from the perspectives of those currently practising in the field, and what we can discover more about the experiences of attempting to support people who live in poverty effectively. It is hoped that this research will contribute to understanding the skills required and the limitations facing therapists who work with clients living in poverty in the UK, including how they manage the many obstacles that face them in a challenging and under-resourced social world. This will in turn facilitate the development of better support and training and ultimately inform more effective policy making.

Chapter Three

Methodology

Overview

This chapter offers reasons why it was considered best to undertake a qualitative methodology and to select IPA as the research method. Furthermore, the section covers the process of selecting and recruiting participants and outlines the data collected as well as the analysis process. Ethical considerations, issues of reflexivity, reliability, and validity are discussed and further refined in the discussion section. In this study, I adopt a first-person writing style to illustrate and emphasise my own role in co-constructing knowledge with the participants. This integrates my awareness and understanding of how my intersubjective experiences may potentially influence the research process. According to Webb (1992) “the use of the first person is required in keeping with the epistemologies of the research and in the pursuit of reflexivity” (p. 747).

3.1: Rationale for a qualitative inquiry

The literature review highlighted the sensitive, complex and interwoven levels of social and environmental experiences (Bronfenbrenner, 1979), which impact upon unique and subjective day-to-day lived experiences. To study complex and interwoven levels of enquiry requires a theory that reflects upon and explains human development, which can encapsulate the multiple and interacting variables that may possibly impact psychological therapists’ experiences of working with clients living in poverty. Hence, my choice of Bronfenbrenner’s (1979, 1986) ecological systems theory to underpin this study because it lends itself to the multi-layered and complex process of attempting to explain and understand human development in context. I consider that

Bronfenbrenner's (1979) model of human development can encapsulate the multiple and interacting variables that may impact psychological therapists' experiences of working with clients living in poverty. Bronfenbrenner (1979) postulated six levels within an environmental framework which can influence development; these are individual, micro, meso, exo, macro and chrono systems. The individual level represents the person's own personal qualities, the micro-system represents the smallest and most immediate environment in which a person lives, the meso-system represents the relationship between micro-systems e.g. parents and teachers, the exo-system represents the societal norms that can have an impact, such as an absent father and the macro-system represents the individual's culture, values and norms, for example, to be born into a family experiencing poverty means that such an individual might have to work hard on a daily basis. The chrono-system represents life changes such as a parental death or getting older which can negatively impact family dynamics and a sense of well-being.

3.2: Conceptual and theoretical frameworks

This study will present Bronfenbrenner's (1976) ecological model and the feminist discourse (Evans, Kincaid, Marbely, & Seem, 2005; Brown, 2009) so that a range of potential contributing factors to the experiences of therapists working with clients living in poverty may be considered. Secondly the aim is also to take a critical look at the tensions that can be created by culture and social values that shape how participants understand their work. Such tensions might be on how power is negotiated with clients and how a boundary is set and maintained.

3.2.1: Bronfenbrenner's (1976) ecological model

This study utilises the developmental psychologist Uri Bronfenbrenner's (1979, 1986) ecological model to examine potential factors that may provide insights into the participants' experiences of working with clients living in poverty. This model potentially enables us to explore the influences that might impact a therapist on three specific levels - the individual level, the microlevel and the exo system level.

According to Bronfenbrenner (1979, 1986), the individual level represents the person's own internal biological and psychological characteristics. In this study, *the individual level* represents the participants' own personal and professional attributes that allow them to engage with their clients. The *micro-system* represents how the therapists may interact with their clients and/or with others who may be involved in their care or in their immediate contexts. This may be how the therapist interacts with clients as well as within the context of therapy. This could also be about how a therapist might organise and manage interpersonal challenges associated with that relationship. This could also examine how a therapist manages the tensions of their practice, how a therapist adapts current practices and generates new ones. Finally, the *exo-system* characterises how larger social settings and structures like benefit agencies, services that they are signposted to for further support or agencies that therapists call upon to support their clients might impact their work and engagement. Other resources/structures might include caseloads, policies, organizational limitations that hinder or facilitate their work. How these services hinder or facilitate therapists' work with clients living in poverty is explored. Furthermore, this model encourages therapists' exploration of the strategies they use to navigate any potential obstacles. This model is flexible and user friendly. Rather than forcing a certain hypothesis on the study, it offers a structure in

which all the interacting issues that influence and impinge on therapists at work can be considered and understood more clearly. (see figure 1).

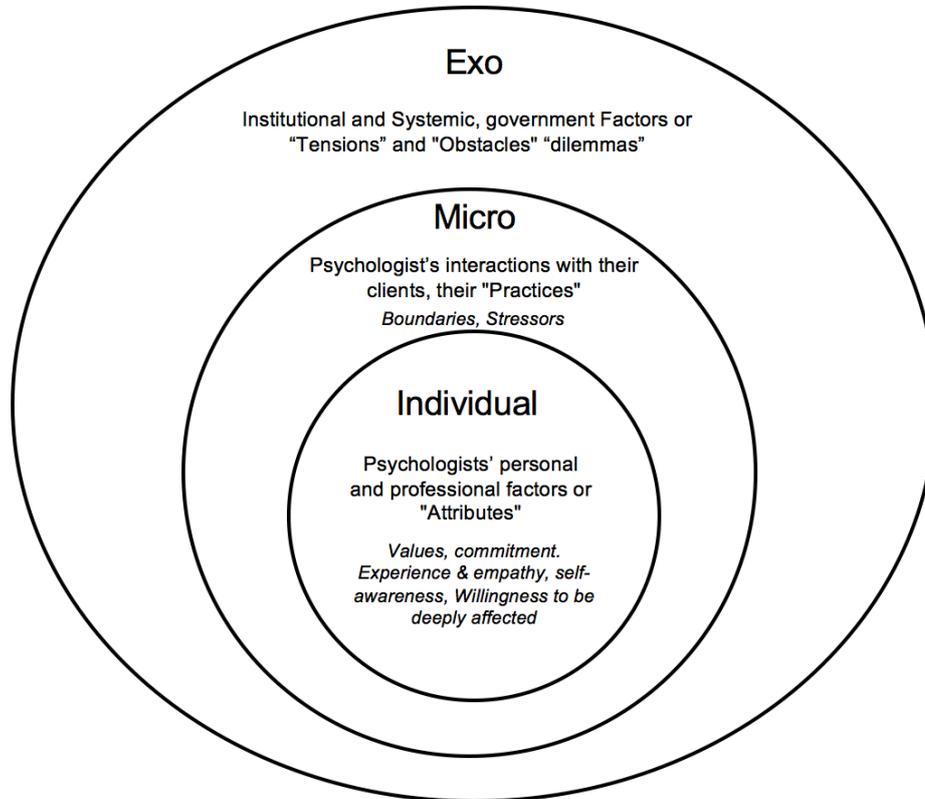


Figure 1 - Bronfenbrenner's (1979, 1986) ecological model

The overall focus will be on the individual, the micro, and the exo-system levels as applied to the context of the therapists' work, as opposed to their personal lives. This investigation will consider their commitment to working with vulnerable groups, the kinds of experience and knowledge they possess and how these are applied in the work. The focus will also be centered around their level of self-awareness as it relates to their therapeutic work with their clients, how readily they are able to engage in the work and how they manage difficult emotions. The micro-system represents therapists' interactions with their clients and the exo-system represents how the therapists are

impacted by benefit agencies government or other services in society that offer support to clients living in poverty and how therapists navigate these structures. This level will be explored by asking questions about the resources available to therapists, the size of their caseloads, any policies that pertain to their work, how they practice and any restrictions as to how they would like to do their work. Exploring the exo-system level will help us to understand and address how system level factors such as context, social settings, government structures hinder or support the therapists' work.

3.2.2: The feminist researcher perspective

To create a theoretical grounding to my interview questions, I drew on feminist discourse (Evans, Kincase, Marbely, & Seem, 2005; Brown, 2009) to take a critical look at the tensions that can be created by culture and social values which, in turn, shape how participants make sense of their work. In terms of cultural competence (Sue & Sue, 2008) discuss beliefs and attitudes, knowledge, skills and how therapists go about confronting their own biases and stereotypes about groups who are perhaps sidelined. Consequently, this study, aims to explore the participants' questions, attitudes, knowledge, and skills and how they negotiate the power dynamic that exists between themselves and their clients living in poverty.

Feminist critical theory (Donati, 2016; Brown, 1994; Morrow and Beardsley 1997) provides us with an analytical tool to explore power dynamics, boundaries and the flexibility required to work around clients who may have experienced powerlessness. This theory also helps us to understand our own and others' worlds, and how these connect. Feminist theory explores the means by which women are oppressed by patriarchal ideologies economically, politically, socially, and psychologically

(Wilkinson, 1988). The role of reflexivity in research has been emphasised by ‘feminist critiques of research’ (Donati, 2016, p. 67), so a feminist perspective can highlight how women are critiqued for breaking gender stereotypes whilst also being undervalued for operating within popular social-cultural patterns of what is considered feminine.

In domains where patriarchy reigns, women are marginalized, and defined only by their differences from male norms and values (Brown, 2009). Within the poverty literature, feminist theory looks at how the relationship between men and women in the workplace where women tend to have less access to higher level training and work in part-time positions which can potentially lead to relative poverty compared to men who typically have more freedom to work full-time (Vera & Speight, 2003; Morrow 2005). Collingwood (2018) reported a strong association between being a woman and living in poverty. Feminist theory also explores power relationships between men and women and how their roles are defined (Lips, 2018). Feminist critical theory focuses on the social and psychological worlds of others, requiring us to question our various perspectives as men and women, whilst acknowledging our own subjective position in relation to others (Morrow and Beardsley, 1997). The theory helps develop trustworthy research based on an ability to reflect on power relations, social structures and assumptions around gender and sexual politics on an ongoing basis.

Feminist theories require the researcher to be reflexive and to be sensitive to political endeavours. Therefore, using this theoretical framework (Evans, Kincaid, Marbely & Seem, 2005) facilitates an examination of how power is negotiated within a therapeutic setting given that clients may have experienced feeling disempowered in

their past experiences. Furthermore, feminist theory (Brown, 2009) encourages us to explore how we view our roles as therapists and how we understand and work with injustices within social, political, and historical contexts that are contributing to clients' difficulties. Understanding therapists' reality via a variety of interpretations and perspectives can clarify how poverty is perceived by them, how clients' distress impacts on their personal circumstances, how they manage their work and the obstacles they encounter in trying to support their clients. This style of investigation may help us to understand the needs of both therapists and their clients, how they respond to their challenging circumstances, what skills and experience they have about their work and what characteristics they require to undertake the work. A feminist approach may enable participants to be consulted about the researcher's interpretations of the participants' meanings (Fine, 1992) to ensure power is fairly distributed.

This study does not particularly focus on gender because there are single men with children who experience poverty (Hashima & Amato, 1994). However, this thesis will endeavor to understand how the participants work with clients living in poverty and what works when offering psychotherapy to these clients. However, a feminist critique within a multi-level systems theory can incorporate different levels of lived experience for therapists who are working with clients living in poverty, specifically in terms of "creating one's path, not in following a path" (van Manen, 2006, p. 720). This approach means I am not unquestioningly accepting the theoretical, epistemological or philosophical values of other researchers cited in the wider literature. Instead, I have chosen to use a complex research methodology to explore the experiences of psychological therapists working with clients living in poverty and its implications for both therapists and their clients.

3.3: Rationale for a qualitative approach

My rationale for a qualitative mode of enquiry is to engage with each participant's meaning-making process and so understand how each participant makes sense of their world. To support my rationale, the literature review also showed that in some studies, there has been little attention given to the perspective and experiences of those who work with individuals living in poverty. Thus, in analysing therapists' perceptions of clients within their practice, I hope that this research study can extend the literature currently available on how therapists experience their work with clients experiencing poverty. This study thus uses a qualitative mode of inquiry. This approach is intended to grasp each individual participant's perspective, and their uniqueness in terms of how they experience situations and make sense of the world (Willig, 2008).

The literature review has shown that to access the lived experience of poverty and to also work with those experiences, a sensitive multifaceted and holistic approach is particularly appropriate. To achieve this requires an equally sensitive and holistic method to investigate issues that therapists perceived as complex and overwhelming. Quantitative methods are considered to demonstrate a degree of certainty, whilst a qualitative approach offers opportunities for eliciting essential data without compromising the sensitivity embedded in experiences that reflect diversity and difference (Richie & Lewis, 2003). The flexibility of using a qualitative approach offers the opportunity to hopefully encourage and give voice to participants' ideographic experiences. This allows the participants' experiences to be communicated in their own terms (Smith, 2009).

A key advantage for applying a qualitative approach to this study was its

compatibility with exploring different facets of therapy; indeed Finlay (2011) maintains that when qualitative research is applied to the therapeutic endeavour this offers the opportunity for experiences and perceptions to be heard, not only of service users but also of therapists as well. McLeod (2001) considers: “[the] activity of doing qualitative research (identifying and clarifying meaning; learning how the meaning of aspects of the social world is constructed) is very much associated with the activity of doing therapy (making new meaning, gaining insight and understanding, learning how personal meanings have been constructed)” (p. 16).

Furthermore, the advantage of using a qualitative framework is that it offers the researcher the opportunity to access the individual’s views and experiences (Smith, 2017). Hence, I felt this approach would create the “opportunity for voices that have been previously silenced to be heard” (Morrow, Rakhsha, & Castaneda, 2001, pp. 582–583). This is particularly important to this subject area since there exists a shortfall of research and literature about therapists’ experiences of their work with people living in poverty.

3.4: IPA versus other qualitative approaches

In understanding psychological therapists’ work with clients living in poverty, I considered multiple methodologies. Firstly, I considered discourse analysis, followed by grounded theory (Charmaz, 2001) and then thematic analysis (TA: Braun & Clarke, 2006). I excluded discourse analysis because I felt the approach focused too much on the function of language and the role of language in the constructing of our social reality (Willig, 2008). Hence, discourse analysis did not fit with the objectives of the present study in which I sought to understand the experiences of therapists who work

with clients living in poverty. Understanding experiences did not clearly tally with the aim of discourse analysis whereby the ways in which participants talk about a particular experience from a particular context are analysed (Reid, Flowers, & Larkin, 2005); (Willig, 2008).

Grounded theory (GT), Charmaz, (2006) was also not considered appropriate. Although this model similarly focusses on how individual's make meaning of things, it nonetheless focuses primarily on how social phenomena are constructed rather than the processes through which individuals make sense and meaning of a particular phenomenon. IPA aims to understand personal experiences as opposed to social processes (Willig, 2008). Furthermore, grounded theory aims to generate possible theories that can explain behaviour (Charmaz, 2006). Thus, I felt that grounded theory was not a suitable methodology, as it would develop a theory of the difficulties related to poverty. This would have contradicted the aims of the current study, which focused on the lived experiences of therapists and what strategies they find helpful in offering psychotherapy to clients living in poverty.

Consequently, I wanted to conduct some research that could be readily applied to a therapeutic context. I excluded thematic analysis because the sizes of the sample tend to be much larger and TA does not adhere to an epistemological stance or prescribed way of doing research. As a novice researcher, IPA offered methodological steps to follow. Once the research is complete, I may feel much freer to embark on thematic analysis as a next step. IPA's strength was noted in Reid et al.'s (2005) argument that IPA is a particularly beneficial approach to use to explore issues that are under researched. This was appropriate for this research study which to the best of my

knowledge has never before been conducted in the UK. The methodology of IPA enables the likelihood of eliciting new and unexpected experiences.

In his paper, 'Beyond the divide between cognition and discourse', Smith (1996) developed IPA to go beyond the potentially artificial constructs of cognition and discourse that tend to divide research into competing psychological disciplines. In essence, this article sought to explore the space between a realist position whereby reality is fully knowable and a discourse position whereby reality is socially constructed. IPA's strength is to bridge the divide by analysing the data through interpretation with a view to being able to shine a light on deeper, often obscured meanings. The existing literature seems to lack personal narratives of the experiences of therapists who work with clients living in poverty. Since the objective of this analysis is to explore lived experience, IPA has the potential to offer a helpful context in which to investigate the personal experiences of therapists. In addition, because personal experiences take place between people (Smith, 2017), accounts of these interpersonal experiences were thus readily open to interpretation and evaluation.

IPA was therefore deemed to be an appropriate approach for the purpose of exploring therapists' experiences of their work with clients living in poverty. Exploring these nuances may help to appreciate how others perceive and express their emotional responses to poverty and the issues that arise, and how these are understood. This is because it is the account of the participants' experience that is the basis of analysis and not the narrative (Dickson et al, 2008). Furthermore, IPA has the potential to capture both a feminist and Bronfenbrenner's model where theoretical underpinnings would offer an opportunity to be thorough but flexible in exploring the lived experiences of

therapists' experience of their work with clients living in poverty, as well as exploring the "diversity and variability" of these experiences (Eatough & Smith, 2008).

The overall aim of this study is to understand the broad as well as the specific experiences of therapists in their working relationships with clients living in poverty.

The overarching research questions are:

- What are the experiences of therapists who work with clients living in poverty?
- How well prepared are therapists for work with clients living in poverty?
- How are obstacles (if any) managed?

3.5: Interpretative phenomenological analysis (IPA)

The theory and philosophical foundations of IPA are based on phenomenology, hermeneutics, and ideography. This offered a suitable methodology to answer my research question (Smith et al., 2009). IPA is phenomenological because it evokes exhaustive accounts and narratives that capture the richness and complexities of 'psychological life as it is lived' and strive towards the exploration of the 'inside story' (Green & Kirby-Turner, 1990). This is particularly suitable for counselling psychologists whose work brings them close to people's struggles and triumphs (Wertz, 2005). My decision to use IPA was as stated earlier to capture the theoretical underpinnings thoroughly but flexibly as well as exploring the "diversity and variability" of these experiences (Eatough & Smith, 2008, p. 182). Research studies highlighted within the literature review emphasised the complex ways in which therapists experienced their work within the topic of poverty. A major advantage of adopting a qualitative approach via IPA is that it closely compliments the values of

counselling psychology. This is particularly relevant for this study because IPA is grounded in humanistic and existential phenomenological psychology, where the quest for knowledge and understanding is vital through the hermeneutic cycle.

IPA's methodology is widely recognised and often selected for the study of difficult topics because it is able to encompass novel ways to approach research. Specifically, for my study, IPA may be appropriate in keeping a close focus on meaning, curiously interpreting and gaining insights into how participants interpret and make sense of their embodied experience and the challenges they face in their work with clients living in poverty. IPA was effective in enabling participants to express themselves in an effort to describe their work and how it can be understood from a shared perspective through flexible and open-ended inquiry. IPA enables accounts to be captured with richness and depth, anchored by subjective experiences within the field of counselling psychology (Smith et al., 2009). Smith (2004) discussed using 'three core levels of interpretation consonant with IPA' (p. 44): description, metaphor and the tension of temporal changes. In this study, a fourth core level, making sense of competing theories will also be explored because it is a good fit with the work that psychotherapists do (Cox, 2012a).

3.6: Hermeneutics

Hermeneutics is the theory of interpretation (Smith et al., 2009). Hence a researcher using IPA engages in a double hermeneutic, through a process of engaging participants in making sense of what the participants themselves trying to make sense of in their own experiences (Pietkiewicz & Smith, 2014). IPA's hermeneutic grounding can recognise and work with sensitivity, flexibility and adaptability in seeking to yield rich

descriptive data (Lincoln & Guba, 1985). Specifically, IPA emerged from the concepts of hermeneutic theorists such as: Schleiermacher, Heidegger, and Gadamer (Smith et al., 2009). Schleiermacher was largely concerned with the interpretation of biblical texts, as he believed that interpretation involved both a process of “grammatical and psychological interpretation” (Smith et al., 2009, p. 22).

Gadamer (1960) explored the difficulty in identifying how one’s own pre-conceptions may be significant to a particular context or investigation. He further maintained that we might become aware of such pre-conceptions only when the process of interpretation is in progress (Smith et al., 2009). Thus, the process of interpretation is active and dynamic, and since it is inescapable in the process of co-constructed meanings and interpretations, these meanings will be influenced by the researcher’s own beliefs, values, and attitudes. Therefore, I placed great importance upon my need to be reflexive throughout the interpretation process, and to acknowledge my own preconceptions and beliefs that were activated throughout the research process (Larkin, Watts, & Clifton, 2006). This interpretative analytical stance enabled me to potentially uncover hidden meanings, or bring to the fore aspects of the participants’ unconscious experiences into a conscious awareness as well as my own. This was a crucial aspect of this research study since the literature review showed that the topic of ‘poverty’ is under-researched and under-reported in the UK (Kagan, 2015). Hence, an ideographic qualitative data methodology was chosen as opposed to a quantitative method.

3.7: Idiography

In utilising an ideographic approach, IPAs interest is in the understanding of particular cases. An ideographic approach looks at the data with a phenomenological attitude,

which means curiously drawing connections through understanding in detail, a person's experience of a particular event (Tomkins & Eatough, 2013). Therefore, the emphasis is on subjective experience, morals, and principles (Woolfe et al., 2010; Cooper, 2009) of therapists' experience of conducting therapy with those self-referring as living in poverty.

Another advantage of using IPA in this study is that it adopts an inductive approach. This means IPA participants can be viewed as 'experts' in their own personal experience, thereby allowing unexpected issues or themes to emerge during interviews, and in the analysis. Utilising IPA can provide a new account of and contribute to the literature about poverty from people who are experiencing 'poverty', rather than it being based on theories and hypotheses of different populations (Smith et al., 2009). Therefore, the aim of this study is for the researcher to firstly use the phenomenological aspects of IPA to understand and 'give voice' to the issues being experienced by participants and to use the interpretative aspect to offer a background that contextualizes and helps make sense of their issues grounded within a psychological perspective. In doing so, I try to understand the participant's own world view through their use of language, symbols, feelings, and sensations (Heidegger, 2008), and their experiences within their practice.

3.8: Phenomenology

Within the core of IPA is the philosophy of phenomenology, which centres on understanding and discovering the way experience appears in its own terms "via an examination of meanings which people impress upon it" (Smith, Flowers, & Larkin, 2009, p. 34). Husserl (1859-1938), the founder of the phenomenological approach,

assumed that phenomenology involved cautious examination of human experience, and he argued that we should “go back to the things themselves” (cited in Moran, 2000 p. 108). Husserl was enthusiastic about exploring experiences with individuals in order to gain knowledge about personal narratives of a unique phenomenon in depth and accuracy so that the “essential qualities of that experience” could be found (Smith et al., 2009, p. 12). Hence, Husserl proposed that to attain this level of analysis, one must step back from our “natural attitude” and assume a more “phenomenological attitude” (Smith et al., 2009, p. 12). In order to attain a phenomenological attitude, Husserl developed a methodology to try to reach this kind of description about important structures and aspects of human experience – he used methods such as bracketing (epoché or suspending of critical judgement). However, Smith et al., (2009) maintain that although Husserl was trying to discover the core of experience, IPA can achieve a more “modest” goal of endeavouring to “capture specific experiences as experienced by particular people” (p. 16).

In addition, IPA acknowledges cultural, historical, and social norms and practices that influence one’s lived experience (Eatough & Smith, 2008). This acknowledgement strongly justified the use of IPA within this particular research study, because working with people living in poverty may have historical, cultural, social, psychological, and political dimensions (Tuckwell, 2002). Tuckwell (2002) considers that these dimensions are salient because they may influence the sense-making process, as well as the experience of therapists in their work with clients living in poverty.

3.9: Epistemological position

Epistemology is an area of philosophy dedicated to understanding the theory of

knowledge by undertaking to resolve questions about what we can know and how we can obtain such knowledge (Lyons & Coyle, 2007). Qualitative research consists of a variety of methods adhering to a range of epistemologies, thus creating a domain that is distinguished by tension and difference (Denzin & Lincoln, 2005). Willig (2008) argued that in order “to evaluate research in a meaningful way, we need to know what the objectives were and what kind of knowledge it aimed to produce” (p. 12). Hence, my reason for outlining my epistemological position as well as the methodology applied within this particular research study. Willig (2013) also underlines the need to explain how the epistemological position of IPA fits with the philosophy of counselling psychology.

To extend Willig’s (2008) argument about evaluating research in a meaningful way, some researchers (Smyth, Goodman, & Glenn, 2006 p. 492) explicitly state their relationship to their research topic. For example, Smyth et al. (2006) state they explore the adversities or perceptions of harm that people who experience poverty suffer. Smyth et al. (2006) further state their interest in clinicians who make assumptions about their therapeutic work with clients experiencing poverty, and how such therapists assume a one-size-fits-all approach. Smyth et al. (2006) consider this can lead to assumptions that, given the right treatment planning or atmosphere, those who follow such an approach will get considerably ‘better’. This can have the effect of clients who experience distress resulting from poverty, feeling self-critical or self-blaming when they do not get better or improve, rather than critiquing their socio-economic and cultural position.

Therefore, a vicious cycle of ‘shame’ and ‘guilt’ may be reinforced. Arguably, the vicious cycle can also parallel the socio-economic influences, as demonstrated by Bronfenbrenner’s ecological model (1979), which engendered such feelings. Given the knowledge highlighted by my literature review, my aim is to explore whether therapists who work with clients in the area of poverty can shed light upon their practice. Specifically, and within the phenomenon of poverty, I aim to unpick the therapists’ experiences of their difficulties and concerns, to explore what may work within the therapy. This could potentially inform more effective ways of working and could pave the way for more open discussions about how therapists feel and think when engaging with materially impoverished clients. This could also potentially address social aspects of this politically fuelled and sensitive phenomenon.

3.10: The critical Realist position

The epistemological stance that is aligned with this research study is “critical realism” (Bhaskar, 1978). From this perspective, it is acknowledged that reality about beliefs and perceptions exists independently, and that one’s experiences and perceptions are a subjective and partial view of that reality (Bhaskar, 1978; Bunge, 1993). This translates to mean that there is only one reality although, importantly, there often are numerous experiences that can act as interpretations of it (Bhaskar 1975). This epistemological position seems to fit well with the ethos of counselling psychology, in its focus on phenomenologically understanding peoples’ internal worlds and eliciting subjective truths (Woolfe et al., 2003). The critical realist perspective assumes that people can experience and interpret a similar ‘objective’ environment and conditions in a variety of ways. This is because such knowledge is formed by one’s thoughts, beliefs, expectations and feelings (Willig, 2013) and so understanding clients’ reality from

multiple interpretations seems in line with a critical realist epistemology. According to this theory, reality is ‘multiply determined’, with no single system of shaping events (Bhaskar 1975), therefore, a variety of causes must be unravelled from a thorough investigation of the situation. Consequently, a crucial responsibility of critical realist research is being aware of deeper levels of understanding that await discovery (O'Mahoney & Vincent, 2014).

Rooted within critical realism (Bhaskar, 1975, 1979,1994) is the theory of IPA and the social cognition model (Fiske & Taylor, 1991). Critical realist researchers assume that an objective world exists, that through exploration, we can more accurately know; yet, at the same time, recognise that knowledge is subjective and through conversations with others and oneself is subject to a constantly changing social construction. Therefore, IPA seemed an appropriate methodology to form a bridge between what is known about poverty in the therapeutic space and to extend the literature base on this topic. I am also aware that the realist epistemology underpinning IPA accords with my own ontological position, which is that there is a reality to my experiences, yet a reality that can never be fully known; it is always subjective and personal. Thus, when I observed the inexplicable i.e. individuals living in poverty self-referring for therapy, especially given the widely held societal belief that poverty seems to be the individuals fault which leaves individuals feeling disempowered (Goodman et al, 2012; Abrams, Dornig, & Curran, 2009), I was curious as to why now?

Therefore, a tension in this research becomes a move away from understanding the narrative of poverty towards an understanding of the different contexts and conditions in which therapists work with clients who live in poverty. So, it becomes

important to understand how poverty is defined and how therapy affects the individual. It also becomes important to understand in what conditions can therapy work. For example, what may be needed for therapy to work (context), what happens when therapy is offered, and whether these conditions support the therapy (from the therapists' and clients' perspectives) and how these conditions could engender therapist burnout. Bhaskar (1979) notes the importance of understanding such systems as a forerunner to scientific investigation. For example, the research in this thesis recruited therapists with experience of offering psychotherapy to clients living in poverty as participants to increase the likelihood of exploring such difficulties or phenomena (Floyd et al., 2006). Similar views are echoed in Willig's (2013) argument for experiences to be grounded in data and to sift through observable facts from such subjective experience. Willig (2013) also considers that exploring experiences allows qualitative research to "move us closer to the truth" (P43).

Within a critical realist context, the different meanings individuals assign to their experiences are deemed probable because of individual differences in their experience of reality (Bhasker, 1979). According to the social cognition paradigm human dialogue and actions can directly or indirectly influence differences in meanings (Biggerstaff & Thompson, 2008). IPA's underlying theory stems from Heidegger's phenomenology, which is different to Husserl's more traditional view. Husserl (2001) posited that we can understand what individuals mean through intuitive knowledge and that we can understand the world if we look at it through lenses that are not contaminated by an individual's point of view or past experiences. Although Husserl believed that what we analyse cannot be both interpretative and phenomenological, Heidegger (1962), on the other hand, noted the importance of 'being in the world' and,

therefore, it is inevitable that we will perceive the world based on our past experiences and socio-cultural backgrounds. Heidegger (1889-1976) introduced the idea of *Dasien* (there-being) into phenomenological thinking. This concept refers to Heidegger's thoughts about human beings; as quoted here, "our very nature is to be there – always somewhere, always located and always amidst and involved with some kind of meaningful context" (Larkin, Watts & Clifton, 2006, p. 106). Heidegger believed that a person is always a person in context, "embodied and embedded in the world, in a particular historical, social and cultural context" (Shinebourne, 2011, p. 18).

Thus, the idea of people choosing to have or to detach from a relationship with the pre-existing views of people, culture, language and objects that create our world is not possible since we are always experiencing the world, which is also a part of who we are (Larkin, Watts, & Clifton, 2006; Smith, Flowers, & Larkin, 2009). As Smith, Flowers, and Larkin (2009) stated, this "relatedness-to-the-world is a crucial part of our constitution" (p. 17). This type of intertwining, shared, and relational engagement with the world is often coined as intersubjectivity. The notion of intersubjectivity is key in this instance since its purpose is to characterise this 'relatedness' and "to account for our ability to communicate with, and make sense of, each other" (Smith, Flowers, & Larkin, 2009, p. 17). Thus, the central aim of phenomenology within the Heideggerian frame is to allow the subject matter the "maximal opportunity" to reveal itself as it is – "to show itself as itself", with an unbiased set of assumptions and expectations attached to it (Larkin, Watts & Clifton, 2006, p. 108). To this end, my initial intention was to bracket my preconceptions. Initially I did this by repeatedly returning to the data and checking my interpretations. I noticed that sometimes my interpretations changed as I developed a greater sense of the participant's meaning-making process.

To support repeatedly returning to the data and my interpretations, I used a reflexive diary as part of the research process (Colaizzi, 1978). This helped me engage with my reflexive notes and diary and to offer a more accurate way of presenting how participants perceive the world (Caelli, 2001). This then allowed me to work with the methodology of IPA, in attempting to gain an insider perspective of therapists in their work with clients living in poverty. This was alongside acknowledging that I was also the primary analytical instrument. To this end, I observed my perspective, which is to say my own meaning-making process could not be excluded but was required in making sense of the participants experiences. This is how the double-hermeneutic was used in this study (Smith & Osborn, 2007, p. 53) to enrich the data analysis. By using my reflexive diary and notes, I acknowledge my interpretative role and the assumption that the researcher's views are not to be disregarded but are essential for supporting the meaning making of participants' experiences.

3.11: Reflexivity

Finlay (2002) asserted that reflexivity concerns the process whereby “researchers engage in explicit self-aware meta-analysis” (p. 209). By engaging in this process, I was encouraged to be aware of my part in co-constructing knowledge and to notice inter-subjective elements, such as my personal experiences, my own assumptions, including my cultural beliefs and values that may have affected the whole research process. Thus, I hoped that my process of reflexivity would enhance the accountability, trustworthiness, and transparency of the research (Guillemin & Gillam, 2004).

As a black single parent of four children, it was a welcome pleasure when my

eldest announced her engagement in my first year of this course; she then got married a year later and moved to a new home with her husband. It meant that I had three children to prepare to become independent and move into the wider social world. As the weeks passed on the course, I was reminded that perhaps I should have postponed starting the training because I had children. It is an expensive venture living in the UK with children in my experience. I was fortunate that my older daughter agreed to help with the younger ones, and as I dived into my pile of writing, reading, placement, theme coding and collection, I could hear her gently negotiating rewards for chores. This personal aspect illustrates some of the subtle tensions that seem embedded in the daily-lived experience of being *thrown* (Heidegger, 1962) into a life that began with an experience of poverty, and developing with intention to try and move beyond such tensions.

Undertaking the doctorate was daunting and required persistence, effort and good management of my time and resources; I needed to map things out in advance. My children also modelled this way of working and together we maintained a balanced family life by exploring our thoughts and suggesting ideas for their schoolwork, and mine. I often talk to people around me in the black community who, unlike me, feel hopeless, and I try to encourage them to notice their strengths and how they can undertake some sort of study or training, or I try to offer hope in other ways.

I love my community and feel that exploring poverty is another place to spread this love. As the youngest of a large family of eight children, I feel that I've always been a leader, always wanting to know what my older siblings were up to and pointing out 'the error of their ways'; I was often referred to as 'cheeky' and 'snoopy'. However, from a young age, I have been able to deal with clashes and connections

where this cheeky and snoopy tendency opens up opportunities for me to receive praise and for my siblings to be disciplined, which sometimes closes down my relationship with them; they avoid interacting with me. Hence, I learned at an early age to negotiate the tensions of knowing but not revealing – of being aware of the dynamics that cause these tensions to arise. As I left my family from Africa to live in the UK, I brought with me this curiosity and an ability to deal with tensions, as well as being able to observe my limits. I struggled with my social and cultural values beyond my family, coming to live in another micro-system, and am aware of the tension between these differences. My original family system and my family system in the UK, made me aware of many similarities where interacting requires negotiating at every level, to the extent that I was almost driven to become a counselling psychologist!

I chose to research the area of poverty for several reasons. Firstly, I am interested in the ethos within the profession of counselling psychology, secondly, because of my work as a trainee and CBT practitioner at a GP surgery in East London where people present with issues to do with poverty. I had felt helpless to support them fully due to a lack of training and knowledge of working with clients living in poverty. As I struggled to find information, I noticed that poverty seems an underexplored topic within psychology generally and counselling psychology specifically. I came across Bronfenbrenner's (1979) four key levels/domains related to the psychology literature on the topic of poverty; this resonated with me because it underpins and is relevant to the lived experiences and issues many clients bring to therapy. My supervisor encouraged me to listen and empathise with these clients.

As I reflected on this work, I also read about the various struggles and attempts to define the profession of counselling psychology within the literature, and began to question my learning and interest in the profession. Specifically, I began the counselling psychology course with a personal interest in social and community issues. I volunteered within the community to help people who are from ethnic minority groups to reduce offending, and to commit to societal change through changing their thoughts and behaviours about themselves and others. I found that working with these clients led to a deeper understanding of the impact that deprivation and inequalities have on individuals in society.

Gradually and over many years, I began to see the benefits of IAPT and working within the NHS, whilst also being aware of the drawbacks. A benefit was to contribute to a wonderful national health service free at the point of delivery. A drawback was what was being delivered. I came to realise that I could now be of more use to all the stakeholders in therapy by exploring poverty through the eyes and broad experiences of people experiencing poverty, rather than a potentially narrower perspective of delivering IAPT-type public healthcare. To achieve this, I needed more professional training. This decision directly influenced my decision to embark on training as a counselling psychologist.

During my reflections, working within IAPT with one particular client, I felt confused because my learning did not reflect talking about society, nor did it reflect talking about how the client could get some financial support to attend therapy and how much she wanted to understand how trapped she was feeling; how best I could support her in starting to help herself. It was here that I began to develop the research topic

presented within this thesis. I have outlined a personal interest to firstly recognise any potential biases I might harbour, my opinions, and position with the topic, and secondly to consider how these various elements might have impacted this research study and my attempts to navigate these in the research process (Kasket, 2012). These can be found in the methodology section below.

The study proposes to explore the experience of psychotherapists working with clients self-referring as living in poverty and to enquire what works and what doesn't in offering therapy to clients with these particular issues. Using Interpretative Phenomenological Analysis (IPA) methodology, the results are intended to update any existing knowledge within the literature and the experience of counselling psychologists, through encouraging practitioners to pause and reflect on their practice and to develop new ways of working with clients experiencing issues to do with poverty. This would offer psychological support in terms of conceptualising poverty contextually and also to bring attention to educational constraints in supporting those who are marginalised, thus bridging the gap in existing knowledge. It is hoped that the experience might inform the practice of new practitioners and trainees in applying what has already been proven to work with this client group and to provide choice, uniformity and better access to support.

3.12: Ethics and ethical considerations

The research conducted was in part to fulfil the requirements for obtaining a doctorate in counselling psychology at the University of East London. The process began with a research proposal application to the university's research degree board, followed by a successful application for ethical approval made to the Ethics Committee of the School

of Human and Life Sciences (Appendix G). I followed the codes of research ethics published by the British Psychological Society (BPS, 2014) and the BPS Code of Human Research Ethics (2nd edition, 2014), BPS Practice guidelines (2018).

All data was stored securely; the paper data was stored in a locked cabinet, electronic data in a password protected file space and encrypted on my computer devices. I alone had access to it. The participants were informed that the research study might be published in the future, and that all data would be held for ten years post-publication, which is in line with the University of East London regulations. After the study, their data, such as participants consent forms and other raw data such as the interview transcripts and completed questionnaires including other coded data generated during the analysis, will be stored by the counselling psychology admin team, scanned and kept in electronic form. It was anticipated in advance that as participants could be offering sensitive and personal information and their therapeutic practice and about themselves, that the interview process held the potential to engender an upsetting experience for some participants. Hence confidentiality was paramount.

Thus, it was vital to discuss these ethical considerations with participants prior to the interview process, to ensure they were fully informed of the main questions that were going to be asked. Ethical consideration was given to how power was shared between the participants and researcher. When considering the complex nature of poverty as a phenomenon and the stigma attached to poverty, as outlined in Chapter One, I queried whether I could also be unconsciously operating within a framework that adheres to offering therapy to clients living in poverty, and so unintentionally imposing blame and hopelessness on the therapists as participants. Hence, I evaluate

how the participants interact within their environment to check for vulnerability and to focus on the dynamics of our relationship (Bracken-Roche, Bell, Macdonald & Racine, 2017). It thus became important to engage reflexively with this issue, using diaries and personal therapy to gain testimonial validity during the process of analysis (Stiles, 1993; 1999). My reflexive use of the diary and personal therapy will be shown in the findings. This, it is hoped, will offer some level of credibility to the work.

3.13: Data collection and analysis

3.13.1: Method/Design

IPA was developed as a method seeking to present a deep understanding into how a certain individual, in a specific situation, makes sense of a specific experience. IPA is reliable in exploring such personal experiences in-depth (Smith, 2008). Hence, semi-structured interviews and the use of an interview schedule accompanied by a set of guiding questions were deemed appropriate methods of collecting data for most IPA studies. This is because these enable participants to elicit a rich account of their experiences (Smith et al., 2009).

3.13.2: Participants

In line with IPA's suggested guidelines, this study applied a purposive sampling strategy (Smith, 2015). The study sought a homogenous group of individuals who not only had the experience of working with clients living in poverty, but who also varied in their experiences (Smith et al., 2009). The study asked therapists who work with clients living in poverty to discuss their experiences of being a therapist and how they experience their therapeutic work. Posters detailing the research topic and contact details for ways to express an interest or obtaining further information were distributed.

I advertised through word of mouth and through Linked-in, a social media site where I received calls from five people who work in a charitable organisation and within the NHS as clinical and counselling practitioners and who also see clients in their private practice. After the initial contact, those interested were sent invitation letters via emails to participate (Appendix B). Each letter outlined the research purpose, the inclusion criteria and illustrative research questions. This offered the opportunity to ascertain the participant's availability to meet for the interview and to ensure that they were eligible to participate in the research study. Details of the participants are summarised in Table 1.

Inclusion criteria

1. Participants who work within private sector service.
2. Participants needed to be registered with a recognised mainstream statutory professional body or voluntary professional register.
3. Practitioners needed to have at least two years' experience of independent therapeutic practice and have experienced work with clients who had self-referred to therapy for issues connected with poverty as part of the main issue causing their distress.

Exclusion criteria

1. Participants who when applying were not working with issues concerning poverty as perceived by the participant.

2. Participants who had less than two years' experience of independent therapeutic practice and who lacked experience of working with issues concerning poverty.
3. Participants not accredited with a recognised mainstream accreditation body.

3.13.3: Recruitment of Participants

A recruitment quota was set so that no more than three participants would be recruited from the same service. Where participants were recruited from the same service, they needed to be practising using a different modality to other colleagues. I had initially put in a system in place so that any three participants recruited from the same service needed to be practising using a different modality to other colleagues. I asked questions that specifically asked what their modalities were and listened for feelings and themes around their private practice. This was because I didn't expect to find participants from various organisations that work with people on a low income. This system was intended to avoid a narrow participant sample and to encourage participants from different therapeutic backgrounds. It was also considered the most suitable way to recruit participants who could help answer the research question. A total of fifteen psychotherapists, clinical and counselling psychology practitioners expressed an interest in participating in this study. Participants felt that the information sheet and consent forms were clearly written and easy to follow. Four did not meet these criteria and were not selected. Eleven applicants met the selection criteria. Of these, six practised in the same private psychotherapy service.

Of the six, I accepted the first three because they practised different modalities. Therefore, the participant sample comprised of a total of eight participants, four males and four females. Their mean age was 50 years old. Seven of the eight participants

were born and educated in the UK; one was born and educated in Iran. Their names have been changed to protect confidentiality (BPS, 2015). All have quotas within their practices for clients living in poverty. The quotas are reserved for clients living in poverty so that these clients are seen as quickly as possible due to the nature of their hardships requiring prompt support. The service is therefore designed by practitioners who work sympathetically with clients living in poverty. The implications of a self-selected sample that works sympathetically with clients in poverty is that firstly, participants may have strong beliefs and feelings on the topic of poverty and may hold some socio-political views regarding poverty and offering therapy. Smith (2015) advises selecting participants who have an interest in the research, and some may have participated because they wanted a platform to express these views. Secondly, participants being active in advocacy may wish to use this research to effect change. Thirdly, this group had direct knowledge on the research topic that I wanted to access. The disadvantages of having a self-selected sample are firstly the likelihood of bias inherent within self-selection such as that they may decide to participate because of some inherent bias in their character. For example, the therapists may have a 'chip on their shoulders' and want to give their opinions. Secondly, when participants self-select, this may give rise to a sample that is not representative of the phenomenon being investigated or the findings may be exaggerated. However, regardless of the shortcomings of self-selection sampling, it is an effective sampling strategy in IPA research settings. Bias is explored further in the discussion section of this thesis.

3.13.4: Procedure

In line with IPA, purposive sampling was used so that the group of participants were homogeneous i.e. they practised therapeutically. It means the participants shared the

experience of working with clients living in poverty (Smith et al., 2009). Participants' names have been changed to protect confidentiality. The semi-structured interview schedule used for collecting the data was developed following the literature review on therapists' experiences of offering therapy to clients living in poverty (see Appendix D). The US literature concerning the delivery of psychotherapy to clients living in poverty indicates that many such therapists experience burnout and helplessness (Smith et al, 2013). These phenomena helped me consider my overarching research questions:

- What are the experiences of therapists who work with clients living in poverty?
- How well prepared are therapists for the job of working with clients living in poverty?
- How are obstacles (if any) managed?

Further curiosity stemmed from what seemed like limited information in the literature and even less training available to address working with the phenomenon of clients living in poverty. I wondered whether the experience of burnout could cause harm to clients or therapists. As I started to develop the schedule, I also wondered whether individuals blame themselves for being poor (Smyth, Goodman, & Glenn, 2006).

The US literature on poverty states that poverty is a difficult phenomenon to conceptualise (Burnett & McKendrick, 2007). This may be because poverty can be seen as an individualised idiosyncratic experience. This means that an IPA study which focuses on understanding lived experiences (Smith 2015) was the most appropriate methodology to use. As such it became important to understand how participants define

poverty especially because the US literature on poverty uses an ‘absolute’ definition (Smith, 2010) and the UK a relative one (Ashworth-Hayes, 2017). Smith (2010) stated that poverty affects those who live around the poverty line and subsequently do not have enough income to provide food, clothing and shelter. I consider that this US definition reflects Maslow’s (1943) hierarchy of needs theory, which postulates that individuals must meet basic needs before moving on to other needs such as love or a need for self-esteem. I reasoned that individuals living in poverty may lack basic needs such as food and safety, and may not be motivated to engage in therapy because of having to invest so much emotional and mental energy in physical survival. I felt that understanding how poverty is conceptualised might shed light on what therapist participants in the UK experience in their work in relation to the phenomenon of poverty. These questions were discussed with and reviewed by my supervisor. I used my supervisor as a resource to check for the use of language, wording and relevance in achieving the aim of the study.

When checking the questions with my supervisor before the pilot phase, I encountered some difficulties such as having two questions in one sentence, for example, “How do you feel about working with clients living in poverty” and “How well prepared are you to do the work e.g. knowledge, skills and attitude?” These questions were separated out into two distinct enquiries and helped develop the interview schedule. Once the schedule was created, it was piloted with one participant. The participant felt at ease and said that the question in the interview schedule that related to burnout was interesting and important. Therefore, I kept the question. Also, the pilot participant felt that highlighting skills, knowledge, attitudes, emotions were important aspects for power sharing, so I retained that question. The pilot interview

lasted 65 minutes. The aim of the pilot interview was to confirm the relevance of the initial guide and to identify any need to reframe the questions and to check how these would be implemented. I did not make any changes to the interview questions after the pilot process (Chenail, 2011).

The pilot process improved the quality of data collection (Chenail, 2011). For instance, the schedule development process helped me to develop my interview style. The first three questions in the schedule eased the participant into the interview and I then narrowed this down to describing an experience with one client. This also served to help gain insight into how each participant might work with clients living in poverty, to discover what may work, what may not work and to explore the spaces in-between. I followed IPA guidelines, which suggests the use of a few broad questions (Smith, Jarman, & Osborne, 1999) and added some topical probes (see Appendix A). The questions in the schedule were open-ended for flexible use in the interview. This was to encourage participants to tell their story and their experiences through their own positions and in their own way. Therefore, the questions were developed to facilitate this process rather than to provoke or to stimulate specific kinds of answers.

Prompts such as words, images, metaphors, associations were used. Participants were asked how prepared they were to undertake the work with their clients living in poverty, for example, your skills, knowledge, attitudes, emotions? Questions were open ended and used flexibly in the interview. Participants were encouraged to tell their story and their experiences through their own positions and in their own way. Therefore, the questions were developed to facilitate this process rather than provoke or stimulate specific kinds of answers. Permission was obtained from participants for the interviews

to be audio-recorded which were then transcribed verbatim. Each transcript was analysed individually and separately from others.

One week before meeting, each participant was sent an electronic copy of the full consent form (see Appendix E). This enabled each participant to receive the consent form so that they could be fully aware of what they were consenting to. It also stated how participants can withdraw from the study without any adverse impact. Issues regarding confidentiality and anonymity were also explained. For transparency, participants were informed that I had discussed the research with my supervisor. Prior to beginning the interview, each participant was asked to read and complete the participant information sheet with me.

After reading the document, participants were requested to give their written (signed) informed consent. They also confirmed that they understood their rights in participating and to ask any questions they may have. All participants gave their full and informed consent to participation (Appendix C). They indicated that they understood that the information they provided would be anonymous to preserve confidentiality, including the transcripts. The semi-structured interviews were then conducted with the participants and lasted between fifty and sixty-five minutes. These were audio recorded with each participant's permission and identifying information was deleted. For researcher safety, a colleague was advised of my location, and contacted pre- and post-interview.

Table 1 - Participants' demographic data

ROSE	Qualified Psychotherapist (TA/counseling/integrative)	White British	54	Female
LIV	Qualified Psychotherapist (Counselling/brief therapy)	White British	62	Female
CATHY	Counselling Psychologist (CBT)	Black British	55	Female
JON	Qualified Psychotherapist (psychodynamic)	White British	65	Male
LEO	Qualified Psychotherapist (CBT)	Iranian	46	Male
SAM	Qualified Psychotherapist (TA)	White British	41	Male
PETE	Clinical Psychologist (Systemic Therapist)	White British	69	Male
KATE	Counselling Psychologist (CBT/counselling)	White British	50	Female
ROSE	Qualified Psychotherapist (TA/counselling/integrative)	White British	54	Female

3.13.5: Apparatus

The interviews were recorded using a digital voice recorder and stored on an encrypted USB stick, which only the researcher could access. Identifying data for each recording was placed on a second encrypted USB stick. Coloured highlighter pens and a laptop

were used to analyse the data. A research journal was kept throughout the data collection and analysis stages which offered me a space to reflect and to note feelings and thoughts. Experiences and events that captured my attention were noted including those that the interview process evoked in me. All the apparatus and data were securely stored in a locked cabinet.

3.13.6: Semi-structured interviews

This study explores therapists' experience of offering therapy to clients living in poverty, hence psychological therapists were interviewed to offer an account of how they experience the therapeutic work with their clients. Given the lack of research in this area of poverty and therapy and as this phenomenon has never been researched in the UK before, psychological therapists were interviewed to understand the lived experience of how they experience their work with clients living in poverty as opposed to understanding therapy from the client perspective.

The suggestion here is that interviewing therapists rather than clients can gain and provide insight into clinical practice and that such insights gained may form the basis of views derived from their experiences. Henceforth, to help with the research inquiry, this study adopted a semi-structured design to help collect the data. This design is useful in qualitative research as it enables participants "to think, speak and be heard" (Reid et al., 2005, p. 22). It also means the researcher can lead the interview and simultaneously not lose control of the interview situation. This approach has been called "a conversation with a purpose" (Smith et al., 2009, p. 57). My intention was for participants to feel comfortable when potentially discussing the lived experience of offering psychotherapy to clients living in poverty. IPA also has the advantage of making real-time adjustments to unpredictable developments, "interesting and

important issues that come up during the interview” (Smith, 2004, p. 50). This is particularly relevant with professionals in the role of client, because of its flexibility in creating a frame within which to facilitate the exploration of the research question.

The way in which flexibility is applied in qualitative research methods can be seen as both a weakness and a strength. A strength is the flexibility to work with unexpected turns in the narrative, unanticipated territory and areas of interest. A weakness is that my interest in the topic and my own experiences could unintentionally divert the interview towards my own fore-structure of knowledge, and so unintentionally shape the analysis (Denscombe, 2002). The research diary helped me remain grounded in the data. It also helped me remain aware of the difficulties in exploring relatively unexplored territory about a sensitive aspect of professional therapeutic practice. Whilst not everyone may be distressed with living in poverty this research is intended to explore how therapy works for those who are offered therapy and what this therapy entails.

I used a phenomenological approach because its idiographic focus could provide a unique account of the phenomenon explored (Pietkiewicz & Smith, 2014). IPA studies typically use semi-structured interviews as the mode of data collection (Smith et al., 2009). Following Smith et al.’s (2009) guidelines for conducting IPA, the interview schedule comprised of open-ended questions which were designed to enable participants to engage in a lengthy dialogue about their experience of providing therapy for people living in poverty. Semi-structured interviews enabled my participants and researcher to explore details together safely in real time (Piekiewics & Smith, 2012). This helped facilitate rapport and encouraged intersubjective responses in an empathic and flexible manner. Questions were asked regarding the general experience of

working with clients experiencing poverty (see Appendix D). The interview schedule was developed to enable conversation without directing or steering the participants' narratives. This process helped build interviewer/interviewee rapport and offered them space to provide their own experiences. The open-ended structure combined with my interview style allowed emerging themes to generate extensive, in-depth narratives that were comprised of experiences and insights considered significant and valuable to the participants.

While research is not therapy (BPS, 2018) each participant's safety was monitored during the interview, for indications of distress. When two participants were outwardly and seemingly overwhelmed, I offered empathic supportive listening and also offered to halt the interview with a view to terminate. All of the participants were eager to engage in the interviews and one specifically said she could talk about her work all day, even though the feeling of being 'forgotten' and the lack of resources is sometimes distressing to recount.

As a novice conducting qualitative research, I wondered how therapists work with clients living in poverty given my own past experiences with little training and a lack of literature to support the work. I was eager and curious to discover what the work looked like through the selection stage and onwards into the actual interviews. As I interviewed the participants, I observed how easy it became for one participant to become trapped in poverty and the impact of the work on her family and lifestyle. I also had in mind Bronfenbrenner's (1979) ecological model that looks at the individual being impacted by their environment and wondered in what ways these levels impacted not only the participants but also the clients they work with as well as the therapy

sessions themselves. Having these ideas and curious questions on my mind perhaps influenced the way I spoke to and approached the participants in the interviews. I felt that I had become sympathetic towards participants who, in terms of Bronfenbrenner's (1979) model, may not only be impacted by their environment but also by burnout and helplessness through the challenges of working with clients living in poverty. Through the process of reading the literature, I began to question whether something as difficult and complex as therapy with clients living in poverty should be addressed and condensed into a model of practice or manualised into a set of therapeutic techniques to reduce burnout and helplessness.

I believed that it was important for me to go back to the more exploratory questions of asking therapists who work with clients living in poverty how they had experienced this therapy and what difficulties they might have encountered, which may or may not have been related to "poverty". I bore in mind the three participants from the same service, and the views they may bring to the research. My hope for this research study is that it will bring about a change in how we think about and teach, professionally and academically, the subject of "poverty" in the practice of therapy. Additionally, I hope that this research will give a voice to therapists who have previously been invisible or silenced in relation to poverty and to therapeutic research into the issues that arise from having to live with poverty.

My own personal beliefs, values, and experiences inevitably influenced how I co-constructed meaning with the participants in the study as well as how I analysed the data and, indeed, how I chose to present the research as a whole. However, by regularly keeping reflexive journals where I could engage with my personal reflections and

interpretations of the research process, I was able to increase my awareness of my own assumptions and to keep in touch with the voices and experiences of the participants.

Time was made available at the end of the interview so that participants could discuss and raise any questions they had about the interview experience and process. In the interests of self-care for all participants, I felt it was important to monitor any difficulties or adverse effects. Participants were de-briefed post-session and encouraged to raise concerns or questions they may have about how the study had been conducted, and that I could be contacted by telephone or by email; details of these were offered (see Appendix F).

3.14: Quality Considerations

3.14.1: Credibility of the work

There seems controversy around the issue of assessment of reliability and validity in qualitative research and amongst qualitative researchers. Although guidelines do exist to assess value in qualitative research, Smith et al. (2009) cautioned against the danger of producing a checklist system that could become too prescriptive and overly simplistic, with a propensity to ignore the subtle features inherent within qualitative research. However, they suggested guidelines by Yardley (2000) on how to evaluate the validity of qualitative psychological research to offer a more pluralistic and refined stance, which is particularly suited to IPA (See Appendix A).

Yardley's (2008) guidelines highlighted several characteristics of good qualitative research which demonstrate sensitivity to context, such as being aware of the relevant research literature or theories regarding the topic, showing empathy,

acknowledging the social/cultural context of the study, and being sensitive to how the investigator's behaviour and characteristics may influence the power balance in the process of research. Each of these aspects fits well with Bronfenbrenner's (1979) model, in that it can be applied to access each ecological level of the model with a high level of awareness. To this, IPA adds the opportunity to explore how each ecological level is experienced. I believe this principle has been met since the research question and the applied methodology are focused on giving an honest depiction of how therapists experience their work with clients living in poverty.

Yardley's (2000) second characteristic relates to IPA's significance as a method or a guideline in assessing the validity of qualitative research as a true test, whether it has any influence on the beliefs or actions of others, and how applicable and useful the research is. This is important regardless of how well the qualitative research is carried out. Consequently, I sought to ensure that the results of the research have been meaningful, helpful, and relevant with potential practical and clinical applications for trainees and practitioners in the field of counselling psychology practice and research.

Yardley (2000) talked about a third characteristic, namely commitment and rigor as evidence that the researcher has carried out analysis that shows sufficient breadth and depth, and one that can be seen to deliver additional insight into the topic that is being researched. Commitment can be shown in multiple ways, such as being committed to the prolonged engagement with the topic by being fully immersed in the relevant data. Furthermore, Yardley (2015) added that showing commitment relates to recruiting a range of people who are able to offer different perspectives from various contexts, sufficient and thorough enough to describe the phenomenon being researched.

Most importantly, Yardley (2015) explained that for a study about poverty and its effect, that is a rarely researched topic in the field, it is important to show why and how the participants are relevant to the research question. Concerning this, I chose participants from a variety of psychological backgrounds and looked for congruence in the participants' experiences. I believe I have demonstrated my commitment through my enthusiasm, consideration and attentiveness towards the participants during the interview including the process of analysing the data. The idiographic nature of the IPA data analysis required my personal commitment to analyse each case in-depth and with care, then putting it aside before moving on to analyse the next (Yardley, 2016). Smith et al. (2009) argued that it is these elements of the research process that show how IPA's demonstration of commitment and sensitivity to the context can often intersect. Rigor refers to how complete or thorough the study is which is mostly reliant on the quality of the sample, the data collection, and the analysis. The use of IPA relies crucially on the quality of the sample which is selected cautiously in order to match the research question and is reasonably homogenous. I was also committed to recruiting participants who had extensive experience and maturity in relation to their work with clients living in poverty.

Moreover, the data analysis of an effective IPA study is carried out thoroughly and systematically to ensure there is a "sufficient idiographic engagement" (Smith et al., 2009, p. 181). Hence, the analysis demanded an acceptable level of interpretation that moved beyond a naive description to an interpretation of meaning. This supports Yardley's (2015) argument that rigor also means having a comprehensive and substantial analysis that addresses the various tensions and complexity observed.

Hence, I attempted to remain transparent and true to the interpretative analysis on many ecological levels. This included the social, the cultural and the lived experience of the therapists' experiences of their work with clients living in poverty.

To this end, I proceeded to check the quality of my data interpretations of the data by consulting extensively and thoughtfully with the participants.

Epistemologically, Braun and Clarke (2013) consider that "member checking of the data items is situated in the realist framework, and so underpinned by an assumption to seek '*the truth*'" (emphasis original: p. 85). Member checking was applied in this study. My notes and observations during the interviews were unavailable to the participants, these formed an exploration of my interpretations of the participants' perceptions of their experiences in their work with clients living in poverty. I applied one of Tracy's (2010) eight key markers of quality in qualitative research - member checking - to support the meaningful coherence of the research. From the critical realist perspective of this study, my interpretations of the participants' meaning-making process is intended to reflect their truth; which I recognise may be one of many truths.

Thus, the participants were each sent the complete version of the analysed interview transcripts including coding, notes, preliminary themes and emergent master themes in order to obtain their feedback on the results. Interestingly only two participants out of the eight declined this opportunity. Six participants responded to my request, providing short feedback indicating that they were happy with their analysed transcript. One participant fed back the meaning of a phrase, for example. Liv explained that 'I should just run screaming from the room' meant that she was wanting to escape discussing uncomfortable feelings she experienced as a therapist. I applied

member checking to ensure that I managed, or at least understood and thus could reflexively incorporate and own my worldview. Each of these stages supported me to take another developmental step. Participants were generous with their time and have expressed a great deal of interest to support this research and myself. I have taken care to have a clear audit trail so that my readers can follow my line of thinking, and thus my interpretations and findings. The audit trail also establishes transparency, such as the recruitment procedure, application of the methodology and analytic process. I bore in mind my experience of poverty and my actions that could impact participants' responses during the interviews and reflected these in a diary to account for rigor and transparency.

Yardley (2015) highlighted a fourth characteristic, coherence, and the extent to which the study forms a consistent whole. This is also determined by the clarity and pertinence for the study; this includes the way in which it is conducted. In this way, coherence forms a crucial aspect of qualitative research, because it links to the fit of the research with the theoretical assumptions of the method being undertaken. As the researcher, I feel I have remained consistent with the core philosophies and principles of IPA by implementing phenomenological and hermeneutic ideals throughout the research report. Transparency denotes the extent to which the researcher clearly presents all components of the data collection process and the analysis. I believe I have demonstrated transparency by providing detailed descriptions of the participants' selection process, the development of the interview schedule and how these were implemented, as well as the process used throughout the data analysis (Smith et al., 2009).

3.15: Analytic Strategy

To further ensure coherence, rigor and transparency, Smith et al., (2009) outline a six-step analytical process, which this research utilised. The following six steps were applied.

Step 1: Multiple readings of the transcript

During this stage, the audio recording was listened to repeatedly whilst simultaneously paying close attention to and rereading the transcript. Each transcript was analysed first in its own right (Smith & Rhodes, 2014). These steps helped the researcher become immersed in the data to look for any interesting leads. This process helped in retaining and recalling the ambiance of the interview, as well as the context and atmosphere that surrounded it. This step aided an attempt to step into the participants' shoes and to subsequently connect with how participants experience and make meaning of their lived experiences. During this time, notes were made keeping in mind at all times, the purpose of the research, Smith (2015) and most importantly the research question.

Step 2: Initial Noting

The second step Smith et al. (2009) outlined was the initial noting. During this process, the complete transcript is fully coded. Within this current research study, individual parts of the transcript were stressed in single coloured highlighters and colour combinations were applied to highlight the codes. IPA's ideographic mode of enquiry can probe deeply into the data to extract subjective accounts with relevance to the general question being explored. Through the application of horizontalisation (equalising of accounts) and bracketing IPA explores and examines themes of 'hot cognition' which "are emotionally charged and are a potential cause of dilemma[s]"

(Aresti, Eatough, & Brooks-Gordon, 2010, p. 174). As shown in Table 5 (See Appendix H), (transcript notes for participant 1), adequate margins on the left and right sides of the transcript allow for full notes and representations. Initial notes were made in the left margin regarding use of language, similarities and differences, assumptions and amplifications or contradictions discovered within the participants' narratives. Smith (2015) advocates observing and recording each participant's sense making of the interview, the researcher's sense of the participant sense making and noting any significant features of their interpersonal interaction during the interview process. The notes gleaned from the large left margin enable the researcher to stay close to the descriptive level of the participant's meanings and link them to the existing literature. Hence what supported the quality of the findings within the text were the key words and short phrases recorded in the left margin.

These key words helped capture the salient and important quality of the findings embedded within the text. This stage of 'notation' steered the focus towards content notes (what was being discussed), and process notes (linguistic qualities e.g. metaphors, symbols, repetitions, pauses), to the context of the initial interpretative comments. It was vital for the researcher to record notes in the left margin and in addition, within a reflexive research diary (BPS, 2014), indicating how my status as a counselling psychology trainee might have impacted this constructed research context. I noted how my personal character, age, gender may have affected relating with the participant. Reflecting in this way helped to highlight unique expressions and emotional responses from both participants and researcher.

Step 3: Transforming notes into emergent themes

The third quality that (Smith et al., 2009) outlined is: transforming notes into emergent themes. This process involves returning to the beginning of the transcript, and noting micro themes or emergent themes in the wide margin on the right side of the transcript. Working more from the initial notes and less from the transcript, the notes were subsequently “transformed into concise phrases aimed at seizing the important quality of information or gems found in the text” (Smith, 2015, p. 41). From the detailed notes in the previous stage, this shifted the analysis to a higher level of abstraction and references were then made to psychological conceptualisations. However, through IPA’s iterative method of returning to the text to check the participant’s and researcher’s meaning-making (the double hermeneutic; Smith & Osborne, 2015), the analysis remained grounded in the detail of each participant’s account.

Step 4: Searching for connections across emergent themes

The fourth essential stage was to search for connections across emergent themes. Emergent themes were recorded on charts in the order that they appear in the transcript. When the clustering of themes emerged, they were checked against the primary source of information and each participant’s words, to guarantee the themes were grounded in the data and not driven by the researcher’s assumptions. This interpretative process involved a close interaction with the text. The meaning of a theme within a transcript formed one cluster. The process of abstraction (putting like with like), polarisation (whereby oppositional relationships emerged) and numeration (which themes repeatedly emerged) helped develop superordinate themes.

Some themes acted as a magnet to pull in other themes, which helped to make sense of them. This analytic process of subsumption was key and useful to show how

an emergent theme itself reached a superordinate position (Smith et al., 2009, p.97). A table of the superordinate themes was created.

Step 5: Moving onto the next case.

The steps employed in the first transcript were then repeated for each successive case, thus moving onto the next case.

Step 6: Looking for patterns across cases.

This final step looks for patterns across the transcripts and identifies the most important things to highlight about that they say (Pietkiewicz & Smith, 2012). Looking for patterns evaluates the degree of convergence and divergence across the cases. At this final stage, I found the grouping of each individual transcript difficult to process. I had to physically move around the transcript to make it easier to identify similar themes. Although I managed to identify similar themes, it was difficult for me to discard some of them, as I struggled to remain faithful to the participants' views, and I was worried that perhaps I was not interpreting their account as well as I could. It was during this time that I met with a colleague who supported me to think how the themes related. I also visited the transcripts again and again to check whether the resulting themes were a good fit to the data. It was this process that helped illuminate the significance of certain themes rather than others. During this process a picture began to develop, and the identification of the superordinate themes began to form. The final stage of the analysis.

I tried to ground participant's experiences in their individual context and views. This way of highlighting unique individual perspectives and shared experiences is a major foundation of IPA (Smith, 2004, Smith & Osborn, 2008). All the themes were

explored and what was common and different between these were noted, thus a cross analysis process was used. The themes were then clustered into subordinate themes. Superordinate themes were subsequently identified for each cluster, which helped to tell the story of what participants had disclosed. This process was revisited over and over again and reorganized. During this final stage, some themes were discarded and others merged and combined until a new and much clearer formation of the themes surfaced. Excerpts to illustrate each theme were extracted from all the transcripts. A table of superordinate themes for all the transcripts, with their sub-themes, was constructed (see table 3). Looking for patterns across cases connects the most salient facets about participants (Pietkiewicz, & Smith, 2014). These steps guided the construction of a table of superordinate themes in the transcripts and sub-themes for all the participants.

A table to identify re-occurring themes was created to help me indicate which of the superordinate themes were present for each participant (please see Table 2).

Table 2: Re-occurring superordinate themes table for whole group

Superordinate Themes	ROSE	LIV	PETE	JON	KATE	LEO	SAM	CATHY	Present in over half of sample?
Resilience in the struggle to engage	X	X	X	X	X	X	X	X	YES
Therapy becomes a lifeline “bridges a gap” throwing, offering something into the world	X	X	X	X	X	X	X	X	YES
The offer of human kindness: feeling privileged: rule breaking /bending	X	Divergence	X	divergence	X	X	x	X	YES
Tensions with social activism	X	X		X	X	X	x	X	YES

Inclusion versus exclusion: important for people to feel included in society, empower and change	X	x	X	X	X	X	x	X	YES
Advocacy and action oriented: Therapist bear fate or what society helps people to become....so I stand for a good mother...	X	X (DIVE RGEN CE)	X	X	x	X	x	X	YES
Self-Care: Passion & resentment (paying emotional price –Can’t retire) (Tension)	X	x			X	X		X	YES
The importance of support and training on a professional level	x	x	X		X	x	x	X	YES

This table also facilitated the process of identifying differences and linking themes together.

Table 3

Example of themes that emerged from all participants

<p><u>Participant 1 ROSE</u></p> <p><u>Superordinate Themes</u></p> <p>Resilience in face of challenging client work Pressures in offering advocacy and therapy Anxiety over retirement</p>	<p><u>Sub Themes</u></p> <p>Therapy becomes a lifeline /Feeling privileged/ committed to help perseverance Advocacy is helpful/struggle to offer advocacy Lack of support from others/no conjoined working Role of government: facilitate versus hinder/empowering vs disempowering Poverty Trap: maintaining awareness of own biases/boundaries/negative emotions Neglect/shame/labelling/sadness in lack of support Poverty relative: Challenging other's perceptions Self-care/stolen retirement/self-judgement Passion & resentment: a price to pay Trying to escape poverty trap, a willingness to continue the work despite anxieties/no clear pathway/poor by default/relieved from job/work to survive/break rules Averting burnout: “I focus on self-care” (Resilience) Redefining professional Identity: Need to consult and act with others (systems, public, social, colleagues, community/advocacy/therapy/research Limited resources/ /relative poverty so therapist choice of supporting clients living in poverty</p>
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<p>Participant 2 LIV</p> <p>Passion for Action Struggle in Advocating managing identity in advocacy</p>	<p>Manging own biases/experience of poverty acceptance (IAPT) versus challenge Poverty as Paradox: wanting to throw a lifeline without having any arms – not willing to talk Lack of training and support/disempowering Inclusion version exclusion: Equality is important for people to feel included Passion for work/self-care no burnout The poverty circle: unequal society, judgment/stigma Middle-class duty to help/focus on counselling and therapy/perseverance Challenging status quo/focus on identity One time experience of poverty so help others Not break rules</p>
<p>Participant 3. PETE</p> <p>Fighting Social stigma and Judgement in therapeutic relationship Advocacy as lifeline/lack of training Finding a way to manage the work</p>	<p>Generation Poverty: becoming more visible Offer Lifeline through advocacy/acceptance Fighting to survival for self and client: difficulty in labelling Negative role of government in perpetuating the cycle of poverty Facilitating versus hindering change through action. need to take action/break rules Passion for advocating and acting on behalf of clients/willingness/persevere re relative definition Anger, frustrations, fear, sadness Interacting with others: client, services, adapting their services, creating new ones: therapy and advocacy Importance of self-care</p>
<p>Participant 4. Jon</p> <p>Flexibility in managing circular poverty work applying advocacy versus eradicating/Stigma Managing professional identity</p>	<p>Poverty trap squeezer effect/difficult work Flexibility in managing versus eradicating poverty It's about being in the right mind-set skill attitude/willingness Inequality: labelling others in unequal world A cry for help/need culture/social change/need to be persistent Taking money and asking for money: the secret storm Happy to be of service to others/moving outside the treatment setting/advocate facilitate change at an organizational/ systemic level / Advocate for clients' needs with policymakers. Advocacy vs Therapy, therapist dilemma of empowering versus disempowering (not well prepared, Unacknowledged Difficulty engaging with limited resources/manage emotion Working through challenges/research/advocacy/therapy</p>

	Don't break or bend rules
Participant 5. KATE Managing the Poverty Trap/Entrapment Advocacy as lifeline Incorporating SPA model	<p>The poverty Abyss: a deep hole people living in Requiring: Advocacy: Practical & Co-joined working/ perseverance We offer Lifeline as Poverty an epidemic Cry for help self-versus clients/flexible working Good mother stand in...advocate Isolation versus reaching out Self-doubt in their role as therapists/impact of services and structured Restricted from personal development and self-determination / examine individuals' relationships within communities and the wider society Lack of allies: struggle with services/larger structures not well prepared so bend rules social justice advocate commitment to the scientist/practitioner model.</p>
Participant 6. LEO Advocate to empower Reaching out to others Coined working Resilience and flexibility	<p>Conjoined working /experience of other disciplines like community psychology. Self-Examine/Awareness/advocacy Self as powerless/we bounce back Blurred professional boundaries: Devalued/Judged by colleagues Well-being: psychotherapy is political The poverty cycle stuck in inequality Feeling separate in acting on behalf of client and self/break rules/need to keep ongoing Things need to change: Advocate to empower and inform practice through science, Basic needs can be met/ add social justice advocate/strong commitment science and practice/ managing own biases</p>
Participant 7. SAM Poverty as Paradox: Taking Money: asking for money Difficulty engaging versus limited resources	<p>Empowering versus Disempowering Paradox: Taking Money: asking for money: poverty becoming more visible Trapped and stuck but resilient Difficult engagement with limited resources Tension – ethical versus philosophical Parallel processing of money and work: training versus support Boundaries on absence/bend rules Advocacy and therapy: Lifeline for underclass Difficult dealing with services and structured Therapy versus advocacy – need to update working model. Need for support from agency/services/we will not stop supporting</p>
Participant 8. CATHY	<p>Impact of hopeless poverty trap/resilience Eroding sense of belonging to CP and for</p>

<p>Making life beautiful/Resilience</p> <p>Navigating power dynamics and professional identity</p> <p>Isolated in the work</p> <p>Advocate to empower</p>	<p>Making life beautiful again/willingness</p> <p>Society as isolating: through inequality and stigma</p> <p>Empowering versus disempowering (tensions)</p> <p>Advocacy therapy and training</p> <p>Labelling going on so CP in position to help</p> <p>Passion/try not to bend rules but can't help it</p> <p>Committed despite hopelessly trapped in supporting clients</p> <p>Willingness to help</p> <p>Dealing with clients' stigma of poverty /own disapproval and shame/biases</p> <p>Understanding of oppression /own bias/well-being</p> <p>Self-awareness in relation to poverty</p> <p>Sense of privilege</p> <p>Vulnerability: fearing the experience of poverty</p> <p>maintaining awareness of power dynamics</p> <p>Sensitive to the impact of poverty on client's wellbeing</p> <p>poverty so help to will help</p>
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Chapter Four

Findings

Overview

This chapter records the findings that were elicited from the analysis. The superordinate themes with corresponding nine sub-themes were identified. They highlight how therapists who participated in his study experience their therapeutic work with clients living in poverty. The themes presented are explained and supported by verbatim quotes from participants. The three superordinate themes and sub-themes are examined and divergences and convergences within the data highlighted. The data is examined at various levels, firstly, in terms of how the participants describe and make sense of their experience such as the phrases used and their reactions to responses. Secondly, their style of expression such as repetition of words, tone of voice and lastly, at a conceptual level to enable a consideration of the overall interpretations and meaning that is expressed.

The analysis suggests that therapists working therapeutically with clients living in poverty find it difficult to support their clients due to multiple barriers such as limited support from benefit services, their community and other agencies as well as suffering from a lack of knowledge, skill and pay. When the phenomenon was examined closely, it emerged that therapists experience feeling stuck with their clients and are unable to meet their clients' practical needs as quickly as they would like, which leads to feelings of helplessness. Therapists also experience being judged by colleagues who feel that their work is unworthy. Thus, they manage their emotions by understanding the relative nature of poverty and how someone else's view of their life can affect their wellbeing. This understanding leads participants to persevere and

develop resilience to support their clients. Secondly, therapists' willingness to provide support for their clients in the form of advocacy as well as therapy seems to go unnoticed by those who are in a position to fund such ventures. For example, Leo's service relies on funding, which he feels is 'not enough' (Leo, 389). Subsequently, it seems like the future looks somewhat bleak for both the therapist and his clients. It also seemed that boundaries are blurred in terms of whether they are empowering their clients or disempowering them by advocating on their behalf. As isolation, self-doubt and lack of choice is experienced, therapists reach out to colleagues and services asking for help. This supports Smith's (2010) theory of helplessness whereby therapists working with clients living in poverty shared feelings of being under-funded, unsupported and under-valued. Nonetheless, despite all these difficulties and dilemmas, therapists continue to be positive and focus on progressive aspects of their work with clients living in poverty. Therapists remain committed to their clients regardless of a sense of it being a hopeless and circular process and focus instead on their own and their clients' goals. They helped themselves as well as their clients to gain a deeper understanding of stressors and to develop self-care and self-awareness. They do this by constructing meaning regarding their professional identity, redefining their mission as advocates and therapists and fostering self-learning to promote a renewed self-image.

4.1: Theoretical background

The theoretical framework applied in the current study is based on Bronfenbrenner's (1979) ecological model which postulates that social factors determine the way we think and the emotions we feel; that social contexts can have a significant influence on human development. The theory describes how the individual is impacted by the culture and society in which they live and describes the process of transitioning from

one state to another. Bronfenbrenner's (1979) model offers an understanding of how an individual organism is impacted by its environment i.e. the micro, meso, exo and macro systems. Bronfenbrenner's (1979) model will be applied to understand the individual in terms of the context of how therapists work, as well as their own personal and professional values and qualities. The micro-system will represent the therapists' interactions with their clients, and the exo-system the impact of context, social settings, structures and other resources available to therapists. Their feelings of helplessness expressed a shared experience of poverty with their clients, in feeling trapped with little probability for change to occur. Such resources/structures included their caseloads, policies and organizational limitations that hinder and facilitate their work. I consider Bronfenbrenner's (1979) model helpful in enabling consideration of the multiple influences that impact on a therapist's work, to unpack skills, knowledge and attitudes that support or hinder their work. In this research study, Bronfenbrenner's (1979) model aids an understanding of the processes which therapists working with clients living in poverty could be experiencing. These are presented in the following section.

4.2: Introduction to the themes

The three superordinate themes provide an account of therapists' experiences of offering psychotherapy to clients living in poverty. They facilitate an exploration of what works and what does not as well as the impact that offering therapy had on participants (See table 4). The first superordinate theme involves participants struggles in offering therapy to their clients which often resulted in them becoming stuck in the process because they too were caught up in poverty as well. In addition, this theme highlights how participants' resilience helps them to remain passionate and committed to their work with clients living in poverty. The second superordinate theme highlights

the struggle to engage in therapeutic and advocacy work with their clients given limited resources. Furthermore, this superordinate theme explores how social activism hinders but also facilitates the therapeutic process. Finally, the third superordinate theme illustrates how participants reflect upon personal and professional tensions, conflicts and the dilemmas they face in balancing self and ‘otherness’ as well as how they navigate the multiple barriers that are involved in their therapeutic work with clients living in poverty.

Table 4: Superordinate and sub-themes emerging from the interviews

Superordinate Themes	Sub-Themes
Resilience in the struggle to engage with this therapeutic work	Commitment is affected by the circular process of the work Maintaining awareness of own biases Awareness of professional boundaries in the relationship
Struggling to promote social activism	Advocacy vs Therapy: Empowering versus disempowering Difficulty engaging vs limited resources Isolation vs. Reaching Out
Navigating multiple challenges and barriers	Impact of support services and structures on advocacy Averting Burnout: “I focus on self-care” Redefining Professional Identity: Incorporating the unacknowledged Scientist Practitioner-Advocacy Model

4.2.1 Superordinate Theme One: Resilience in the struggle to engage with therapeutic work

This superordinate theme emerged because all participants described resilience and perseverance in their therapeutic engagement with their clients. Resilience appears to be a shared coping strategy among them. Resilience allows participants to put aside negative feelings and allows them to avoid dealing with negative emotions thereby increasing their commitment even though they may be adversely affected by the work. Resilience persisted despite the stories that clients narrated, depicting their feelings of hopelessness and a sense of being trapped in the presenting issues that they bring into therapy. This was compounded by a significant lack of resources and training to do the job. Resilience allowed participants to cope mentally and emotionally with difficult situations in spite of setbacks, or barriers, or limited resources (Rutter, 1994). This seems to be the case for participants in this study. All participants reported a willingness to work with their clients to overcome obstacles so as to support their clients and to do their best to help them out of their impoverished circumstances. This is regardless of the time, energy and resources needed which has a personal impact on participants.

Bronfenbrenner's (1979) model demonstrates how the individual is impacted by those in their immediate context, including larger, wider settings and structures. It is an effective model offering a deeper insight into the combined circumstances of therapists and their clients who live in poverty. Similarly, how therapists respond will also influence how they are treated by others. Hence therapists' personal and professional attributes are essential if they are to undertake their therapeutic work in a beneficial manner. The parallel process of clients' resilience despite stories which reflect their

ongoing struggles becomes a collaborative effort in which therapists' resilience pushes them forwards and inspires them to continue doing the work.

Three main sub-themes highlight this superordinate theme further. The first sub-theme describes a commitment despite being affected by the circular process that entraps participants in poverty. The second sub-theme describes the notion of maintaining an awareness of their own biases, given the stigma and shame associated with living in poverty. The third sub-theme describes the notion of managing their own awareness of professional boundaries in the relationship, being transparent in terms of their limits and how much support they can offer their clients. This professional stance was shared by all the participants despite the impact of lacking in specific training, a lack of relevant literature and a lack of pay all of which may play a significant part in their ability to continue practising and helping their clients. One participant in particular worried about saving enough money to be able to plan for the future and retire comfortably. These findings are discussed below.

4.2.1.1 Sub-theme 1: Committed to be affected by the circular process of the work

Many of the participants expressed a commitment to their work with clients living in poverty and a genuine concern for their client's wellbeing, which motivates them to engage in the work. Participants expressed feeling disempowered and helpless given that they need to rely on others e.g. government institutions and agencies, to reinstate benefits or other support services in alleviating their clients' distress. From the transcripts there seemed to be a transference and countertransference of feelings of hopelessness, resilience and commitment between the participants and their clients.

This sub-theme encapsulates the commitment to be involved in their work with clients

living in poverty regardless of career progression and personal satisfaction. Their client group are not able to create such pathways for the participants due to their significant lack of material resources. There was also no hope of the client receiving the needed help elsewhere should the participants decide to end such services. Kate's account is an example of participants' commitment to being involved in her work despite being affected by its limitations and frustrations:

“I can't make this right, this feeling stuck...it's certainly a deficit and needs more than supporting the individual and riding the circle until somehow they may manage to jump out of it.” (Kate: 459-464).

Kate's experience conveys a willingness to endure feelings of powerlessness and to labour on with no end in sight. Her use of the term 'riding the circle' implies hopelessly going around and round over clients' difficulties with little hope of affecting their circumstances. Her word 'somehow' conveys her sense of trying to be supportive to her clients and doing all she can to help them discover how they can help themselves. Kate states that feeling stuck with her client is frustrating and is a bit like playing a waiting game – the uncertainty acts as a negative force, waiting for an indeterminate point of decision-making on the part of her clients. This was perhaps Kates' attempt to illustrate how difficult it is to manage the multiple barriers linked to working with clients living in poverty, and her words convey a circular pattern of relating.

Like Kate, Liv's experience of poverty led her to feel a greater degree of empathy for her clients. This inspired her commitment to her therapeutic work whilst also adding to her sense of anxiety, disappointment and frustration as a mother and as a professional:

“I thought I had about £700 or £800 and I’d only got about £300. Now it wasn’t a big deal, we weren’t about to not be able to feed ourselves or not pay the rent or anything. But nevertheless, it was about half what I thought; and it depressed me a bit. And in that much time, I went from enjoying my son jumping about, talking about this, talking about that to thinking, “Oh for goodness sake, do you never shut up, kid...didn’t say it to him but that was what was in my head”.

(Liv, 90-99)

Liv goes on to expand on her personal reflection above, and expresses a desire to move beyond the restrictions imposed by living in poverty. She explains what underlies her commitment to offering support to her clients specifically in the form of helping them see that they may have more choices than they think. However, the resources she was hoping to gain in her role as a therapist seem to mirror the meagre choices available to her clients living in poverty:

“poverty cuts down choices...hugely cuts down your choices especially when you are stuck and trapped, people compare themselves to others. With counselling it's not that I want to move a client to a situation where you're definitely going to do this or that, I want you to have more choices.” (Liv: 816-824).

Other participants noted their deeply held commitment to their work. Rose highlights this commitment below:

"Oh, sorry we've got a waiting list of three months to get you into primary care counselling" ... yeah... and they're not able to afford private care yeah ... and then it relies on practitioners like myself who will say, "Do you know what? ...pay what you can afford." I do have people email me and say, "I'm a student. I'm this, I'm that...would you see me free of charge?" (Rose, 170-178)

Rose's response illustrates her deeply felt empathy for her clients' predicament and is clearly motivated by the lack of accessible care for clients self-referring as living in poverty. Additionally, Rose's comments allude to socioeconomic inequality in mental health care and a dearth of policies to address such inequalities, particularly in relation to poverty. Rose articulates very clearly the problems she faces as a therapist trying to help people who have limited finances to help themselves. Her words paraphrase her response to clients who get in touch with her, who are faced with long waiting times in the health service, and who can't afford to pay private fees to access therapy. This situation puts her in a double-bind where her personal lack of pay might result in her personal worries about falling into poverty imposing limits on which clients to see. Loss of earnings might also affect a therapist's ability to be proactive in accessing training, supervision and providing self-care and support, perpetuating a cycle of hopelessness, frustration and anxiety. Leo underscored this in the account below:

“Yes, as I said, it's like a loop, the staff is trying to help other people, but they're struggling sometimes themselves, and it's very difficult, really. I'm the manager here, but at the same time I'm a therapist myself, so I know the issues they're dealing with, they get angry with little pay and stick to their rules in the job centres and the benefit offices.” (Leo: 525-32).

Leo's allusion to his situation being a 'loop' echoes Kate's use of the word 'circle'. Their words are powerful metaphors that depict the challenging reality of participants' experience in their therapeutic work with their clients. Leo's statement accurately reflects the superordinate theme of the work having a circular process when he describes his role, and acknowledges his understanding of the financial difficulties inherent within the work of engaging with clients living in poverty. Leo, as a manager

and as a therapist is well placed to understand a dynamic of struggling to live on a low income which is mirrored on both sides of the therapeutic alliance. Therapists seem just as frustrated as their clients at the laborious exercise of accessing job centres and income support. Leo's raised voice indicated his personal frustration with agency staff and services evidencing a concern that his clients may be considered undeserving of being supported. Kate, Rose, Liv and Leo are participants who are willing to offer free therapy or at low cost and are committed in doing so. They exemplify participants with a capacity to deal with and recover from their feelings of concern, frustration and anger inherent in their work. Not only were they riding the waves, drifting wherever the sea takes them, but they were articulate in describing the difficulties they face in their ongoing work with their clients. Jon further articulates this experience:

"...I find people in the job centre frustratingly unhelpful in our work with people out of work...so I do feel blessed to help." (Jon: 488–490).

Jon states clearly that he finds people in positions of power unsupportive towards his clients. He sympathises with his client's difficulties, rooted as they are in a socio-cultural context of oppression and unfair allocation of resources and opportunities; being out of work is challenging and Jon recognises the hardships facing his clients. Jon believes that by advocating on his client's behalf he is actively addressing the social context that is at the root of his clients' distress. Jon's assertion that he feels 'blessed to help' demonstrates that his work with clients living in poverty is a vocation, a calling. He feels strongly that he can use his professional position to try to help people who are worse off than himself. Furthermore, Jon describes the system as a source of 'frustration' and not empowerment. He alludes to a lack of tangible support. He expresses his frustration that there may be an element of judgement on the

part of job centre staff, and it was clear that Jon felt compelled to advocate on behalf of his clients. Sam also shared his commitment to his work:

“You can certainly be working and still be poor. Yes, absolutely. As it so happens, the clients I do have that work, it gets a bit more complicated. I’d say some are not struggling financially particularly but then again, they’re in their 30s and they’re living with their parents. Do you see what I mean? There’s a mediating factor there which is not ideal. Maybe people don’t want to live like that particularly. They can still afford to buy jeans and coffees or whatever, it’s not an issue, but then they don’t have secure housing that an adult might want, I work with that”. (Sam 472-481)

Sam recognised the relative nature of poverty and that having a job does not preclude a person from experiencing issues associated with poverty. He empathises with how poverty-related stressors such as homelessness or having to continue living with parents can impact on the wellbeing of his clients. He provides a space for distress that may not, at first, be obvious to be discussed. His loyalty towards his clients extends to a more subtle level of understanding distress associated with poverty, created by a client’s circumstances that may have significant implications for self-development, self-esteem and personal empowerment. Pete also articulates this well:

“Oh, wait a minute”, so sometimes in situations and especially in a couple where you have the feeling they are stuck, and actually I’m stuck with them. If you try to explore with them, “Hey, could this be the case?” then, “actually, yes, it could”. Sometimes indeed and it could resolve that feeling of being stuck. I know CBT works in different ways...we are fighting to look at the ‘us and them’ statements for them to be heard ... they are feeling disabled... depressed, no motivation we are labelled lazy...it’s a struggle, just having someone to listen to that can impact, having someone that you feel listens. (Pete: 90-102)

Pete's feelings of empathy and his commitment to endure and cope with the hopeless stories his clients bring with them is well articulated here. He is aware of their struggles and the lack of resources available to support them in managing their distress. His way of being with his clients, of listening non-judgementally to them supports his clients; his motivation to help is straightforward by simply being present and listening with care and attention. Pete refers to the practical approach involved in Cognitive Behavioural Therapy and seems to question its efficacy in giving practical support to people who are struggling with poverty. When comparisons are made with people in work, it's not surprising that clients express feelings of depression, disempowerment and annoyance at being called 'lazy', all of which can lead clients to despair. Pete touches on an important aspect of poverty which divides people into the 'have's and have not's' and creates an 'us and them' situation. Defining his work in this way Pete uses the word 'stuck' to describe a status quo in which he and his clients are 'stuck with' an unsupportive and divisive social structure which is difficult to escape.

In summary, the participants expressed empathy and a commitment to the distress experienced by their clients as an important skill and quality in working with clients who live with the challenges of being in poverty. Participants expressed a desire to support their clients in overcoming obstacles. Their willingness and desire to engage helped therapists to cope with and manage the difficulties of the work. They were determined to support their clients in spite of setbacks and limited resources. Across the transcripts, what came across strongly was a mirroring of emotions such as frustrations, hopelessness, anger and limitations. This was expressed with words like 'stuck', 'trapped', 'loop', 'riding the circle' whilst participants were required to rely on other services to support their work. As there is little research into this topic, accessing

empowerment and emotional support for their clients results in participants becoming used to stumbling along with their clients, thus accentuating a shared sense of hopelessness and helplessness. Jon's words 'feeling blessed to help' are probably the best way of describing the commitment that was expressed by all the participants to work with passion and dedication amidst a lack of choices available on both sides of the therapeutic alliance. The circular process of the work, whilst wearing and frustrating did not diminish its importance or its potential rewards.

4.2.1.2 Sub-theme 2: Maintaining awareness of own biases

Most participants describe an ability to maintain an awareness of their own background and to notice how this is affecting their work with clients living in poverty. Participants shared a narrative that they were struggling to deal with the shame and stigma of poverty which seemed to seep into their work with clients living in poverty.

Participants described their various backgrounds and their struggle to fit in to their role as advocates. They were striving to enable agencies and services to support the work in empowering their clients to make changes to their circumstances. For example, Liv described her clients' 'sense of not belonging in society', saying that this could result in their feeling isolated and condemned for being poor. For others a feeling of being trapped and helpless resulted from the stigma associated with being in financial difficulties. Participants expressed feeling ashamed to admit that by working without pay or for little pay their ability to live comfortably was being limited. Within these narratives, participants expressed feeling fearful of not belonging in society. They felt that offering therapy in ways that contradict the standardised way of offering therapy within the NHS was alienating them from the professional procedures and standards that they had been trained to follow.

These accounts shed light on an unspoken inner conflict. This internal battle seems to involve ascertaining whether therapy can help ameliorate participants' sense of anxiety at not belonging. In the extract below Liv describes her position as a middle-class white British woman with an awareness of how people can be stigmatised in a way that echoes Pete's earlier discussion, where he spoke of 'the have's and have not's' and a social division between 'them and us' i.e. outside her group. This signals a tension whereby people living in poverty may intuit this sort of attitude, and perceive themselves to be lesser, disempowered, disenfranchised and shamed by being the impoverished 'other'. Liv's comments reveal her awareness of a class-ridden society and how this may be reflected in the work she does with her clients:

" I think if you're any immigrant at all and working-class ... or poor ... it's - to some extent, quite often difficult to understand which bit of English society they belong in. I sometimes think that's partly what causes racism that people don't know where to place you in class terms, which is very important to the English. But I don't know..." (Liv: 228-235).

Liv's account is clear that belonging and sharing in society is key. Her awareness of class and cultural differences is an important observation, and one that is difficult to pin down in any precise or definitive way. Her comments suggest that connecting with oppressed and marginalised people can be a positive step towards confronting, mitigating and eventually removing the shame and stigma that social and internalised oppression brings. Liv was clearly struggling to make sense of 'poverty' and how it affects people who may already be perceived as 'different' or 'other'. Her awareness of her own place in a society where social identity relates so strongly to class, education and income may be conceived a barrier as well as a way of reaching out to others who struggle with life for a variety of reasons. There is little doubt that

class differences and differences in cultural background can lead to discrimination and further marginalisation, especially if a person is poor. Liv's open question about racism and its relationship to class touched on an aspect of English culture that warrants important consideration. Financial worth is part of an increasingly materialist social construct where embedded divisions can be subtle, based on privilege, social connections, education and snobbery. Liv's voice evoked feelings of sadness, frustration and alienation (othering), together with a sense of outrage, Liv's evident passion for her work as a therapist was clearly her way of struggling to empower her clients who, in turn, struggle to live with the effects of marginalisation, discrimination and poverty in their everyday lives. Jon's extract illustrates the convergence between participants:

“My job was to make clients recognize that it doesn't matter your background or race...help is what you need right now. I think people need to go into some therapy and deal with maybe the problem they are having with people experiencing poverty because they're clearly not geared to working with these people.” (Jon: 481-490).

Liv and Jon's experiences highlight an awareness of what it feels like for their clients to experience a sense of not belonging to a community or society. This issue of not belonging is strongly related to the complex and isolating nature of 'poverty' and brings with it the idea that being poor is 'excluding', 'distasteful' and 'shameful'. Jon's assertion that poverty shouldn't overshadow what going into therapy is all about - that people who need help reach out for all sorts of reasons. His comments seem to indicate that it is important for a therapist to understand what living in poverty means, to be aware of the specific problems that clients have to face because without such knowledge and understanding, a therapist cannot properly empathise with his or her clients' struggles. All the participants voiced an awareness of themselves as 'other' and

yet also struggling in a Western-centric society where divisions exist. Leo's account below is somewhat different. He described how having a similar background to his clients increased his empathy towards them:

“I said, I'm coming from the same background. I mean, when I arrived here, I had these sorts of issues, housing problems and set them down. But the thing is when I work with them, I try to understand the underlying issues for them, and you cannot say that when someone is sitting in front of you and they've got housing problems or money problems, they don't have psychological problems, they come together”. (Leo: 85-92)

In the extract below, Rose articulates how easy it is to feel ashamed about being poor:

“...that immediate separation and that labelling goes on within schools as the children who've got their nice, shiny Marks and Spencer's trousers, versus those-- and the argument for that school uniform thing, of giving children unity and a sense of belonging just does not happen with people in poverty, because they're all labelled and everybody else can see it.” (Rose: 98-105).

Rose's extract picks up on Liv's observation of class differences in terms of economic power and its impact on children in particular. Shame and stigma around poverty, issues around 'have's and have nots', 'them and us' can be hurtful from an early age. Class divisions are magnified in school where being poor can make a child seem different from his or her better off peers. Rose's raised tone of voice and the way that she gestured with her arms in the air might suggest she identified with her clients' sense of hopelessness and frustration at being unable to protect their children at school. Pete commented on the problem of being labelled and how this compels him to work with clients who are sometimes labelled as being 'lazy'. His extract articulates the impact that such negative labelling has on his clients. Perhaps Pete seeks to explain a paradox - that using a therapeutic approach (CBT) that locates issues within the

individual is not really addressing what this research considers poverty to be - a social phenomenon:

“I know CBT works in different ways...we are fighting to look at the ‘us and them’ statements and to be heard ... they are feeling disabled... depressed, no motivation we are labelled lazy...it’s a struggle” (Pete: 98-102).

Pete acknowledges the impact of negative comments and hardships that make clients feel judged and powerless. He articulates a struggle that requires energy and determination to focus on events that impact on the individual self - social, political, and historical events that may contribute oppressively to a client’s distress. Pete voices an awareness of the importance simply being heard by someone who understands what an uphill struggle it is to be disadvantaged in so many blatantly oppressive ways. He conveys a deeply felt sense of injustice and a determination to be there for his clients, to listen - which is impressive.

Across the transcripts, the work was a struggle to shift clients away from identifying with negative labels such as being ‘lazy’ in a social structure that can keep people trapped in the cycle of poverty. Across the transcripts there was a shared feeling of shame in a parallel process with their clients’ experiences of being ‘labelled’ and separated. Kate was empathic when recalling her clients’ anger resulting from stigma and shame:

“Some can be very angry and probably been since childhood, always not having so I need to attune myself empathically to understand their plight and to understand where they are.” (Kate: 342-347).

Kate echoed Rose’s observation that poverty can have a negative impact in childhood, which, in turn, can have a detrimental effect all the way into adulthood. Poverty plays a crucial part in early developmental and formative experiences so

therapists clearly face enormous challenges in working with clients whose anger may be fuelled from having to endure long-term deprivation and stigma. Kate's comments emphasise the significance of being aware of one's own biases in developing a good enough relationship with clients who live with poverty. This level of awareness seems important in managing discord within the relationship.

Practical limitations such as transport or limited finances may interfere with a client's reliability in being able to attend therapy sessions. Sam helps us to understand his experience of dealing with absences.

“sometimes they don't turn up for free sessions or they cancel because they can't afford to pay...they've fessed up and said, “yes, it was because I couldn't afford to come.” (laughs) (Sam: 104-109).

Despite Sam's work being a part of a free psychotherapy service clients still were finding it difficult to attend regularly. This illustrates what a double-bind living in poverty presents for both therapist and client, where therapists have to pay costs associated with professional practice, even when it is delivered without charging a fee. They also have to fund self-care. This poses a dilemma, which raises the question of how do therapists balance payment with ethics and their personal need to earn a living? Sam's laughter seemed his way of laughing off the cost to himself as well as the potential benefit that was being offered freely for clients on unpredictable or low incomes. Perhaps it was also his way of distancing himself from the frustration he felt about clients not attending free therapy. This further illustrates the double-bind facing therapists and their clients, whereby attending therapy, even low-cost therapy, requires money, which may engender further poverty not only for participants but also for their clients. This scenario also illustrates that what one person experiences as free may not

be experienced as free by someone living in poverty.

Leo, Kate, Pete, Rose, Jon and Liv's backgrounds and biases provide a variety of examples which show the importance of being self-aware whilst working with clients living in poverty. This level of cultural awareness served to increase the participants ability to empathise with their clients, to listen to them without judgement and to contain, develop and maintain a lasting relationship despite, at times, feeling frustratingly stuck whilst waiting for support from services.

4.2.1.3: Sub-theme 3: Awareness of professional boundaries in the relationship

All the participants discussed the need to be open and transparent when working with their clients. This subordinate theme is an important one, focusing as it does on issues around power dynamics, how they are able to communicate what they can do for their clients in their efforts to help them despite setbacks, barriers and the limited resources they experience in their work. In their willingness to support and empower their clients living in poverty, participants discussed their difficulties in setting boundaries to ensure that a successful and ethical working relationship was established. This was based on a clear understanding of what their role is and what it is not. Sam expressed his problems in setting and negotiating boundaries around payment for therapy:

“Sometimes it's an uncomfortable feeling when you're taking money from somebody and they're struggling financially. I have to tolerate that. I have to tolerate the fact that I feel like the bad guy if someone's paying to talk to me and yet they're struggling. It's their choice, it's their financial decision. I pay to train and get support, so they need to pay to get support, but they are struggling so I'm not sure what I'm doing sometimes. I feel sometimes that I'm not doing any good although I can see results” (Sam: 296-305).

Leo commented on his dilemma in taking payment from his clients. As there is no literature to study with regard to forming and maintaining boundaries when working with clients living in poverty, participants seem to struggle with this issue:

“we don’t have any funds to-- because some of our therapists, they work voluntarily, we don’t pay them. So, we don’t have funds to reimburse their travel expenses. So even though the government is funding us it’s not enough, it’s a good service and we are all stuck in the poverty circle and in inequality because I get paid, but I also help with travel and sometimes I buy food for clients when we run out of vouchers” (Leo: 387-3940)

Pete acknowledged not feeling able to set firm boundaries. What is interesting is that he not only broke protocol by giving out two vouchers, the whole family became dependent on him for their basic need. He had a strong sense of feeling responsible for his client and a need to rescue his client:

“didn't really find in my role as a psychotherapist, because on the other hand it is hard to say no, and we could-- our team, the community mental health team, could indeed give out vouchers for the food bank... In one case indeed I simply gave two to one of my patients and I notice their whole family seeking help” (Pete: 146-152)

Rather than enforce strict boundaries with her clients, Liv communicates with clients in a manner that puts them at ease with the aim of fostering empowerment:

“but also, it’s not that I’m unembarrassed about it. It’s not that I don’t-- I wouldn’t say I’ve arrived at the point where I’m easy about it. Even if people forget to pay me at the time and I say, “You’ve got to give me some dosh.” Or, “Are you going to pay me or whatever?” But I have to sort of calm myself down to say it in a pretend relaxed fashion. I have to see things from their point of view” (Liv: 607-613).

Liv's comments further illustrate how she was happy to work with flexible time boundaries as a form of empowerment - to use as much time as possible to action events:

"I do an hour or more. I don't do the 50 minutes because I think the 50 minutes was only brought in, so people have time to write up. I write gallons, it takes me a long time to write letters." (Liv: 630-634).

Kate described feeling tempted to offer a loving home for her clients; to equip her clients with the knowledge, skills and abilities and to protect them from their struggles:

"I think the bit I struggle with, with that is my maternal instinct the one to mother it feels quite powerful sometimes to want to be able to fix and you can't, that's frustration again there isn't it? Back to my frustration, what else do I feel...but it feels like there's something else I feel that I can't quite name. I would like to take them home with me some of people, if I'd set up a house somewhere. It never happens, I'm never going to have enough money" (Kate:174-183).

During the interview I observed that Kate seemed to react relatively calmly to her highly emotive description of feeling sad and frustrated. Her being willing to be responsible for her client's future well-being and her desire to take their burden away was evident here.

I noted that Kate's background, having been rescued from her own impoverished environment by being adopted may be one of the reasons for her wish to rescue her clients. The struggle for clients to obtain resources seemed to push Kate towards wanting to act in ways that might question her professional boundaries. Liv voiced her efforts to stay calm despite her frustrations and feelings of helplessness. It seemed that all the participants struggled, at times, to remain focused in a calm way in

order to help their clients in the therapeutic hour, to maintain a ring-fenced time in which people can talk openly about their difficulties

Setting boundaries, making the time itself valuable is a struggle for the therapist who can feel overwhelmed by their client's isolation and struggles. Cathy articulates this struggle movingly in the extract below:

“But it's very sad when you have a client with children and no help. We sometimes feel unable to help them move out within those 50 minutes... but we try and keep those boundaries...and yeah it doesn't feel good ... it's like we don't work hard enough.” (Cathy:199-203).

Cathy's comments about the length of time she spends with her clients is tinged with a sense of regret and powerlessness. The complexity of the work means that therapists work hard and do their best to detach themselves from feelings of frustration in trying to facilitate change for their clients when their sessions take place in a short space of time. She hints at the enormity of the task and a sense that no matter how hard a therapist may work, the issues facing clients living with poverty may compel a therapist to overwork and thus suffer from burnout. However, Cathy went on to say that with perseverance, doing therapy with clients living in poverty can benefit them over a relatively short period of time.

“...when they can afford to attend and we don't judge...by 12 sessions they've become more hopeful, less trapped, more motivated because they're starting to do things”. (Cathy: 268-271).

This subordinate theme highlights that being able to apply flexibility in the session length, listening to clients without judgement and being aware of professional boundaries, plays out in moving ways as therapists struggle to engage with clients

living in poverty when the odds are stacked against them. This is especially so when many services designed to offer clients practical support have suffered cuts after a decade of austerity measures.

The sub-theme around boundary issues explored how participants manage professional boundaries in their work and how both parties in the therapeutic alliance were affected by issues around low incomes and being able to afford to live ‘a good enough life’. Furthermore, it is evident from the transcripts that distress from a lack of income can also be overwhelming for participants themselves who were often doing more and breaking professional boundaries in order to support their clients. The participants had all established flexible ways of working in order to empower their clients.

4.2.1.4. Summary

Overall, this superordinate theme illustrates that although participants struggle to engage in the therapeutic process their clients living in poverty, they also experience a willingness and a commitment to support their clients. Participants shared an awareness of their own biases in terms of negotiating multiple aspects of their identities as therapists, as members of a divided society and as part of a population struggling with the stigma and shame of associating with those living in poverty. Participants’ expressions of feeling, at times, hopeless, ashamed and inadequate as therapists gave voice to this struggle. The accounts illustrate that a lack of resources, relevant training and support leave them in the vulnerable position of feeling they have to charge their clients living in poverty a fee to attend therapy. Participants described how, in order to support their clients, they must undergo the difficulty of engaging in advocating with

benefit services and agencies. This meant that they all struggled to work within and to maintain professional boundaries in order to safeguard their position and role as therapists. These stories of the powerful and complex effects of therapists' work with clients living in poverty continue into the next superordinate theme: 'Tensions with social activism'. In this section, therapists talk about the rewards and lesser known impacts of their work in the lives of their clients.

4.2.2 Superordinate Theme 2: Tensions with Social Activism.

All participants displayed a passion for their therapeutic work with their clients and many spoke about advocating for clients to empower them so that they might be able to advocate for themselves. Many of the participants described a struggle to encourage this 'action-oriented' process which had the potential, and sometimes did become a 'lifeline' which helped move clients on from feeling trapped in their distress from living in poverty. Social activism in the form of advocating offers their clients ways to move out of poverty in manageable steps, thus building an effective 'lifeline' out of poverty. This gave rise to participants feeling a need to 'take matters into their own hands' in order to pull clients out of their constricting conditions. Consequently, these efforts appeared to leave the participants in a position of not knowing whether their work was ethical, helpful or was supported within mainstream parameters.

4.2.2.1 Sub-theme 1: Advocacy vs Therapy: Empowering versus disempowering

I felt surprised and overwhelmed given the different perceptions of the poverty trap explored in the previous section. I was also struck by the frequency with which participants expressed overwhelming and helpless feelings in their experiences of

difficulties with their clients. However, advocacy seems to yield rewards amidst the hopelessness and anxieties in their struggle to empower their clients. A tension between advocacy and therapy appeared in some accounts. Participants found that being proactive on behalf of their clients empowered them. However, the participants felt it was worth doing despite feeling unsupported by colleagues within the profession. Without social activism their clients risked slipping back into the poverty trap and feeling helpless. This subordinate theme reveals how the participants support and enable their clients living in poverty to express their views and concerns, access information and services such as debt resolution, employment, accessing benefits and training. Participants also expressed defending and promoting the rights and responsibilities of their clients which depends on the level of support and trust developed between therapist and client. Cathy's comments below illustrate how participants are venturing into uncharted territory. Cathy's comments demonstrate her feeling that constant action is required to help clients move forward and to deal with their struggles in an empathic space. This constant action is something the client depends on which can provide a means of escape from difficult situations and uncertainties:

“In our clinics, we advocate all the time...its action...action...action outside the room...to help clients out of poverty and to empower otherwise we become stuck...then after a time they are beginning to work quite independently ... it takes time...and...e...it becomes a lifeline.” (Cathy: 100-106).

With tension in her voice, Cathy goes on to describe how mainstream therapy restricts through a lack of training and access to literature, and so talking about 'poverty' in therapy sessions, and within the profession, becomes difficult:

“I think that poverty has a direct effect on people’s lives, and colleague’s feel that it’s not counselling to ever suggest any practical suggestion.” (Cathy 408-411).

Cathy expresses her anxiety that advocacy is not generally accepted as part of offering therapeutic work. Cathy highlighted the limitations both therapists and clients are up against when facing up to the challenges of living in poverty. The word ‘trap’ seemed increasingly relevant to this study. The limitations of doing therapy seemed to be mirrored in judgemental attitudes towards poverty in society itself. Achieving social justice in this context seems an uphill struggle for therapists who are doing their best to combine advocacy with delivering effective therapeutic interventions to help their clients living in poverty. Sam powerfully articulates his empathic feelings for the situation that his clients face in their daily lives:

“I feel overpowered and overwhelmed and wonder how clients cope from food banks for food, to second-hand shops for clothes, feeling like an under-class that nobody wants to associate with, that’s frightening so they really do need my help to act for them.” (Sam: 333-338).

Sam powerfully describes the limitations imposed on his clients by their experience of living in poverty. He acknowledges how frightening it is to be regarded as second-class citizens facing stigmatisation and rejection whilst they struggle to make ends meet, whilst trying to access the limited services that are out there to support them. It was clear that his willingness to advocate on their behalf is an essential part of his work. Six out of eight participants echoed Sam’s need to advocate and write letters; the other two participants were less highly motivated to write letters on behalf of their clients. From this extract and within the transcripts, a hidden dilemma is uncovered: by acting on behalf of clients and writing letters, a question arose as to whether therapists

empower their clients, and whether this empowerment leads to a tension between managing poverty rather than changing poverty. Furthermore, an additional question arose as to whether advocating in this way might undermine their clients by keeping them feeling powerless to act in their own interests, and to gain experience in doing so. This may account for a hidden fear expressed by some of the participants of advocating through social action and offering therapy. Cathy voices her position in the extract below:

“I would also write letters sometimes directly...clients are saying I’m a woman I don’t get the jobs and I’m not white, people don’t want me...I’m talking support for those who simply cannot afford to do any of those things that make them a part of society. I’m going to be writing exactly the same letter that we have written to support us as well” (Cathy: 535-541).

Cathy expressed how her interest in helping her clients living in poverty became active advocacy work. Her words powerfully conveyed how living with poverty - all its connotations of rejection, discrimination, social injustice and powerlessness – made her advocacy more important than ever for this group. Cathy indicated that she felt her professional integrity was being called into question by the inadequate services that she relies upon in order to help her clients. Her sense of being able to offer support in tangible ways like letter writing addressed the feeling that she shared with her clients of being ‘trapped in a double bind’, and hence her determination to act as an advocate in this way. A deeper level of analysis allowed me to see how Cathy’s actions potentially risk her being isolated and rejected for not working within more mainstream protocols whereby therapists and clients are obliged to respect professional boundaries. Cathy was articulate in demonstrating this dilemma around how best to empower a group of people who are significantly disempowered in social terms. As a therapist working within these constraints, her decision to use her own advocacy on behalf of her clients

was a powerful metaphor for social justice being needed on both sides of a divided social world.

In this following extract, Liv expressed with clarity that all it takes is a first step for people to help themselves out of poverty and that counselling can be an active part in this:

“If you put a ladder in front of someone they will climb, it...it’s when being poor doesn’t allow people to focus and see where they are that’s where counselling comes in to act and...small goals are important...” (Liv: 819-828).

Liv’s metaphor of a ladder offers a strong visual image of the dilemma facing clients who live in poverty. Liv’s comments indicate that counselling can be a proactive space in which to explore manageable steps forward and potential social change. Liv’s idea of there being a ladder offered to clients has many different applications and meanings. Where what may seem like a manageable step up a ladder for a therapist, may prove to be a rung that is out of reach, and might possibly result in a client climbing further into debt or despair. Perhaps Liv regards her service in providing therapy is the same as providing a ladder for impoverished groups, where she may or may not be sure of her relationship with her clients. This made me question whether Liv saw herself at the top of the ladder looking down on her clients to enable them or was joining forces with them as they made manageable steps up each rung towards empowerment and knowledge. The question of being too far up a ladder seemed to be something that most of the participants struggled with in terms of offering therapeutic support to disadvantaged clients. This metaphor of a ladder brought further questions about whether a therapist empowers or disempowers clients for whom poverty

automatically means they are on a lower rung than others at the top. In emphasising a need for small goals within therapy, Liv's empathy for her clients' struggles seemed to be a mutual endeavour that she was also struggling with.

Liv's further comments below made me wonder about client experiences, whether they perceived therapy and its advocates as being supported by a 'snobby' therapist or a 'giving' therapist? Furthermore, an interpretation of whether or not Liv was being snobbish but at the same time helping those living in poverty seems a tension requiring a more sensitive and difficult discussion. I wondered if Liv was aware of all the different interpretations her metaphor contains, and whether her use of it indicated a tension that she was personally struggling with.

I'm very much aware in myself that I could be quite snobby about people who are poor. I would say that I have probably no working-class friends, probably none...but we did the work...we stumbled...we were stuck...I didn't do anything different...I couldn't find anything written on it..." (Liv: 222-226).

Small goals might be giant challenges for clients; hence advocacy becomes part of an ongoing journey for therapists trying to cope with their lack of training in working with issues around poverty. Liv couldn't find anything written on it either. Words like 'stumbling' and 'stuck' convey a sense not only of tension but struggle. In the extract below, Cathy describes the problems she faces in trying to advocate on behalf of her clients in dealing with services where their needs are not properly understood or adequately addressed:

"I interact with the kinds of bodies that are out there...it's soul defeating. So, whether it's going to be advocates for housing or for people to get the right kinds of benefit etc... they sometimes revert to things like taking drugs, drinking alcohol, so that their physiological problems are also

increased. Sanctions don't allow them to function at all...for me it's about making life beautiful for all...it's not always about the money...it's about giving back... that passion to act.” (Cathy: 109-116).

Cathy's active participation in trying to help her clients access adequate housing and benefits raises other important issues in relation to people who live in poverty. For people who have learned to cope with poverty through drug and alcohol abuse, breaking those habits is extremely challenging. Cathy's trust and belief in the power of advocating seems unwavering as she powerfully expresses her strong desire to help her clients feel better about themselves, to be empowered from within themselves so that they can learn to act in their best interests through advocating on their behalf. This is clearly an uphill struggle, and Cathy's assertion that 'it's soul defeating' made me wonder whether this was equally true for her as well as for her clients. This raised concerns not just for her clients but also for her vulnerability to suffer burnout. Her understanding for clients whose poor coping habits are deeply ingrained combined with universal credit payments being received as a one-off monthly payment is concerning for people who struggle to manage their mood and their situation adequately. Cathy goes on to describe her determination in the extract below:

"I reinstate whatever they've taken away from them, their allowance...their dignity...chucking them out of IAPT. I think on the whole if people can go out to work and feel respected, they would prefer to be doing that and not getting benefits..." (Cathy: 612-615).

Cathy's advocacy on behalf of her clients is courageous and focused. Perhaps, as a role model her actions serve her clients well, and they can see how hard she is working, and how much she cares about their dignity as human beings. The 'lifeline' she models is rewarding and helps clients see how they too can act and speak up for themselves. Cathy's passion for her work was noticeable in the tone of her voice and

the expression on her face. It was clear that her therapeutic work with clients living in poverty may be challenging but she clearly felt that her work is a highly rewarding activity. Below Kate emphasises the power of advocacy as a lifeline:

“I instil hope...they go from that to maybe working as a volunteer, 16 or 17 hours. They do not lose their money .. I liaise with the job centres and get them to do maybe say a three-month course in computing or simple things like that.” (Kate: 222-229).

Kate also spoke of a desire to support and empower her clients, echoing Cathy’s stance. Highlighting the practical ways in which clients benefit from therapy was heart-felt by both of them. All the participants demonstrated resilience, commitment and a desire to empower and help their clients challenge the shaming, rejecting and disapproving experiences of having to live with the multiple challenges of poverty. The participants ability to cope with feelings of hopelessness, isolation and exhaustion themselves was truly admirable. Recalling her experience, Rose offers an insight into what motivates and sustains her as a professional:

“Sometimes the work is quite frustrating, you know... intense erm and my reaction to that... how much can I take...we are all forgotten...what’s my relationship with anger... that’s where my empathy came from.” (Rose: 966–971).

Rose’s comment on anger fuelling her empathy was taken up amongst other participants who live with daily frustrations in trying to help their clients living with poverty.

“It’s important to try and to empower people to help me build up a resilience. That probably comes partly for my need to nurture, to help people to grow” (Kate: 249-252)

Kate's comment concerning resilience reflected a universal attribute amongst all the participants in this study, regardless of personal history, background, ethnicity, education or culture.

Within the transcripts all the participants expressed their resilience, and to a lesser extent, that of their clients. They all agreed that advocacy offers a lifeline and yet participants also voiced doubts as to whether they are empowering or disempowering their clients during the process of doing therapy but also needing the kinds of advocacy that they felt impelled to give them.

4.2.2.2 Sub-theme 2: Difficult engagement vs limited resources

Most participants described tensions such as feeling fearful and uneasy regarding their role as therapists whilst exploring what society has to offer in supporting wider engagement with their clients which might help to reduce feelings of hopelessness and entrapment. The subordinate theme 'difficult engagement vs limited resources' explores the uncertainty shared by participants in advocating on behalf of their clients, and, at the same time, feeling an intense pressure to advocate on their behalf. There is strong evidence running through the transcripts of an underlying fear for both therapist and client remaining stuck due to limited resources and their shared reliance on agencies and services for support.

All the participants expressed future uncertainties and self-doubt and whether they are doing the right things in terms of their own well-being. Cathy voices her anger about the predicament she and her clients face in trying find ways forward as human

beings when government policies fail to provide adequate psychological and material support:

“...we are angry because government policies do not look at the individual. They look at them as a blanket thing, which is, you are on benefits - you need to come off benefits and go to work ... we need to manage this but limit how many we can work with.” (Cathy: 574-578).

Consistent with other participants it is evident from the transcript that policies fail to meet individual needs and people struggle with multi-layered difficulties which, in turn, makes what therapists are able to offer in an unrealistic position. Cathy’s expression of anger at having to limit the number of people she supports because of financial constraints and access to service difficulties was shared by the majority of participants. Recalling his experience, Leo too provides an account of how uneasy he feels with regard to the systems that are in place for those who are less fortunate and in need of help from the government:

“I’m not quite sure, but I’m quite worried, fearful and a bit angry with the shortages in benefits etc, When I came to the UK, I thought this is absolutely the most brilliant system in the world...but then you discover that it often is not much more than a third world system.” (Leo: 610-615).

Leo’s disappointment and frustration were clear. He movingly conveyed his feelings about policies that turned out to be misleading at best and poorly conceived at worst. Although systems are in place to help, the reality became an illusion, being difficult to access. Leo’s voice and body language spoke volumes about his disillusionment with the system that is currently in place in the United Kingdom. Although Jon was eager and willing to support his clients, his extract reveals that the notion of work without pay is becoming worrying for him:

“You know, some people get very upset especially if I bring in money asking for money...it’s like a secret storm in my mind...” (Jon: 271-273).

Jon’s comments make it clear that this situation is exacerbated when a therapist’s personal need to earn a living compounds his client’s distress. Working with clients living with poverty involved a universal inability to pay for the service therapists are providing. This topic was a common thread in the transcripts, that having to negotiate payment left participants feeling trapped in a circle that more or less mirrors the situation of their clients. Most participants alluded to the macro-system in which they and their clients live their lives, and how its rules and regulations create barriers which trap them. Notably, another thread within the transcripts suggested that being trapped makes planning for the future seem rather a futile task. Pete’s description highlights a difficult boundary issue reflecting a power imbalance between a therapist and a client struggling with issues around poverty. Having a passion to support those living in poverty seemed to be at odds with the reality of having to help clients with fundamental needs like food, shelter, jobs and access to services:

“On one hand you do it because you feel you have to do it in a very strange way, I felt rather embarrassed... here I am, having a good salary, having no financial problems, etc. What on earth am I doing here, organizing second-hand food vouchers.” (Pete: 440-446).

Pete’s relative comfort clearly led him to have mixed feelings towards his professional status as a therapist when confronted with the reality of his clients very basic needs. There was amazement in his voice that people have to endure the humiliation of using food banks in order to survive in a country as wealthy as modern-day Britain. As a therapist with a decent wage and not needing financial assistance, he

expressed feelings of disbelief and embarrassment as well as an awareness of the stigma involved in having to live on hand-outs. Pete's therapeutic encounters, in a way, forced him to come face to face with emotions that he had perhaps been detached from in the past. Cathy also voiced a complex mix of emotions in her work as a professional:

“I chose psychology and I'm proud that I'm a psychologist... sometimes I feel like I'm doing something that is not my job, that is not my expertise, that is not something that I have trained for, I feel like devalued...yes I recognize the irritation and the embarrassment.” (Cathy: 561-566).

Cathy's account conveys a sort of mis-match between her expectations as a professional and the reality of working with issues around poverty. Her sympathy towards clients living in poverty was clearly evident in this transcript, as was her lack of confidence in knowing how best to support her clients. She expressed a certain degree of frustration at the lack of training available with little preparation for the work and its particular challenges. Her comment about feeling 'devalued' led me to wonder if this was an unconscious identification with the experiences of her clients, and possibly her own situation in not being able to adhere to mainstream pre-conceptions about being a professionally trained counselling psychologist whose hopes to develop a therapeutic relationship based on equality and support were constantly being frustrated and constrained. Cathy, along with Rose, Liv, Pete and Sam shared a desire to give clients unconditional positive regard in their sessions which, despite all the setbacks and challenges, seemed unwavering. Their feelings of distress were well articulated throughout the interviews.

Cathy, Jon, Leo and Kate described the importance of being 'ethical', 'trusted' and 'respected' for the work they do, to be supported in promoting their clients' well-

being, to be trained to avoid harmful practices and most of all to be paid for the work they offer. This subordinate theme reveals that earning enough money is a highly emotive issue for both parties in the therapeutic alliance. Liv's extract below illustrates the struggle she felt in forming a balanced therapeutic alliance with clients whose backgrounds were very different to hers. She describes a complex process of getting to know and understand her clients' world and their experiences of poverty:

“I often say, “you've got a different background from me, I may misunderstand things, I may be saying something that's a bit crass, I hope you'll put me right.” I know there's the other line of why should people from different groups always have to be educating everybody... you can't learn about everybody's culture in the world... and clients want me to have these conversations ... it's not just about who gets what treatment but an opportunity to develop and to empower and accepting limitations.” (Liv: 731-736).

Liv tries to be truthful and open with her clients by acknowledging their differences, and respecting her responsibility to help her clients by educating them, addressing power dynamics, so that they can be empowered and learn something about her world too. Her comment about 'accepting limitations' reflects an honest attempt to be realistic about what she's able to offer, given her different background and experience of life. When I reflected on this extract, I wondered if the social discourse regarding 'poverty' in British society and in counselling psychology, which is largely considered a taboo subject, may evoke fears of being politically incorrect by talking so openly about these differences. This is the point made by Borges (2014) in the literature section of this thesis.

4.2.2.3: Sub-theme 3: Isolation vs. Reaching Out

All the participants' accounts suggest that the experience of working with clients in poverty involved feelings of being trapped by internal and external forces. This was generally described as feeling isolated, embarrassed and ashamed at not being able to help their clients effectively, suffering self-doubt, having difficulties in asking for help from outside agencies and services, being frustrated and irritated at the lack of training, recognition and support. There was a pervasive sense of isolation associated with talking about issues involved with poverty, many of which are complex and hidden. This left the participants wanting to reach out to their clients as well as their colleagues and other services. Participants generally regarded government policies as more of a hinderance than a help in their therapeutic work with clients living in poverty.

Liv's comments expand on this theme, Having to deal with stigma and shame can wear a therapist down to such an extent that she undervalues herself and the work she's doing:

“somebody I know someone who's quite high up in one particular branch of counselling, who said to me, “You're not valuing yourself enough.” And I'm saying, “It's nothing to do with how much I value myself,” then maybe it is. I don't know. The moment I have to go to a colleague and say, “Could I please ... I feel some shame.” (Liv: 156–161).

Liv's experience of having to go 'cap in hand' and ask someone in a higher position for assistance mirrored the situation that her clients living in poverty have to deal with on a regular basis when trying to access services for support. I observed Liv's flatness of tone and I wondered if she was expressing the same sort of shame as that of her clients, without her recognising the paradox.

“So that kind of lessens the guilt, for taking money the fact that I'm doing work that the government should support me to do or at least...it's frustrating kind of doing this with little funding.. I believe the work is important, extremely I believe in that, but not everyone thinks that...we are on our own...shocking that people don't understand the need for this work” (Sam: 319-324).

In his account Sam spoke of his struggle as a therapist. He expressed his disbelief and shock at how isolating and overwhelming his work had become. It seems from Sam's account that not only does he feel frustrated towards the government about the lack of resources available to support his work, he perhaps also felt unimportant and devalued as a therapist. Paradoxically, his frustration about the impoverished situation in which he works may help him empathise more strongly with his clients living in poverty. All the participants expressed similar feelings to Sam, while as individuals they developed strategies for coping with the pressures of their profession in diverse and idiosyncratic ways.

Liv said simply:

“I should just run, screaming from the room.” (Liv: 8)

Her words are powerful. She expresses feelings of overload, fear, isolation, wanting to escape, giving a cry for help, needing support and verging on burnout. Liv's use of words like 'run' and 'screaming' express her horror at the difficulties inherent in her role as a therapist working with clients living in poverty and her wish to perhaps escape discussions that may cause her to feel uncomfortable. This extract also suggests Liv's attempt to put across the emotional challenges she too faces in listening to her clients' stories and struggles. During her interview, Liv acknowledged that she had personal

experience of poverty and even though it was of short duration, her voice and manner conveyed what a frightening experience it had been. She therefore had a great deal of empathy for clients who were having to face the distress she herself had felt, for much longer periods of time, and in some cases, for a lifetime.

Pete's comments below may be slightly more measured than Liv's but nonetheless convey how stigma and shame affect his role:

“The whole system needs to be changed to be more humane and reduce the power dynamics between people and services to ease some tension. It's embarrassing and shameful the way people are treated.” (Pete: 579-583).

Pete's voice became lower as he described a system which disempowers people who are already disadvantaged by living in poverty. He acknowledged the tensions and shame inherent in dealing with benefit services. The lowering of his tone gave me the impression that he felt a sense of relief at having expressed his thoughts. Perhaps he also felt he was acting as a witness about government services which are shameful and embarrassing, and this was another way of advocating on behalf of clients who are exposed to dehumanising experiences on a regular basis in their struggle to get support.

Pete's observations were shared by Liv, Jon and Leo. These extracts give a strong sense of the passion participants felt for their work; they seemed to relish the opportunity to use the interviews as a way of voicing their views about a system that needs to be changed. The passion for this research and the fact that all human beings need support when struggling to survive in a hostile and under-resourced world was apparent throughout the interviews.

Rose's extract below expands further on the difficulties that therapists are facing:

“- we're animals and we're cornered And those people in those organizations are cornered. If the benefit people don't follow rules, they won't have a job.” (Rose: 956-959).

Her comments are interesting because it would seem that it is not only therapists working with their clients living with poverty who are trapped in a circular and repetitive system, but so are the people who work in government services who are obliged to follow dehumanising rules in order to keep their jobs.

Overall, this superordinate theme 'Tensions with Social Activism' has highlighted the various processes and tensions that participants experience in their work with clients living in poverty as well as the rewards the work offers to both client and therapist. These tensions evoked a range of powerful and often anxiety-provoking emotions for the participants. When considering metaphors expressed by participants such as 'riding the circle', 'a punch to the chest' and feeling trapped their on-going struggles were powerfully expressed, all the more powerful when one considers that all the participants felt they were isolated, forgotten, undervalued and inadequately trained. Their determination to speak up in an effort to reduce the stigma of poverty was impassioned and clear. All the participants expressed passionate support for advocating on behalf of their clients despite the difficulties involved in trying to access inadequate services. They also voiced a feeling that their efforts were disapproved of by colleagues and services. It is evident from participants' descriptions of their work that the issues raised in this research study warrant further exploration and discussion within the helping professions as a whole.

4.2.3 Superordinate Theme 3: Navigating multiple challenges and barriers.

Superordinate theme 3 focuses on the impact that lacking support, fears of rejection, a sense of disapproval and dealing with the stigma of poverty had on the participants' ability to practice and advocate on behalf of their clients. Most participants expressed anger and frustration at feeling 'forgotten' and expressed a need to gain recognition for the valuable work that they do with clients living in poverty. As explored in superordinate themes 1 and 2, the majority of the participants reported an array of complex feelings and expressed various difficulties but nonetheless found it a rewarding experience in helping their clients manage the social stigma of poverty. This theme explores how participants managed these struggles by adopting various strategies or techniques, which helped them not only to prevent 'burnout' arising but to manage the isolating nature of their work. For example, some participants said that caring for themselves was an important aspect of offering therapy, and this helped them cope with difficulties related to their feelings of helplessness and reduced the danger of burnout.

4.2.3.1 Sub-theme 1: Impact of services and structures on advocacy

This sub-theme reflects the participants' fears for the future and how they are inclined to encounter difficulties in accessing other services upon which they rely in order to help address their clients' numerous needs. Participants also voiced their concerns around the problems that their clients experience with the benefit service and other systems that are supposedly there to help remedy difficulties in the lives of their clients. This, in turn, created difficulties for therapists. Given the participants use of advocacy and therapy as an intervention which both they and their clients considered a lifeline,

they all touched on the difficulties they experienced in supporting their clients in effective ways. They faced unhelpful systemic factors, negative beliefs about their clients, a lack of access to resources and helping their clients with form completion for benefits. Pete describes his initial reaction to the powerlessness his clients feel and his role to support them within the system, and its many hurdles:

“the sort of err lack of motivation to achieve, that seems to come from poverty and feeling trapped is that we are all stuck and if people haven’t got the err... knowledge or the cognitive ability to apply or access support...we have to do what we can to help...offer food vouchers, it’s hard to experience.” (Pete: 418-424).

Pete’s comments reflect how hard it is for his clients to remain motivated, and seemed to be including himself by saying ‘it’s hard to experience’. He indicated that his role as a therapist had become more inclined towards advocacy for clients who were finding it difficult to navigate the benefits system. The poverty trap was intruding into his therapeutic work in ways that clashed with boundary setting and his professional training, as evidenced by his comments ‘we have to do what we can to help’.

It is also evident from the transcripts that all the participants expressed a desire to help their clients learn more about the structures and contextual factors that can serve to trap them. Participants expressed a keen awareness of their own professional dilemmas in working sometimes beyond and above what is usual practice in the therapeutic alliance in a bid to empower their clients to step out of their comfort zone and to understand why they were feeling so distressed. This process will enable them to come out of the darkness and into the light when it’s not just living with poverty and the issues it raises, but also trying to access support that can be so de-motivating. Jon provides an account of how he desires to help regardless of consequences:

“the effect of poverty, my colleagues would agree, it’s like a great big vice, a great big squeezer happening on the psyche, on the internal world... an emotional broken leg, punch to the chest, accident, freight train running over you, which leaves you in the same incapacity, that maybe having physical injuries from a car accident ...the pressures of society, poverty being one, squeezes people out, its demotivating but I’m going to take that seriously ...this need to help.” (Jon: 59–66).

Jon’s metaphors are powerful descriptions of how disabling it is for his clients and how overwhelming their struggle to cope with their lives can be. By likening the severity of the problems facing people who are poor to physical injury and consequent disability, Jon’s empathy and determination to pursue a therapeutic process with people who are seldom heard, not respected enough and cut off from society by their disadvantages is passionate, deeply sympathetic and clear. Sam explained how his service can offer a reasonably prompt support to clients who would suffer additional hardship if they had to wait in a long queue to be supported:

“I don’t know. I mean, I don’t know how accessible IAPT services are for a lot of people. I’ve met a lot of clients who are on very long waiting lists and they just need help. At our charity there is a waiting list, but it’s not that long, it’s probably three months maximum. In our private practice its immediate support.” (Sam 161-165)

Sam’s comments illustrate clearly how being poor has a negative impact for people who are desperately in need of support, and whose lack of financial independence means being on a waiting list while people who can pay have immediate support. Throughout this research study, there is strong evidence of a double-bind operating within the therapeutic field and externally within society. This particular sub-theme ‘Impact of services and structures on advocacy’ illustrates the lack of

understanding and support from society and larger social structures which may lead to a danger for therapists to act as ‘rescuers’ for clients whom society rejects and judges in negative ways. The participants’ awareness of the challenges facing their clients resulted in them having to strike a balance between their professionalism and their compassion as human beings. Cathy conveys her sadness over the stigma and shame facing her clients in her work, even within the therapeutic profession:

“.. but it’s very sad when some of my friends or colleagues who work in IAPT say that they as soon as clients bring the “I’m broke” word “I can’t pay rent or can’t eat”, they don’t have goals and so they are discharged or excluded.” (Cathy: 277-280).

Cathy’s comments reflected one of the profound difficulties for people living in poverty, that telling the truth about their difficult circumstances was interpreted within the field as being too lacking in motivation to be deemed to be worthwhile clients. She shared a sense of outrage at further disadvantaging people who are already suffering from discrimination, alienation and desperation in their everyday lives. Sam’s sympathy and understanding for his clients is clear in this extract:

“So, what I mean is potentially working with ... with the client at the kind of social decisions, legal decisions, policy changes, the stigma around mental health, all of the changes to the health service that are happening at the moment, the client might feel that those things are impacting on them, or see themselves as an isolated individual, but I see them as an individual within a wider society...their suffering is not their fault but they can’t see it and its difficult but I want to start bringing ... changing the system into my work.” (Sam 57-604)

Rose’s comments reflect the many difficulties she encounters in a system that keeps clients who struggle with disability or with reading or writing skills feeling humiliated through elaborate, complicated procedures and rules in order to access benefits or much needed resources for their basic needs. Having to work with distressed

clients in an unhelpful and alienating atmosphere was clearly taking its toll on her personal resources to cope:

“where is the humanity in what the decisions are being made by government about austerity, you don’t earn £50,000 therefore you are of no value. So, we have to look at the whole person, their culture, social and how these so-called policy makers are grinding them down” (Rose: 1113-1117).

“we had fill out a 40-page form to get Council Tax relief “(Rose: 724).

“For me there’s a real sense of hopelessness, there’s a sense when do I retire” (Rose: 831-832).

Rose was not only concerned about the obstacles she was encountering in her work, she was also concerned about her future and expressed anxiety over her current level of poverty and her worry that this state of affairs might persist right through to retirement. The systemic challenges were clearly part and parcel of a poverty trap, and being trapped, experienced by the participants and their clients. This was exacerbated through a decade of austerity measures and having to cope with a high cost of living on a low or sporadic income. It can be seen from Rose’s extracts how difficult it is to navigate and work with clients who are struggling with issues around poverty. And yet, it was clear throughout the interview process, that all the participants had the motivation and passion to challenge agency level systems which were affecting them doing their work. Their enthusiasm for sharing their experiences seemed to reflect a universal need to be heard and for the system to change.

4.2.3.2 Sub-theme 2: Averting Burnout: “I focus on self-care”

This sub-theme refers to how participants rose to the challenge of seeking to integrate their various roles and their experiences into a coherent image of self. It was apparent from the interviews that they were coping with feelings of helplessness and faced a risk of burnout. Self-care was a coping strategy utilised by all the participants when dealing with difficult emotions. Self-care seemed to increase their ability to offer empathy, honesty, flexible boundaries in terms of time and negotiating payment, advocacy, setting manageable goals and using their personal experience of research. Not one participant reported an experience of burnout which was impressive, given the challenges they were facing on a daily basis. All of the participants shared an awareness that, by looking after themselves, they were better able to give to others, take control of their experiences, and actively manage the stress of advocating with limited resources. Kate expressed how self-care reduces burnout:

“I focus on looking for burnout and manage myself...I join a band to relax...” (Kate: 399-400).

Prior to her decision to find better ways to care for herself, Kate had suffered from a lot of turmoil and had struggled to cope with setting boundaries at work:

“I feel isolated because I can't make this right, this feeling stuck...it's certainly a deficit... it needs more than supporting the individual and riding the circle until somehow they may manage to jump out of it” (Kate 459-460).

Furthermore, the soft intonation of her voice and the calmness with which she spoke during the interviews was indicative that she was finding it beneficial to find enjoyable ways to distance herself from the challenges of working with clients living in poverty. In Liv's extract below she describes how she invests time in her own life:

“Counselling is part of enabling you to listen to yourself thinking that you are not worth as much as other people. That's what you can do, to listen to myself.” (Liv: 336-338).

Her change of words from ‘yourself’ to ‘myself’ seemed to indicate Liv’s need to own her own feelings, to value her own worth and not be overwhelmed by feelings of worthlessness as expressed by her clients. Liv was hesitant in the way she spoke, and this made me aware of her internal struggle in needing to take her own needs as seriously as the needs being expressed by her clients. Similarly, Jon and Pete mention hobbies and training as important aspects of self-care in the extracts below:

“I go off on holiday to relax and get back and do the same thing all over again.

It’s exhausting work and I also go to the gym.” (Jon: 387-389)

and

“I’ve got good supervisors and work more systemically with other professionals. I work with only two clients per week so that’s manageable for me.” (Pete: 617-620).

Jon goes away and lets off steam at the gym. Pete describes his need to work closely with ‘professionals’ who will empathise with him and encourage him to share his feelings in a sympathetic environment. Most members of the counselling profession find that integrating this work with others as much as possible is an effective form of self-care in terms of feeling less alone or isolated. Participants felt that self-care was important, regardless of whether they can afford it or not. It was clear from Rose’s comments that this is vital in being able to cope with the challenges of the work:

“I’m really glad but also I feel crap (tearful)... that I have to take a holiday off my sister because we can’t afford it.” (Rose: 945-947).

4.2.3.3: Sub-theme 3: Redefining Professional Identity: identifying with the scientist practitioner-advocacy model

This sub-theme ‘Redefining Professional Identity’ illustrates the limitations associated with offering therapy to clients living in poverty. Participants shared an outlook that to work with this client group is to challenge opportunities in order to develop skills, knowledge and support for their work. Furthermore, some participants felt they were working at odds with the norms and expectations of therapy that do not offer practical support and advocacy, and hence they were having to adjust their role to suit the needs and presentations of their clients. Simultaneously, clients seemed to be redefining their therapists’ role because clients lack the capacity to empower themselves with the result that participants were finding their role an empowering one. Jon articulates his perspective:

“I don’t see destitute people... I see people on low income who work but with difficulty finding the bus fare to attend even though it’s [therapy] free... I’m there to do that piece of work so people are less categorised and more fluid... I don’t feel I need to be paid. I’m okay about not being paid...” (Jon: 206–211).

Jon feels his work with this group of clients is to help them feel more dignified as human beings and he is prepared to sacrifice his own income in doing so. Jon’s determination to help build a sense of value in his clients was the focus and major benefit in terms of his therapeutic intervention. Jon’s empathy with clients who struggle to attend free therapy sessions because bus fares might preclude them from being able to attend, inspired him to work for no income himself. In the extract below,

Liv articulates her personal approach to reaching out:

“As long as I’m earning enough to sort of live fairly comfortably, I’m happy to do give somebody human contact and kindness and humanity and offer that as being a comfort and giving them an opportunity to vent, to offload their anger...” (Liv: 300 – 304).

Liv was aware of her status as a ‘middle-class’ therapist. She chose to make her class known and commented earlier that class has ‘no place’ in therapy. Liv also mentioned being ‘politically correct’ and was determined that no one should be treated differently, even though they may be members of particular groups in society. Liv is clear within her personal identity as a therapist that her listening skills, empathy and human warmth can offer her clients a valuable sense of shared humanity. Cathy’s account echoes the value of reaching out in kindness in the extract below:

“you thought maybe of doing something else that you can build on with this?”
And I’ve had people who have studied psychology and they write to me and say, several years down the line, that, "I finished this." (Cathy 419-423).

During Cathy’s interview the intonation in her voice rose and her enthusiasm for her work was evident. When I reflected on her comments, I was reminded that change is a slow and unpredictable process, especially for people who are struggling to access support to pay their bills and make ends meet. It was evident in the interview process that all the participants felt gratified to see that clients living in poverty could access therapy, that the therapeutic relationship and the work can have an impact not just today but also tomorrow. A sadness was also shared where therapists described not feeling supported in the work that they do with people living in poverty. Nonetheless, what was constantly apparent was the strength of passion expressed by all the participants. Jon’s comments reflect his personal ability to reach out:

“I am also over 65 so I have different sources of income. It feels rewarding...” (Jon: 427-429).

Jon expressed his personal sense of satisfaction at helping clients living in poverty. His age and experience clearly gave him a broader perspective than some of the other participants. Rose also drew on a wider perspective in her motivation for working with people living in poverty:

“ ..this job was not just to be able to feed my children, but to do something I felt was worthwhile, that I had the capacity to do...and a sense of humanity and this is a true sense for me, that humanity’s been lost...” (Rose: 1015-1017).

I observed a sombreness in Rose’s voice and noted a look of shock and disgust on her face during our conversation. I wondered if her motivation for giving back to society may be a practical way to ease her own pain and suffering in dealing with social injustices in her work. Her assertion that humanity has been lost powerfully reflected her personal experience of supporting her clients, and her passion for helping them negotiate a system and a social world that contributes to their distress. Pete’s tone of voice during our conversation was gentle. It was his way of communicating the seriousness, the gravity of the current situation for himself and for others working in the field:

“I would like clinical psychologists and counselling psychologists, and psychotherapists to learn about poverty and the social and political backgrounds of mental illness and psychological dysfunction, especially with a society that is becoming increasingly multicultural, multi-ethnic...unequal and which is getting bigger and bigger and can’t contain in mainstream therapy...” (Pete: 541-550).

Pete's request for understanding was heart-felt. He called for recognition and understanding of a divided and unequal society as well as the multi-layered problems that present him and his clients with significant challenges. Issues around poverty and its resulting hardships, discrimination and shame are compounded by a lack of training, information and access to services, all of which warrant being included on training programmes as a matter of urgency. Pete's observation that poverty has an impact on mental health by widening the divisions in society seemed timely in terms of offering therapy as a mainstream service when multi-cultural and multi-ethnic experiences need inclusion and greater understanding in order to support all members of society.

This sub-theme 'Redefining Professional Identity: identifying with the scientist practitioner-advocacy model' expands on how participants discussed the importance of developing an ability to recognise and understand the multi-layered aspects of an oppressive work environment, the challenges of maintaining their professional identity, their passion for advocating for their clients and having to face up to stigma and social judgements in their work. Sam expresses these difficulties eloquently:

"A couple of clients have got debts as well. I help them see external sources of support and how help can be sought. I haven't given much thought to how I think about therapy you know; I don't know if I'm well prepared for this job, there's no benchmark and nothing to compare with. I don't know, we just seem not to go there very readily and don't really know the way." (Sam: 226-232)

It is clear that clients living with poverty require support with more practical problems in living than is generally recognised within the training currently being offered to counselling psychologists in the United Kingdom. This puts therapists in a difficult situation as professionals, as Sam's comment 'I don't know if I'm well prepared for this job, there's no benchmark and nothing to compare with' illustrates.

This plea for more training and more information has been a recurring theme throughout this research study and the participants felt strongly that participating in the interviews served as a platform for them to speak out for much needed change.

Working for no pay in order to help clients living in poverty to have access to therapeutic help was a common theme, and seems particularly sad that such laudable dedication and humanity towards others should meet with disrespect or silence. Participants reported that they lacked training and support, and there was an overriding and understandable concern about retiring. Whilst wanting a well-earned break from the demands of therapy, participants worried about not having enough money to save and thus retire. Offering low cost therapy or no charges to clients meant that saving for the future was impossible. Feelings of being trapped and stuck were shared by all the participants. However, their commitment and resilience in the struggle to impart their practitioner-advocate model of therapy was a common thread throughout all the interviews. As a whole, all the participants expressed how working with clients living in poverty can be enjoyable even though it had a significant cost on many different personal levels. These costs are wide ranging and include a lack of pension provision, professional support, fear of rejection and disapproval, isolation, experiencing shame and social judgement. Hence, the difficulties in navigating multiple challenges and managing their own well-being as well as that of their clients emphasises not only the need for on-going support and self-care, but also better training in working with people who are struggling against the social stigma of poverty.

4.2.3.4. Summary

It is evident from the interviews and the extracts that this superordinate theme ‘navigating multiple challenges and barriers’ offered a period of reflection for the researcher as well as the participants on the complex systems that they manoeuvre in their desire to support and empower their clients. Furthermore, in talking about their resilience and perseverance the participants revealed some of the strategies they developed to more effectively meet the needs of their clients. It is clear from their narratives that their experiences of a lack of support from others and society left them with feelings that echoed the hopelessness many of their clients in poverty face. Although each participants negotiated a boundary, they also came across as experiencing a conflict between, for example, a desire such as wanting to get paid for the work they do, they help their clients with practical difficulties and maintain boundaries.

One of the aims of this research study is to alert the next generation of recruits who may face similar difficulties to watch out for their own weaknesses, a general lack of understanding and information regarding poverty in order to develop a more solid, robust and practical professional identity when it comes to working with this client group. Although there was a sense of pride in being able to withstand long struggles of entrapment, self-doubt and fears for their future, a shift of perspective in terms of their professional identity was needed to work effectively with their clients. For all the participants working with clients living in poverty their journeys were proving to be challenging, requiring self-sacrifice, were often exhausting, regularly frustrating but ultimately deeply rewarding.

Chapter Five

Discussion

Overview

The discussion summarises the research study and offers responses in relation to the research questions. The clinical implications of these research findings in the framework of therapeutic practice, supervision, and training are discussed followed by suggestions for future research. Limitations of these research findings are also considered in terms of the relationship with the role of language in IPA's philosophy and methodology, the reflexive and interpretative stance required of the researcher, the issue of transferability, and the selected sample of the study. Also included is a section to further consider my reflexive process. For transparency, this will delve more deeply into my reflections about how my experiences of poverty, knowledge and my assumptions about "poverty" potentially shaped the research process. Furthermore, I will explore the dynamics between the participants and myself, which may also have influenced the interview and research process. Finally, the chapter ends with a conclusion about the research study as a whole.

5.1 Findings of the study

The study aimed to explore the experiences of therapists working with clients who self-identify as living in poverty and to shine a light on the deeper meanings that therapists attribute to this experience. IPA methodology (Smith & Osborn, 2008) helped support the research aims and to investigate a substantial gap identified within the literature.

Three superordinate themes and nine sub-themes emerged from the data analysis. The superordinate themes identified were as follows: 1) Resilience in the struggle to engage in therapeutic work with client living in poverty, 2) Tensions with social activism and 3) Navigating multiple challenges and barriers.

The general aim of the research study was to gain an in-depth understanding of therapists' experiences of working with clients who self-identify as living in poverty and how they manage this work. The specific research questions were:

- What are the experiences of therapists who work with clients living in poverty?
- How well prepared are therapists for work with client living in poverty?
- How are obstacles (if any) managed?

5.1.1 Research Question one: What are the experiences of therapists who work with clients living in poverty?

The research findings indicate numerous challenges therapists faced while working with their clients living in poverty, the most difficult being feelings of helplessness and hopelessness. This is in line with previous research (Smith et al, 2013; Borges 2014) that therapists are at risk of feeling helpless, and hopeless in their therapeutic work. In addition, therapists reported feeling hopelessly stuck whilst waiting for support from services as well as feeling unsupported by others in society and their colleagues. Some participants also experienced feeling trapped in poverty with their clients due to a lack of pay. Despite these challenges, therapists remained resilient and positive about their work and their circumstances.

Participants are exposed to significant threat or severe adversity by working with clients with little or no access to funding and severely reduced services for such clients to access in terms of practical support. Nonetheless, they are able to adapt positively to their work regardless of the major obstacles standing in their way in the execution of their work (Luthar, Cicchetti & Becker, 2000). They work flexibly, bouncing back from hopeless and negative feelings or feeling stuck and trapped in doing therapy with their clients. The findings suggest that resilience is an important characteristic which enables therapists to avoid giving up on their clients, given the numerous difficulties that their clients bring with them into therapy.

Resilience enables participants to manage helplessness, sadness and emotional pain in a nourishing way and is likely to ease their pain and sadness that may otherwise considerably impact their general function and support to clients (Green et al. 2014; Skovholt & Trotter-Mathison, 2014). This coping strategy may have an important and significant function as a way of managing painful emotions (Green et al, 2014), prevent burnout and may act as a source of self-care (Skovholt & Trotter-Mathison, 2014). These researchers discovered that more effective practitioners were significantly more resilient when compared to less effective practitioners. Resilience therefore seems to embody the personal qualities that enable participants to thrive when faced with difficulties (Connor & Davidson 2003, p. 76). Feeling helpless and hopelessly stuck in their work, participants manage to push away negative emotions so as to subsequently manage the lack of acknowledgement and support from society and colleagues. Participants described being steadfastly committed to not being overly affected by the circular process of the work and this commitment leads them to overcome hopelessness. Upon further reviewing these findings, I noticed the paradoxical nature

of the work: on the one hand the participants feel helpless but on the other hand, for a majority of participants, they felt privileged to help their clients living in poverty. Bronfenbrenner (1979) offers an understanding of this paradox. His model demonstrates how participants could be influenced by the environment in which they practice at multiple levels, the individual, the micro and the exo systems. According to Bronfenbrenner (1979), the individual character of the therapist and the values they bring to the work will impact a successful outcome. Secondly, the way in which a therapist interacts with clients, is able to adapt their practice and how they navigate any interpersonal challenges (micro) associated with that relationship is important. Thirdly, how the social structures or services impact this work, whether there are oppressive social conditions such as lack of resources, policies or limitations (*exo*) may impact their work which, in turn, leads them to struggle or successfully develop their practice. How therapists navigate all of these aspects of their work will play a part in the degree of success or failure they experience in helping their clients.

Participants remain resilient in the process of adjusting and building their practice, independently and flexibly. It was clear in the interviews that therapists share a deep sense of responsibility for their clients despite often feeling that they lacked power, choice and freedom to act on their client's behalf. Although they expressed often feeling stuck and trapped in the therapeutic work, the strength of their convictions helped to maintain their resilience alongside an awareness of their own biases. Participants used supervision and personal therapy to explore and manage their own biases and to gain a better perspective on how their personal feelings and biases can affect their therapeutic practice. Smith (2009) has considered the how important it is to become aware of our hidden biases around our views of those living in poverty. Smith

(2009) further stressed that being aware of her own attitudes, blind spots, class and stereotyping, it is important that therapists make it a point to become aware of their own views by developing a knowledge of other cultures and groups. Finally, participants noted a lack of training and literature to support their work. As social actors, they used empathy to inform their views and beliefs about poverty, to sympathise with clients who tended to compare themselves adversely with others when feeling isolated, judged and despairing of their impoverished circumstances. They expressed awareness that this could happen to anyone given the right circumstances. However, although empathy is important, therapists felt they lacked skills and competency to deal with such complex presenting problems and Sue (2001) proposes that it is important for therapists to acquire identifiable skills and strategies that are helpful for working with marginalised groups.

I was curious when one of the participants described her work at a school where children stood in different lunch queues. In one group children queued for free school meals and the other was for children whose parents could afford to pay for school meals i.e. a privileged group. The participant recounted that those in the free school meals queue who had 'greyish hand me down uniforms' compared themselves with those in the privileged group most of whom she said were dressed in 'shiny Marks and Spencer shoes'. This participant talked about the shame this scenario embodied for the young children she observed and who felt 'less than' those in the privileged group.

Another participant talked about one of his clients living in poverty who experienced feeling isolated because he could not afford internet access to contact others or money to travel to look for work. This form of poverty (Cribb et al, 2017) is

termed secondary poverty, where those on a low-income struggle to afford necessities because they spend their earnings on food and rent, and then struggle to make ends meet. These individuals are 'living below the poverty line' (Glennerster et al., 2004). This type of poverty can be described as 'relative poverty' as opposed to 'absolute poverty' but they do not enjoy the same standard of life as those in their communities (Cribb et al., 2017). This relative definition of poverty is what participants used to understand and work with their clients who they described as having little chance of enjoying standards that others in their society take for granted (Elliott, 2016).

Even though participants empathised with their clients' relative poverty, in a conventional therapeutic approach they adhered to firm boundaries where specific limits around the kinds of practices that are regarded as appropriate are set. These include negotiating the timing of sessions, exploring resources with their clients, and adhering to regulations and rules within services. Most participants in this study described how boundaries in their work with clients living in poverty were observed. Boundaries such as the length of time clients are seen and for how long were sometimes extended. Furthermore, lateness and missed sessions were modified so that clients are free to cancel without further explanations required. For example, Sam, a white British male, in dealing with absences, felt relaxed to accept that if his client did not attend it would be ok. Sam was one of three psychotherapists recruited from the same service was ready and willing to support his clients, although he felt he had little training for the work. Sam's attitude was impressive considering that poverty and the issues that affect himself and his clients were threatening his job security. His client not attending meant he was paid less and threatened with poverty. I wondered if his laugh expressed his own sense of feeling helpless and stuck in a trap due to his lack of a job

within the NHS. It seemed that Sam's work with clients living in poverty was perhaps a default position for him, having recently lost a position within IAPT in the health service, and yet his kindness towards his clients was clearly evident.

These findings on boundaries support previous literature that stress the importance of maintaining flexible boundaries when working with clients living in poverty (Brown, 2009; Smith, 2000). When studies with women on a low income were conducted, Pugach and Goodman, (2015) reported that therapists were willing to negotiate practical needs which were critical to participants attendance. These practical needs vary from the timings of therapy, where clients could be met and how childcare difficulties could be managed.

5.1.2 Research Question two: How well prepared are therapists for work with client living in poverty?

All participants spoke about the lack of support and training in advocacy work for clients which could vary from writing letters, to completing forms, making phone calls on a client's behalf, persuading agencies and services to reinstate benefits and speaking out against policies that might endanger their clients' wellbeing. They tended to go the extra mile to ensure their client was supported through advocacy which they believed offered their clients a 'lifeline' out of poverty. Given the lack of training, support and literature available, participants agreed that they did not feel very well prepared or supported in their work. Participants described taking matters into their own hands to help their clients. Hence tensions arose whereby participants doubted their skills and abilities and wondered whether they were empowering or disempowering their clients.

Nonetheless, participants learned from each other and through supervision to gain the skills of advocating which they felt helped in their work with clients living in poverty. For example, Pete talked about exploring class differences between clients and others with whom they interacted when he commented: ‘we are fighting to look at the ‘us and them’ statements and to be heard’ (Pete: 99). Pete, a well to do white Psychologist with a good salary, engaged in the work to give back to society and seemed prepared and willing to acknowledge his biases to support those who are less fortunate than himself.

The view of poverty as relative is crucial for engagement because therapists can support and challenge how clients sees themselves within their community, which can invoke feelings of depression, anger, fear, and uncertainty. The use of therapy supports their clients to begin to notice and challenge unhelpful thinking and powerlessness to change their circumstances. Thus, it becomes crucial that participants are trained to develop a better working knowledge of “poverty” and how stigma and internalized oppression can have an emotional and psychological impact on their clients’ well-being (Smith, 2009). Therapists reported signposting clients to other sources of support such as food vouchers. Tensions arose in the therapeutic work when therapists lacked resources to assist their clients to be more empowered and to be able to take control of their lives. Therapists were more likely during these difficult times to help clients make sense of their problems and change the ways in which they were thinking and behaving that were causing them to feel overwhelmed by their difficulties. The theories and techniques participants had learned in their training to offer therapy felt insufficient to deal with and challenge the presenting problems of clients living in poverty and in offering advocacy (Smith, 2009). Most participants felt that trying to push past changing clients’ thoughts have resulted in feelings of powerlessness in relation to the

persistent stress inherent in clients' difficulties and in dealing with unhelpful services. Powerlessness arises as a result of a lack of choice and the inability to make decisions regarding the individual's life (Goodman et al., 2010; Young, 2000).

Participants reported having few opportunities and little control over the way they work (Lachman & Weaver, 1998) leaving them feeling isolated. In their efforts to reach out and address their clients' stressors by utilising benefit assistance, therapists are forced to deal with government rules and regulations as well as prejudice from staff which can place them in a place of shame and uncertainty (Dodson, 1998). For example, Cathy described working with a single parent client who could not afford to pay for her sessions and who could not work due to high childcare costs. The client was coached for free until she eventually went to university and received grants to cover childcare costs. Cathy had felt powerless but stuck with the work. She felt sympathetic toward her client who had felt powerless prior to attending sessions due to her impoverished situation which according to Monroe & Hadjiyannakis (2002) and Sapolsky (2004), can become a mental health problem. It is understandable why participants would want to empower their clients, regardless of how stressful the work can be in dealing with dilemmas and choices, to a point of being willing to go without pay.

The concept of power seems to be ever present in the therapeutic space and class difference between clients living in poverty and therapists requires an awareness of these issues as well as the skill to challenge and address these. These findings are consistent with (Balmforth, 2009; Pugach & Goodman, 2015) study of the experiences of clients living in poverty where it was discovered that therapists were willing to share

power with their clients rather than exert power over them in the therapeutic work. This made an enormous difference in developing a good relationship with clients. It is well known that an unequal power balance between therapist and client can cause disruptions in the relationship. Hence to fully support their clients, participants need to adapt their practice so that power dynamics can be addressed (Abrams, Dornig, & Curran, 2009; Goodman et al., 2007). Participants in this study felt that it was very important to empower their clients. For example, Liv with a middle-class background, who had once experienced poverty was specific about ensuring that her clients were not labelled. Liv felt strongly that since her clients come from a different background from hers, she was happy to learn from them and gave them the power to “put her right” (Liv, 733). Feminist theorists (e.g. Balmforth, 2009; Brown, 1994, 2009) have criticised traditional approaches to therapy that do not acknowledge power within the therapeutic domain and that do not query the role of the therapist as “expert”.

Most participants talked about breaking rules especially in relation to working with client living in poverty. Within IAPT and other NHS therapies, food vouchers are being offered to those who are on benefit and to those who request them. Rules exist as to how to protect these resources, but participants explored how to ensure that people in particular need might receive extra vouchers. Participants not only reimbursed travel expenses but also used their salaries to help their clients buy food and travel. Participants found it difficult making judgements around breaking rules to support their clients especially when they had run out of vouchers to offer their clients. For example, Leo, who works within a refugee service, views his clients not as clients but as members of his family because he ‘understands’ their predicament ‘coming from the same background’ (Leo:85). This perhaps leave Leo stuck in poverty himself as his

comment illustrates: 'we are all stuck in the poverty' (Leo: 391). Almost all participants responded that working with clients in poverty means having to face ethical challenges which they are not prepared or trained for but are willing to undertake. Although it has become common practice for the NHS to offer food vouchers to all clients who request them, not many therapists are aware of this practice; participants still felt this was a taboo subject and outside the usual boundaries.

5.1.3 Research Question Three: How are obstacles (if any) managed?

All psychotherapists who participated in the study experienced obstacles such as accessing services to help their clients with benefits, completing benefit forms and difficulties due to cuts in government services when applying for funding for their services. For example, Leo found that although his service is funded by the government, resources were limited. Leo therefore focused on addressing the poverty-related stressors in the therapy he offered as opposed to the anxiety issues his clients were bringing. Leo's discussion of the challenges he experienced when working with his clients within a context that is under resourced is a phenomenon that Borges (2014) noted in the context of work with clients living in poverty. Borges (2014) found that organizations that support those living in poverty do so without much support and without the basic resources, reporting that this can be likened to reflecting the presenting problems of the very clients they serve.

All the participants struggled with supporting their clients with housing and benefits issues. What was surprising was that not one participant talked about their clients not having food to eat. Perhaps the offer of food vouchers meant there were no

reports of difficulties in obtaining food. Therefore, participants did not report having that dilemma to face. This basic need (Maslow, 1943) is now being met by a majority of NHS services. These obstacles parallel the exo-system level of Bronfenbrenner's (1979, 1986) model of development and offers an understanding of the impact of larger social settings and structures on the individual.

Other obstacles participants experienced are feeling devalued in the process of advocating for their clients and working with the broader social context themselves. For example, Cathy who works as a counselling psychologist described how focusing on the clients' goals, adapting her practice interchangeably with advocacy and therapy and empathising with clients' experience helped with this obstacle. Pugach and Goodman (2015) found that possessing prior experience of poverty and the ability to empathise with clients' experience is a key attribute when working with clients living in poverty. These findings are in line with previous quantitative literature that noted the importance of advocating, focusing on helpful support and the necessities required to address the unique needs of the clients (e.g. Grote et al., 2007; Miranda et al., 2003).

It is also noted that a lack of training and adequate supervision and literature were obstacles experienced by participants in this study. Participants felt they would have benefitted from being trained in modifying their treatment to better address transport and childcare needs as part of the therapy rather than acting solely as a psychotherapist. They felt this would have helped them be more effective as advocates, and to act as case managers and translators as well as to meet other requirements connected with their everyday experiences with their clients. Rose's feelings of helplessness were experienced as an obstacle; she often felt tempted to work outside

the norms of the client-therapist relationship in order to offer her clients something more than advocacy and psychological help. Despite the challenges that were encountered on a regular basis, participants found flashes of hope in setting manageable goals and seeing clients progress, albeit slowly. In experiencing these small steps forward, participants were able to find renewed strength in their work and to gain a measure of relief from the frustrations they were facing. Rose was not only concerned about the obstacles she was encountering in her work, she was also concerned about her future and expressed anxiety over her current level of poverty and her worry that this state of affairs might persist right through to retirement.

When applying IPA's methodology to keep reviewing the data at a deeper level of analysis, I reflected whether Rose, a Transactional Analyst (TA) and a counsellor, may be engaging in working with issues around poverty as 'just a job and a means to an end' - as a survival strategy. I wondered if IAPT and its emphasis on Cognitive Behavioural Therapy, an approach with an agenda that encourages people back into work, raised personal issues for her about having a well-paid full-time job. Hence, I was concerned that Rose could be embarking on working with clients living in poverty to survive rather than as a passion. It is possible that both Rose and Sam, who worked in the same service, shared a sort of parallel process by wishing the government could provide them with secure jobs and henceforth to safeguard their future into retirement. Specifically, Rose's experience may be an example of where the critical feminist model and Bronfenbrenner's (1979) model meet, where her experience as a mother and the sole provider for her family, is working in a service for clients living in poverty in order to make a living. Another participant Jon also worked in the same service. He was a relatively well-off retired white male with a different perspective as a result. Jon

was not overwhelmed with not charging or earning an income from his work with clients living in poverty and expressed his pleasure at being able to give back to his community.

Most participants reported that the lack of resources and the challenges associated with unhelpful procedures within agencies and social structures were obstacles. Kate talked about gentrification in the areas where she works and how her working clients were found it a struggle to pay rent and childcare. Rose talked about how benefit systems and social structures make it difficult to escape living in poverty, leaving clients depending on the same systems for support. (Smith et al.'s, 2013) study showed that when therapists are presented with personal and institutional barriers in their work with clients living in poverty, they can experience frustration and burnout. In response all the participants in this research study engaged in self-care. Self-care has been shown to buffer the chronic and cumulative effects of work with clients living in poverty (Wadsworth, 2011) and helped them develop calming and rejuvenating strategies in coaching their clients and helping them with their benefit claims (Smith (2009). These findings contradict traditional theories and perspectives which have found that working with clients living in poverty can lead to feelings of helplessness and burnout (Smith et al., 2013). All the participants reported going through challenging times and welcomed an opportunity to share their difficulties, thoughts and feelings by agreeing to take part in this research study.

These findings overall support the argument that traditional NHS treatment may not be suitable for clients living in poverty (Mallinckrodt, Miles, & Levy, 2015) because, as evidenced by participant narratives, advocacy proved, in many instances, to

be as effective for clients living in poverty as receiving mainstream therapeutic support. Hence participants considered that taking into account the socio-cultural environment whilst offering therapy led them to redefine their professional identity by “creating one’s path, not in following a path” (van Manen, 2006, p. 720) and needing to be innovative in their efforts to support their clients. By flexibly incorporating the scientist practitioner and advocacy models, participants were able to navigate multiple stressors in their therapeutic practice. In doing so they demonstrated resilience, flexible ways of working, an awareness of their own biases and adopted a focus on self-care so as to avoid the effects of burnout.

5.2: Research Decisions

Efforts were made in the construction of this study to take account of a need for rigor and to be as transparent as possible during the research process. This was done through incorporating an audit trail and reflexive sections in which I considered my own background (previously described in the methodology chapter), and includes the decisions I made as I wrote about and explored my difficulty in making ethical decisions and navigating dilemmas. The audit trail involved documentary evidence of the steps that I took during the research process and of the findings I reached. It involved documentation describing how the data was collected and analysed in a transparent manner. It contained a table of the coding process and descriptions of how I worked from initial codes to elicit the subordinate themes including my rationale for the superordinate themes. This process is important in IPA methodology since the researcher is required to take on an interpretative role (Brocki & Wearden, 2006). The audit trail enables readers to follow my line of thinking, and thus my interpretations and findings. Both researcher and supervisor had access to this audit trail. We explored

what using qualitative methods entails, reflexively considering the researcher's impact upon the data as being particularly relevant to IPA because there is no right or wrong, just variations of subjective experience (Smith & Osborn, 2015).

5.3: Ethical considerations

I was encouraged by Yardley's (2000) argument that "our knowledge and experience of the world cannot consist of an objective appraisal of some external reality but is profoundly shaped by our subjective and cultural perspectives, and by our conversations and activities" (p. 217). By applying Yardley's (2000) four principles for assessing the quality of qualitative research, as well as the use of participant quotations as a reliable way to explore their meanings, the approach used strengthens the credibility of the findings. Furthermore, the potential usefulness of checking the researcher's understanding of participants' narratives to ensure that their views have been accurately transcribed is stressed (Yardley, 2008; Elliott, Fisher, & Rennie, 1999). Six out of eight participants responded to calls to check their narratives.

This valuing of interpretation (Willig, 2013) raised the issue of power because we each impact and touch upon the other. To work with this, each participant's verification of the data was "worked into the final product" (Colaizzi, 1978, p. 62). Hammersley (1992) says participant verification risks invalidating research; however, this study asked participants to go into as much detail as possible in describing their work with poverty, and not checking my interpretations risked paralleling the very issues of power and marginalisation that have been discussed above. Some researchers deem participant validation unreliable because participants are considered to return to their natural attitude (Giorgi, 2008). However, for this study, bypassing participant

verification would have paralleled issues around silence, power, marginalisation and isolation. This I considered would be unethical.

From the critical realist perspective of this study, my interpretations of the participants' meaning-making process were intended to reflect their truth; which I epistemologically recognise may be one of many truths. I applied member checking to ensure that I managed, or at least understood, and thus could reflexively incorporate or own, my worldview.

5.4: Unique and distinctive contribution

Conducting a study such as this requires the researcher to be sensitive to the issues that affect individuals living in poverty and those who support them. My experience is in both these areas having worked within an IAPT service and also having personally experienced poverty. My contacts with professionals within the NHS, private sectors and charity services was helpful as it allowed the recruitment of participants to be relatively straightforward. The findings provided an in-depth insight into the experiences of therapists working with clients living in poverty and an interpretative, hermeneutic analysis of participants' experiences enabled broader, deeper and multi-layered narratives to emerge. These explorations into the unique individual experiences of therapists working with their clients living in poverty addresses a gap in the literature. Some of the findings from this study substantiate some of the findings from previous studies, such as therapists' feelings of helplessness and the need for collaboration with professionals. What was surprising was an absence of burnout from which therapists working with this phenomenon have been widely reported to suffer.

As a researcher and fellow counsellor, I found their levels of resilience and their passion for the work not only impressive but also inspirational.

5.5: Limitations and strengths of the research study

As with any methodology, phenomenology comes with limitations. The use of IPA in analysing the data emphasises the exploration of the participants inner experiences. The strength of the work was found in the analysis, which was based on a phenomenological epistemological framework, suitable for a research study which focused on exploring the experiences of therapists working with clients living in poverty to gain a deeper awareness and understanding of the challenges involved. A qualitative method of analysing the data allowed a multi-layered discourse to emerge. This suited the study's aims which were to elicit an in-depth analysis of a small number of participants rather than test a pre-set hypothesis using a large number of participants (Smith, 2008). Although the sample size is a strength, it is also a limitation because, in terms of my subjective interpretations and IPA's ideographic emphasis/commitments, the findings may not be adequately generalised. However, extracting meaning within personal narratives is of key importance within the field of counselling psychology where therapists strive to provide adequate support for their clients' concerns and presenting problems (Rennie, 2007). Understanding the experiences of therapists working with clients living in poverty was a strength of this study, while a limitation exists in terms of it being a relative rarity within the field of mental health services in general. As this topic is new a qualitative approach worked well in exploring under-researched areas (Baker et al., 2002) and also in addressing the research questions which elicited numerous findings which serve to contribute to the field. The researcher's personal experience with the topics of poverty and therapy as well as a

heart-felt curiosity about the issues that therapists may experience formulated questions designed to encourage openness, honesty and support for the participants in sharing their experiences of difficult and challenging work. The researcher was also in a position to ensure that care was taken to limit any distress that arose for participants during the interview process.

In terms of divergence and convergence in the data, there were similarities in themes derived from the majority of the participants' narratives and lived experiences. This makes it possible for a certain level of what Smith, Flowers, and Larkin (2009) called "theoretical generalisability" to take place (p.4). While this smaller sample size allowed for a richer and deeper analysis, it unavoidably raises questions about representativeness and transferability of the findings which can give rise to difficulties in publishing IPA studies (Charlick, Pincombe, McKellar & Fielder, 2016). However, a larger sample size may not easily lend itself to such a detailed analysis or enable a systemic, thorough analysis of participants' experiences.

Another limitation was the fact that the request for participants was initially advertised via social networks and this raised a concern about having too many respondents. I had noticed a trend for researchers to use social media to recruit (BPS, 2014), and saw many advantages to this. The benefits and drawbacks of this trend remains within the scope of the BPS (2018) code of human research ethics because of the refinements that I was able to put in place during and after the recruitment process was completed. I advertised through word of mouth and through Linked-in, a social media site where I received calls from five people who work in charitable organisations and within the NHS as clinical and counselling practitioners, and who see clients in

their private practice as well. Questions were answered prior to the recruiting stage. Although I sought supervision during this pre-participation stage of the process, when questions were asked, I may have been biased during the recruitment process, and thus recruited participants for more personal reasons than I was aware of at the time. I received six calls from a single private psychotherapy group and selected the first three respondents because they used different modalities. I did this to ensure that I reduced personally influencing the recruitment process.

A further limitation is participant bias. The way the participants were recruited may have an unknown influence upon the findings. The influence may be on at least three levels; the participants, from me or an interaction between these. Having three participants from one service has the potential to introduce a bias in terms of their belonging to a private social media group (Braun & Clarke, 2014). It is possible that the three members of the same service may have a cultural membership, with shared values, interests and assumptions that make up being a member of the group. This may have an unknown influence on the findings such that they may be sensitive in shared ways to clients living in poverty.

As I mentioned in data collection section, some of the participants may have participated because they opposed the 'status quo' of mainstream therapy when working with issues of poverty. This could have influenced the findings. The limitations regarding the recruitment process and the impact of this upon the findings does not invalidate the study or weaken it, because through reflexivity, I was able to position the findings within the context and limitations of the design. Commitment and rigor were demonstrated in that I was fully engaged with the study and was determined

to tackle issues relating to the quality of the research. Consequently, I used great care and attention in the design of the study and chose IPA because it provided the most appropriate methodology to access ideographic data and this enabled me to explore the research questions in a great deal of depth and detail.

Although the interview questions were sent out in advance of the interview for transparency purposes, this may have influenced the process and allowed particular facets of the interview to become more prominent and may have induced socially desirable responses. IPA research allows for flexibility in the interview process. My responses to individual comments that were of particular interest to the participant or my research question could have influenced the interview process. However, while in quantitative research or some qualitative research this is seen as weakness, working with a commitment to an idiographic research process is a strength of IPA.

IPA's reliance on language as the vehicle through which participants create meaning of their lived experiences means that participants are required to be capable of expressing and communicating the rich quality of their experience. This is an issue that has been raised in IPA. Hence Willig (2008), argues that certain individuals may find it difficult to accurately express their feelings and thoughts using language. In addition, the difficulty of teasing apart therapists' experiences and clients' experiences from the data presented itself as a study limitation when considering participants' narratives in the absence of clients' narratives about their experiences. However, the aim of this research study was primarily to engage in open-ended interviews with therapists because there is an evident gap in the literature as well as in training manuals in terms of working with issues associated with poverty. The overall aim of this study is to

further the gathering of information so that therapists are better supported in doing this important work with marginalised members of society.

5.6: The issue of Power

In terms of the meanings that were found in this study, questions can arise as to who owns the meanings of the findings, so that any disproportion in power dynamics must be examined (Kvale & Brinkmann, 2009). Participants were informed on my position both as a researcher as well as a therapist. They were also informed that the findings of this study may be published or used in other research. Consequently, my part in the interpretation and co-construction of the findings was carefully explained and the participants' authority over their narrative acknowledged. This was further addressed by inviting the participants to read the narratives that were ascribed to them in this research.

The balancing of power within the relationship between myself as a researcher and the participants may have influenced the study negatively. Some participants may have had difficulties openly and fully disclosing their actual experiences. Participants and therapists who have learned not to self-disclose may have found it difficult to balance the need to disclose versus the need to retain their identity as therapists. Furthermore, as participants fear being judged by others, they may have withheld information that may leave them open to judgement by myself or by those who read about their experiences. Further still, some participants may not wish to say how they are actually feeling because they wish to continue to work with this client group given this is their only means of survival as therapists, and may have feared not necessarily fitting into the IAPT CBT role. Nevertheless, what is presented in this study is an

accurate record of participants thoughts and feelings as they were presented to the researcher. Although IPA examines perceptions, these accounts may not reflect accurate encounters. This is because a study that utilises IPA analysis is subjective and as a result, caution should be exercised in claiming that the findings represent the truth (Smith et al., 2009). Nonetheless, this study assumes that the experiences captured are typical of therapists working with clients living in poverty to a certain extent. Another group of therapists may present different interpretations of how they experience their clients, and this would require further study.

5.7: Implications

This study offers findings that acknowledges the needs, feelings and experiences therapists face in their work with clients living in poverty. These experiences have shed further light on the process of therapy and practice that may guide those who would wish to undertake such roles. Currently, guidelines exist within the British Association of Social Workers. This is outlined in the ‘Professional Capabilities Framework’ (2018) guidelines for social workers working with clients living in poverty. The guidelines give information for social work interventions with people living in poverty. The framework proposes that this work should start from the assumption that clients have socio-economic rights. The guide acknowledges the stigma attached to poverty and proposes that work focuses on acknowledging people’s everyday reality which may be frustrating for them because they are not able to plan for the future. The guide emphasises that workers must be confident in talking about poverty, must possess an understanding of welfare benefits and be knowledgeable about organisations that provide support. The guidelines also explore the role of supervision in supporting workers to have conversations with people living in poverty about how the family is

affected by a lack of income. The guide also explores assessing and planning care to empower people to obtain benefits and support to which they are legally entitled. Furthermore, the guide supports workers to challenge socio-economic political issues that affect people's rights; to evidence how poverty contributes to harming the rights of people to access jobs or healthcare plans and how poverty is compounding physical or emotional impairments.

Lastly, the guide proposes advocating on people's behalf to ensure families are assisted with access to benefits, recovering wages that are owed and other payments that have not been made to them. Advocating serves to support people in increasing their income, and also to ensure that families do not wrongly pay for services to which they are entitled, such as having access to care homes or other family support benefits. The guide advocates prioritising the safeguarding of clients through the identification of critical issues in clients lives and the impact that being stigmatised for being poor can have on mental health and self-esteem. The guidelines advocate for the training of practitioners to develop the knowledge and skills that are required, and to support and supervise staff working to alleviate enduring socioeconomic hardship. The guide supports social justice through advocating and also for workers to understand the emotional and ethical demands placed upon them in the fight to limit the consequences of living in poverty.

Although social justice is covered within the Doctorate in Counselling Psychology training and supervision curriculum, applying this learning and theory into therapeutic practice on placement can be more complicated for trainees. Each service user is an individual and dealing with service users living in poverty may not have been

dealt with in much detail in training. Also, many services have been set up in ways that may offer manualised psychological treatments. The research findings highlight how issues associated with living in poverty may require psychologists to use additional skills or at least be familiar with resources and places to which they can be referred. They also need to feel comfortable exploring this area of a service user's world. As the literature review indicates, at least four million children are included amongst the UK's 14 million individuals living in poverty, the world's fifth largest economy (ONS, 2018). In view of the well-documented physical and psychological effects poverty has on mental and emotional wellbeing, training and supervision could encourage an understanding of how to act to change social institutions, government and economic systems, and government structures that perpetuate unfair practices. Interestingly, the topic of the British Psychological Society (BPS) annual conference (2019) was on the psychological effects of inequalities and features an increased focus on public policy and impact.

The BPS are also currently discussing making poverty and inequality its policy priority for 2020. This policy will outline support for the mental health and wellbeing of children and young people and will formulate plans to understand the impacts of cultural and social systems on child development. Policies could inform how to access services and resources, encourage self-determination and focus on human rights and opportunities for increased well-being (Fouad et al., 2006). The BPS is committed to support and empower those who want to become involved in working to reduce the effects of poverty and to share and make available any knowledge that works in reducing the psychological effects of poverty on individuals. Critical and community psychology also uses social justice theories to challenge and review existing theories

and practices in psychology. They focus not only on the individual but also include the context within which the individual finds themselves and this is in line with the BPS mission to promote excellence (BPS, 2017).

As participants in this study engage in social justice advocacy, a major strategy in their experience seemed to be the focus on self-care to reduce the effects of helplessness and burnout. The implications here is that by sharing information with social workers and community psychologists, gaining a better understanding of the relationship between burnout and helplessness could facilitate effective communication which might, in turn, help with maximising or minimising the number of people who decide to engage in this work. If therapists are aware of the obstacles and benefits of working with clients living in poverty they will be better prepared to care for themselves as well as their clients. Advocacy and therapy have been deemed useful in therapists' work with clients living in poverty. Therefore, it would be useful for therapists to understand how to actively work to transform social establishments, political and economic systems, and government organisations that continue to permit unfair practices. It would be useful to understand how to explore cultural and social factors when therapists do their formulations to account for the effects of society on the individual. This wider approach would ultimately help develop policies on how to access services, resources, encourage self-determination, focus on human rights and opportunities for change (Fouad et al., 2006).

Consequently, the following recommendations are made as a result of the findings of this current study. The provision of support for therapists working with clients living in poverty. Support needs will vary because their clients will attend

presenting with various levels of needs; practically as well as therapeutically. Professionals, agency workers as well as policy makers should be aware of the variety of different feelings and challenges that therapists working with clients living in poverty may be struggling with when advocating on their client's behalf. Therapists working with clients living in poverty may experience stigma, helplessness, uncertainty, self-doubt, shame and anxiety. They may also experience pride, passion and optimism. Supervisors and professional organisations should be aware of the difficulty and uncertainty that therapists working with clients living in poverty face in supporting their clients on a daily basis. The stigma and shame attached to being poor may prevent clients themselves applying for benefits and therefore bring additional work for their therapists who then need to discuss benefits with service users, and feed this on to service providers. Therapists may need information on the support available to access these benefits and other practical support for their clients, or know about agencies to whom they can signpost these service users. The current study revealed a lack of support from agencies and services and especially also from colleagues for the therapists. Subsequently, this had a negative impact on therapists' morale.

The stigma and effects of associating with poverty can cause stress, depression, worry, which may impact negatively and psychologically on therapists and their clients. From the findings of this study, therapists worried about not being respected and valued and that working with this group could cause segregation for them and others within the discipline. Particularly, therapists working to reduce their clients' vulnerability to discrimination, inequality and labelling due to the lack of money may cause them to feel isolated, stuck and not feeling that they fit in to the norms of society. The findings from this study also suggest that some therapists worry about how they

will cope financially when they finally retire from the work due to the lack of pension provision and recognition for their work with clients living in poverty. Supervisors and professional organisations should be sensitive and responsive to the therapists' difficulties and provide appropriate support.

Acknowledging that support for therapists will be limited is important considering that their clients living in poverty are a socially disadvantaged group. Consequently, any support offered needs to be considered within a therapeutic as well as social perspective (Vera & Speight, 2003) so that therapists are able to address their clients' context and disadvantage as part of their job responsibility and role. This means that practitioners may provide advocacy to support their clients with seeking employment, explore educational prospects with them, help them to complete benefits forms, gain access to housing, community services and leisure activities. These may include referrals to other services to further support their client's presenting problems.

Other professionals and the government should be aware of the powerlessness experienced by therapists and their clients, how clients may find dealing with services intimidating which therapists are trying to address. Participants of this study reported difficulties when interacting with other professionals and specifically when requesting practical support for their clients. Accordingly, these barriers that therapists themselves experience lead them to be resilient and to seek help for their vulnerable clients. It is important that therapists working with clients living in poverty partake in research which can offer them a voice on how services that impact them and their clients can be shaped. This is what this current study aimed to undertake.

Counselling Psychology can participate by offering psychological as well as social justice interventions to those who present in therapy with practical needs. Fox and Prilleltensky (1996) have noted that psychology reflects the way dominant society is organised, and that advocacy practice by individuals or groups plays an important role in changes within psychological theory. These authors stress the need to recognise and incorporate diversity into psychology theory and practice. For example, feminism is a progressive movement which addresses social justice issues, works with Black and Asian Ethnic Minority (BAME) groups, acknowledges and works with Black female experiences, explores the role of social justice and clinical practice in relation to lesbian, gay, bisexual and transgender (LBGT) groups and other frequently marginalised groups, for all of whom action and discussion is very much needed. Policy may incorporate how the application of social justice perspectives can change theory and practice, how this will happen and how it will be valued within the profession. Policy could explore how any changes to practice will make a difference at institutional levels such as within the BPS and at leadership and individual levels. For example, a leadership level can explore the rights of people in areas such as, 'race, culture and diversity (Ade-Serrano et al., 2017) and can embrace diversity and prevent the judgement of others' cultures (Fernando, 2006).

Psychological as well as social justice interventions include therapists who practise from a scientist practitioner-advocate model as exemplified by the participants in this study. A scientist-practitioner-advocate approach (Mallinckrodt, Miles, & Levy, 2015) seems to support meeting the needs of clients living in poverty whose presenting problems are engrained within a sociocultural environment wherein they may be oppressed, lack resources and opportunities that would enable them to help themselves

out of poverty. This approach includes social justice advocacy, as it addresses the social contexts linked to clients' distress.

5.8: Reflections on my developing identity: Personal reflexivity and epistemological reflexivity

Throughout my professional training and personal development, I have negotiated and managed many difficulties: evolving ethical issues and evaluating the strengths and weaknesses of the methodology, epistemology as well as addressing my reflexive concerns. This level of awareness has enabled me to offer my reflexive thoughts throughout the research process. As Heidegger (1962) astutely noted, we are all 'thrown' (born) into a narrow cultural and temporal space. Thus, my reading of the literature around poverty, mental health and therapy have taken place and have been shaped by my African heritage combined with living in the United Kingdom, an intersectionality whereby I noticed and wrote in my research diary about how my development was affected by everything – my past and my present circumstances in my surrounding environment. Within the framework of IPA, my personal philosophy and as a qualitative researcher, this learning helped me to be sensitive to my participants' development and an awareness they each and every one of us is affected by mechanisms and relationships in their surrounding environment. This extended to my hearing the points of tension in the world of the participants as a variation of the hermeneutic circle. Curiously, as I reflect on these points and tensions, I realise that as I have shaped the research, so the research has shaped me.

The importance of embedding reflexivity into qualitative research has been discussed in the methodology chapter, which was originally written in anticipation of

interviewing the participants. However, it feels important to revisit and engage with this process again, and with the benefit of hindsight gained from my involvement in the research process. As a complete novice to conducting qualitative research, there were times early in the interviewing process that I felt my personal experiences about the subject of poverty, and my status as a trainee counselling psychologist, both enhanced and clouded my ability to engage fully with the multitude of experiences that the participants had to offer during the interviews. Specifically, I felt my own experiences of poverty, and the discipline's tendency to detach from this phenomenon, left me feeling helpless, hopeless, with thoughts like "I'm doing something wrong", and feeling isolated by my own professional colleagues when I expressed my opinions.

This insider's perspective perhaps influenced the way I spoke to and approached the participants in the interviews, which tended to be from an empathic and compassionate stance. I recognised that this particular stance helped to facilitate the development of rapport and trust, so the participants experienced a safe environment to talk about their emotionally challenging experiences and personal opinions without judgement. However, I was also aware that this stance perhaps limited me at times from questioning the participants further or expanding upon their difficult experiences.

Upon reflection, I felt there was a level of shared assumptions and familiarity that emerged between both the participants and myself. For instance, during the interview process, my awareness of how much I related to the participants' experiences of poverty as being a challenging one grew. I found myself implicitly acknowledging these experiences rather than expanding upon the subject or questioning why they thought poverty was a challenging experience. I acknowledged how this challenge

affected how they worked with clients living in poverty, and my knowledge of what the positives and negatives of poverty as a challenging and demanding experience expanded as our conversations developed.

Additionally, I wondered whether the dynamics of mutual recognition that surfaced between the participants and me also limited my ability to ask more difficult or different questions, which could have led to new unexplored areas where new meanings could have emerged. This particular issue invoked many reflexive questions for me, such as how do participants socially construct and perceive my experience of poverty alongside studying counselling psychology - a seemingly middle-class discipline – as well as being the interviewer? In what way, if any, does the assumed power relating to my professional identity affect the process of the interview? What are the power differentials between the participants and me? I reflected upon whether my professional identity and my position as the researcher perhaps put me in a more understanding position when compared to the participants, which consequently made them more forthcoming and open with their feelings. These feelings were subtly hinted at throughout the whole process of recruitment, interviewing, and debriefing of the participants. Thus, when considering the participants' eagerness to discuss their experiences they had had in general and with regard to poverty, it is likely that the social, institutional, and interactional power differentials played a role in the interviews (Gunaratnam, 2003).

One of my struggles in completing this research study was the process of taking on the interpretative role that is required in IPA. Smith, Flowers and Larkin (2009) highlighted that the process of analysis within the IPA framework involves both trying

to understand the participant's views and lived experiences as well as "analysing, illuminating, and making sense of something" (p. 36). The constant movement between these two stances felt at times uncomfortable as I imposed my own interpretations (based on my own assumptions, background, and experience) onto the data and, at times, it felt as if I was tarnishing their words, stories, thoughts and experiences. My feelings of discomfort were exacerbated as I experienced a personal responsibility towards the participants to capture and honour their voices and their experiences as fully as possible. This sometimes made it difficult to confidently use my own interpretations of the participants' experiences or, in more theoretical terms, to fully engage in double hermeneutics where "the participants are trying to make sense of their world; the researcher is trying to make sense of the participants trying to make sense of their world" (Smith & Osborn, 2007, p. 53). However, discussions with supervisors and research peers encouraged me to be more confident in my own interpretations, which only aimed to add an insight or cast a curious gaze upon the lived experiences of the participants within this complex topic.

5.9: Suggestions for future research

With regard to developing future research in this subject area, it would be useful to replicate this study using clients or counselling psychologists as participants since there is limited research concerning this group. It would be worth considering variations from the clients' perspective and how issues such as power, status, levels of empowerment and social class affect the therapeutic relationship. These differences could affect the homogeneity of the sample. Additionally, demographic factors, therapeutic approaches, and the types of therapeutic training in the case of therapists, should also be included as they could have a bearing on how some participants

experience, cope, and manage difficulties in terms of the support they are offered and the degree of self-care that is possible.

Another interesting approach would be to conduct a qualitative study to explore class and psychotherapy; to uncover how topics of class seep into the therapy process between the therapist and the client and how these social class differences are managed. Future research could also explore how therapists overcome the barriers of working with this group. Due to the limited number of studies on poverty, British-based research is needed to ascertain the usefulness of engaging clients living in poverty in therapy and the implications of deciding whether to engage in such issues or not. The implications of this for the therapeutic relationship could be a potentially useful learning aspect for future counselling trainees who are likely to work with clients living in poverty.

One of the most interesting themes to have emerged in the present study was how, although therapists felt stuck and helpless and experienced a lack of resources, their passion for the work emerged. Future research into how counselling psychologists utilise their multiple identities as researchers, practitioners, academics, social activists, policy influencers could be useful. This is because counselling psychologists centres on humanistic values and focuses on theories and interventions that promote development, enhance psychological well-being, and prevent psychopathology. This philosophy is grounded on person centred views with a focus on developing wellness and promoting empowerment. This position has resulted in an identity that acknowledges the therapeutic relationship as key in therapeutic practice and emphasises developing strengths and well-being. This position seeks to empower those

experiencing major life transitions in order to alleviate distress. This approach also acknowledges the importance of socio-cultural, political, and developmental contexts, embraces and values diversity, multiculturalism and social justice issues that impact the lives of individuals (Tribe & Bell, 2018). This philosophy is also shared with other branches of psychology such as developmental, social, critical, community, clinical, and health psychology. This could offer a new perspective on how distress can be a focus of therapy rather than specific disorders, which places the problem within clients rather than perceiving their response/s as a coping mechanism for having to deal with circumstances that are imposed externally, and over which a client may have little control.

5.10: Relevance of the findings to Counselling Psychology

Investigating therapists' experiences about their therapeutic work with clients living in poverty is an area that deserves exploration because it is vital for professionals, policy makers and service providers to understand and be mindful of the views and feelings of this group. Since the literature on therapists' idiosyncratic experiences on their work with those living in poverty has been limited, it is hoped that this study will offer much needed insight into experiences of those working with this particular group.

Additionally, the NHS has now begun to offer food vouchers, which seems to mean that the NHS is beginning to acknowledge the strong relationship between deprivation and lower client recovery rate from mental health difficulties. The findings of this study evidence the difficulties that therapists experience as they offer therapy to clients living in poverty.

By conjoined working with others in the domain of psychology such as community or critical psychology, insight can be offered into buffering helplessness and isolation. Significant understanding could be cultivated, and in so doing facilitate communication and encourage or reduce the number of people who decide to engage in this work because they are aware of the obstacles and benefits of working with clients living in poverty. These findings could be disseminated to interested professionals to incorporate into their roles, whereby they are able to advocate on behalf of their clients and to communicate theirs and their client's needs so that they feel included, supported and heard.

6: Conclusion

The results of this research study have captured the complexity and richness of the experiences of therapists working with clients living in poverty. The research has also demonstrated how some of the participants communicated feelings of hopelessness, shame, anger and distress in the discussion of their experiences with client work, when engaging with institutions and services to support the therapeutic relationship. They have expressed dissatisfaction with how poverty is viewed in their professional relationships with colleagues.

Many themes related to therapy, poverty and the issue of difference were explored, such as the complex social rules that hide the discussion of poverty, that make it challenging to engage in the work, the difficult emotions associated with poverty and feelings related to class and inferiority, stigma and discrimination. Additionally, the participants revealed how they used various tools and strategies to enhance and promote their work so as to minimise differences and to maximise

similarities between their clients and themselves. It was thought that the participants used such strategies to reduce the potential for hopelessness, discrimination, and conflicts, to maintain their role as the therapist, and to facilitate therapeutic engagement by increasing their sense of familiarity with policies and agencies, and to empower their clients.

All participants noted the value and importance of personal and professional development, which included becoming more comfortable with one's own power, identity, through reflecting on class and on self, and taking into consideration the societal impact on those affected by poverty. Cases of divergence also appeared where some participants voiced how their therapy does not include taking action or working outside the room, but which nonetheless facilitated therapy. Nevertheless, their passion for taking action such as advocating on behalf of their clients (Nelson & Prilleltensky, 2010) was also considered together with the range of possible advantages that advocating may have for the participants in trying to help their clients move from the 'stuckness' they were experiencing in the bottleneck of poverty. All participants considered it important to be involved in social action and transformative change and acknowledged that people and social processes cannot be understood apart from their context (Kagan et al, 2011). Their desire to transform the world is apparent and their willingness to scrutinise their motives and intentions is admirable.

The above research findings highlight the importance of practitioners engaging with what poverty means to them, how working outside the room felt for them and how this can influence their professional work and relationships in advocating for their clients. Furthermore, the research findings suggest a need for counselling training

establishments and supervision to create and encourage a safe forum where issues and experiences of poverty, classism, differences, and oppression can be discussed by counselling trainees and supervisees. Finally, the limitations of the research study, areas for future research, and my own personal reflexivity have also been explored and fully discussed. It takes courage to talk about poverty because of the shame that surrounds it. The reality of poverty and the hardships it inflicts needs to be acknowledged as a key contributor to the experience of mental distress. Whether one is a client or a therapist dealing with this challenging topic, I hope this work will empower more voices to call for social justice and much needed change at the Macro level.

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Appendix A: Guidelines for IPA (Smith et al., 2009)

I read the transcript a number of times, using one side of the margin to note down information, thoughts, remarks, metaphors anything that strikes me as interesting or significant about what the respondent said. Some of my comments attempted to summarise, string associations and connects with my preliminary interpretations, memories and thoughts and knowledge that comes to mind.

2. I used the other margin to document emerging theme titles, using key words and images to capture the essential quality of what I was discovering in the text.

3. On a separate sheet, I listed the emerging themes and looked for connections between them. I began to notice that some of them cluster together, and that some were beginning to make sense as dominant concepts I noticed also that there were those that stand out on their own and very strong which Smith (2009) talked about as ‘gems’.

These gems for me acted as a magnet and drew me towards them and seemed to explain what the interview is about and what other participants are talking about. I discovered during the analysis process that I noticed a few new superordinate themes that helped to pull together a number of initial categories I had identified. As new clustering of themes emerged, I checked back to the transcript to make sure the connections also work for what the person actually said in the original transcript interview. This form of analysis involves a close interaction between myself and the text as a struggled to understand what the participant was saying but as part of the process, drawing on my own interpretative resources. As I struggled to create some order from the large grouping and arrangement of the concepts and ideas I had extracted from the participant’s responses, I asked myself the reason for choosing eight participants as opposed to say three or six, then I recalled my supervisor saying that eight will offer more in terms of richness. This process became overwhelming and I

was constantly taking short breaks and visiting the gym to care for myself, this process reminded me of preparing for an exam and mapping each theme coherently and orderly across the walls in my bedroom almost like a wallpaper dressing on top of my wallpaper.

4. This process led to the producing of a superordinate list of themes, five in all one, which after careful thoughts seems to overlap and so when checked and rechecked became four ordered and coherent superordinate themes. These themes seemed to capture most strongly participants concerns on how they experience their clients in therapy and their work. As I noted the superordinate themes, I was also able to see clearly a list of the sub-themes that match with each superordinate theme.

5. Next I was able to go over the transcripts again in identifying where in the transcript instances of the sub-themes can be found. I was able to note key words from the extract and then identify this with the page number of the transcript. At times I used the F4 key on the keyboard to look for words in the text for each interview transcript to locate where the word had been used in the text for each interview and the number of instances it had been used. At times this got complicated and so I would begin the process afresh with another interview going through the stages from 1 – 4 looking for superordinate themes for that interview. After this process for all the interviews, I was able to read together and consolidate the list of themes for the group produced. Any new themes that emerged in subsequent interviews were used to support and inform or even modify a previously elicited theme.

Appendix B

Recruitment Invitation Letter

I would welcome your participation in a research study. Please read the following carefully before you accept this invitation to participate so that you fully understand what is involved.

I am a Professional Doctorate student at the University of East London (UEL) studying for a Professional Doctorate in Counselling Psychology. Part of this study requires me to conduct this research which aims to explore how psychological therapists experience their work with people who perceive themselves to be living in poverty and who struggle with issues to do with rent, unemployment, debt, lacking food etc. The growing UK poverty population and associated distress relating to poverty creates concerns around social inclusion and barriers to treatment especially given extensive research evidence that people who identify as living in poverty do not benefit from mainstream psychotherapy. It is also well documented that when treatment is modified to consider social justice values, such as providing transport, meeting in their community that therapy is effective. Calls have subsequently been made by professionals in the field to support those who attend for therapy with distress relating to poverty and to enrich this area. This study aims to understand what these services look like and what works and what doesn't as literature in this area is lacking.

I am looking for anyone who has experience of working with people who attend for therapy presenting with distress directly relating to being poor, or living in poverty or who presents with distress because they lack the ability to pay bills or look after their children or family. If you do agree to participate, you will have 3 or more years of experience of doing this work. This study will be supervised by Dr Melanie Spragg, and the research has been approved by the UEL Ethics Committee. My supervisor will also have access to the anonymised data. I aim to use semi structured interviews which will last approximately 50 and 60 minutes. The interviews will be transcribed, and the data analysed, however, your information will be anonymised for data protection purposes and you will be allocated an Identification number (ID). Your name, your location and your workplace details will all be anonymised, only I will have access to it, and you will not be linked to any data. Consent forms will be anonymised and

stored securely and separately from the research data. Your information and the data will be password protected and stored securely on a laptop computer and on USB and password protected and this will be stored in adherence with the Data Protection Act (1998).

The research question is: “what are your experience of working with clients who perceive themselves or self-identify as living in poverty”. Please feel free to withdraw from this study without explanation and you will not be contacted consequently. If you do agree to participate and then decide to withdraw you do not need to offer any reasons or suffer any adverse disadvantages or consequences. Where there is a risk to being identified through the interview process these will be blacked out or left out during the writing up stage for confidentiality purposes.

If you require additional information about this study or how the research will be conducted, any literature or background pertaining to this study or what will happen to the data or kindly contact me on U1326143@uel.ac.uk. You can also contact my supervisor if you have any further questions or concerns regarding how the research will be conducted on M.Spragg@uel.ac.uk. Thank you for your interest in this research and in reading this email.

Appendix C

Consent form

Thank you for consenting to participate in this study. Please read this form carefully.

Title of Study: *Exploring Psychological Therapists' experiences of working with clients who perceive themselves as living in poverty: An interpretative phenomenological analysis.*

University of East London Research Ethics Committee Ref:

- I have had the research explained to me verbally and in writing before I agree to participate in this research
- If I have any questions arising from the Information Sheet or anything already explained to me, I know I can ask the researcher prior to my decision to participate. I have been given a copy of this Consent form to keep and make reference to, if I need to do so.
- I understand that if I wish to withdraw at any time during the research, I am able to do so immediately, and I can notify the researcher at any time with no explanation given.
- I understand that this research will contain interviews that will last approximately 50 to 60 minutes.
- I understand that information about me will be anonymised and treated in the strictest of confidence.

Participant's Statement:

I.....have read the above notes and the Information Sheet regarding this project and give my consent to participate in this research project. I understand the aims of the research project and what it involves, and I am satisfied with the information given and agree to participate in this research.

Signature:.....

Date:.....

Appendix D - (Interview Schedule)

University of East London

Title of study:

Exploring Psychological Therapists' experiences of working with clients who perceive themselves as living in poverty: An interpretative phenomenological analysis.

This is to inform you that you are not required to answer any questions if you do not feel comfortable doing so and please feel free and at any time to terminate the interview.

Introduction

I am interested in exploring the ways in which psychological therapists experience and manage their work with people who identify themselves as living in poverty. By this I mean those who are presenting with issues to do with lacking food, housing, money, income, in receipt of some form of benefit or have difficulties meeting basic needs and for whom this is a chronic struggle. The overall question is: What are therapists' perceptions of poverty related stressors on mental health within their practice? The following semi structured questions will be used as a guide with the general addition of prompts such as could you tell me how... or a bit more about...and how did you feel when you said..... or what did that mean for you...what was it like toetc).

- I would like to ask you a few questions about your background such as years of experience, your age, and how long you have worked with this client group and what training you may have to do this work.
- To what extent have you found mainstream therapy useful in your work e.g. cognitive Behavioural Therapy, Psychodynamic therapy, other, please describe?
- What setting do you work in e.g. hospital, primary care, GP surgery, and university?
- What sort of tensions come up for you during this work?
- What sort of feelings does work with clients living in poverty arise in you?

- Give me an example of how you are affected by your work?
- Give me an example of your work with one client?
- What proportion of people self-refer or how do you recruit these clients or how do these clients access your service?
- How prepared do you feel in this work and work kinds of training do you have
- What kinds of skills would you need to work with this group?
- What would your conceptualization of poverty look like and what does this mean for you?
- Please tell me about how you have worked with clients with poverty issues and how you experience doing this job?
- What can trainees and new practitioners learn from your experience?
- What if any are the obstacles you encounter when working with this group?
- What is the length of time that you would work with this client group e.g. 50 minutes, 1 hour etc.?
- What advice would you give to those interested in this work?
- Is there anything else you would like to tell me?

Thank you!

Appendix E – Full Informed Consent

University of East London
School of Psychology
Water Lane
London E15 4LZ

Title of Study:

Exploring Psychological Therapists' experiences of working with clients who perceive themselves as living in poverty: An interpretative phenomenological analysis.

Please carefully read the following information prior to giving your consent to participate in this study. This information is written to support your understanding of the aims and objectives of the research, what it involves and how it will be conducted.

The Researcher

My name is Elvera Ballo, I am a Professional Doctorate student at University of East London (UEL). I am carrying out this study as part of my Professional Doctorate in Counselling Psychology. The research is being supervised by Dr Melanie Spragg (Academic Tutor and research supervisor university of East London (UEL)).

What is the purpose of the research?

This study aims to explore the personal and professional experiences of psychological therapists who encounter mental health service users who identify poverty as their main stressor. The difficulty in defining poverty can be seen in the complex and multi-layered definition and measurements used by various states and countries. For example, the classification of poverty means that it can be absolute, relative, persistent (Kelly & McKendrick, 2007) and this means that depending on the country conducting the research this definition will vary and the research will not be applicable to all. Sifting through these definitions, measurements becomes challenging with implications for interpretations and each may have their own construction of reality, involving

numerous judgements, which might not be transparent, hence resulting in different outcomes (Burnett and McKendrick, 2007). This is especially pertinent given that the current literature on poverty is based on US definition of poverty threshold set by the US government (Santiago, Kaltman, & Miranda 2012; Foss et al., 2011) which may point to different people as being poor for targeting, leading to different implications for policy and may not easily be generalised to the UK (Kaul, 2015). Part of this study will ask participants how they conceptualise poverty, which might offer an in road for intervening in an informed way.

Poverty affects personal health and well-being in many ways and the association of poverty and mental health has long been identified (Armstrong, Ishiki, Heiman, Mundt, & Womack, 1984). In the UK, individuals who self-refer with stress, anxiety and depression which may be related to living in poverty may have difficulty accessing services because mainstream therapy in the UK tends to focus on changing thoughts and developing coping strategies (Orlans and Van Scoyoc, 2009). For instance, the medical approach prevalent within the Western society tends to consider medication and treating individual symptoms (Bentall, 2004). This medical model of formulation underpins most NHS psychological services.

The idea of poverty in the UK may not be immediately apparent given that it is not a country one can associate with poverty, as opposed to say Africa where absolute poverty is prevalent. Hence clients who present with issues to do with poverty are referred to debt advisers or to private therapists. Currently, therapists' training involves promoting change by focussing on the individual's ability to change their thoughts and beliefs (Dutton & Santos de Barona, 1997). For example, in traditional psychodynamic therapy e.g. (Freud, 1913; Klein 1946; Jung, 1964), the roots of distress is hypothesised to lay in the clients' early experiences which then leads to difficult relationships (St. Clair & Wigren, 2004). Within the Cognitive Behavioural Therapy (CBT) model, unhelpful thoughts, beliefs and feelings that shape behaviour in unhelpful ways is explored (Beck, 1995). This supports the individuals to work with their perceptions in order to manage their own experiences. Clients living in poverty and challenged with numerous difficulties that may not reside within them, might find mainstream practices as unhelpful, inappropriate and disappointing when these external hardships are not attended to (Borges, 2014). Therefore, I sought to address the lack of research and

literature regarding understanding how therapists experience their work with people who present with distress resulting from living in poverty.

The statistics show that in 2013, 7.8% of people in the UK experienced persistent poverty. This means about 4.6 million. In 2015 this figure has risen to 13 million and the trend continues (Unwin, 2014). Within the year 2013, 23.2% were in relative poverty, the highest since 2000 and 6.1 million of these were in working households. It is estimated that child poverty alone costs the UK economy £29 billion a year, and can result in difficulties with future prospects and well-being (Unwin, 2014). 40% of those experiencing poverty were over 65 years old and 60% live in single parent households and 46% in single adult households (ONS, 2014). An estimated 19 million said to live in poverty in a UK population of 68 million compared with 45.3 million in a US population of 318 million (US Census Bureau, 2014) seem to indicate a growing concern with serious implications for the UK public health.

A surprising statistic, identified in the UK academic literature, is that 25% of those classed as poor are low paid public sector workers (McKendrick et al., 2008), a statistic demonstrating the pressing need for psychological therapies to be in place to support those who present with issues of poverty and to be better equipped to provide a holistic service. The association of poverty with a variety of mental health issues is well documented (Smith et al., 2013; Adler et al., 1997; Santiago et al., 2013) especially depression, (Overholser, 2016), PTSD (Vest, 2002), substance misuse (Miranda & Green, 1999). Apart from mental health concerns, people living in poverty tend to also report hardship which maintains their distress, reporting crime and violence, infant mortality, domestic violence and exclusion from society (Vest et al., 2002). This is compounded by persistent poverty due to lack of employment, unstable housing, and food insecurity with increasing use of food banks in recent months (McAuley, 2015). Despite rising rates of poverty and its accompanying distress, those who identify as poor are less likely to access mental health services and when they do outcomes are positive only when obstacles are accounted for and interventions tailored to address specific poverty stressors (Ammerman et al., 2005; Santiago et al., 2013; Ballinger & Wright, 2007). These studies show promise that interventions can be altered to benefit those who identify as living in poverty.

Theories, models and interventions for people living in poverty have primarily been espoused by clinical or counselling psychologists in the USA and based on community psychology literature (Nelson & Prilleltensky, 2005). Community psychology is based on ‘positive social justice psychology’ and values the provision of a holistic therapy service to the public (Fox, Prilleltensky & Austin, 2009) including focussing on studying strengths and virtues that enable individuals and communities to thrive through social and community based endeavours. A perspective encouraged by Woolfe in (1983) in (Woolfe & Dryden, 1996 p. 606) and 20 years later Woolfe and Tholstrup, (2010) for Counselling psychologists to examine the impact of social forces, as the discipline’s humanistic value base places counselling psychology within a wider social and cultural structure.

In view of the extensive difficulties faced by those distressed by poverty and the challenging nature of therapy, there is sufficient reason to believe that this group stand to benefit from mental health service. The knowledge thus far about effective practice in the context of poverty is scattered and disparate; therefore, the proposed study aims at bridging the gap within existing knowledge by exploring the perspectives of those currently practicing in the field. This would be achieved by seeking answers to questions such as: What are therapists’ perceptions of poverty related stressors on mental health within their practice? This will entail understanding of:

- The lived experience of offering psychotherapy in their various settings,
- How well prepared they feel for this work,
- What if any creative ways have been designed to work most effectively with their clients,
- How would conceptualising poverty look like,

Why have I been invited to take part in the study?

You have been invited because you are a psychological therapist over 18 years of age with 3 or more years of experience in working in this area. Staff from GP surgeries, therapists within primary and secondary care services, and private and NHS services have been contacted. I aim to recruit eight participants for this study.

Taking Part in the study

You do not have to participate in the study against your will, it is entirely up to you to take part and even after agreeing to take part, you are able to change your mind *anytime* that suits you without offering a reason. If you do decide not to continue or to participate, your data will be taken out of the research study and your recordings and transcripts shredded. You will not be disadvantaged or discriminated as a result of this decision not to participate.

What do I do now?

If you would like to participate kindly find my details below. Once you have decided to participate, I am able to offer you further information concerning the study to offer you additional information to enable you to think about what's involved and to arrange a suitable time to meet. At this meeting I will be happy to furnish you with any questions you may have and provided you are still happy to continue; you will be asked to sign a consent form. (The consent form will be kept securely and away from the interview transcript). You will also be asked to sign a consent form which will confirm that you have received and read this information and happy to participate in this study.

The interview will last about 50 to 60 minutes. At the interview we will explore and discuss any experiences you may have with who have self-referred to therapy and have identified themselves to be living in poverty. The interview will be audio-recorded and will be transcribed immediately afterwards. You will be given a pseudonym during transcription and your will not be identified via your name to ensure confidentiality is upheld. You will have an opportunity to ask any questions or raise any concerns you may have. If you have incurred costs to travel to the university location, you will be reimbursed immediately after the interview.

How will my information be used?

The transcribed interview will be analysed and studied so that common themes can be made across the interviews and compared to other participants. This is so that common themes can be uncovered to illuminate and understand the experiences and viewpoints explored in the interviews. At the interview, I will be asking some

background questions such as your work experience, your training and how much support you have to do your work. I will also be discussing anonymised parts of the interview with my supervisor and a report of the research will be written. Extracts of the interviews will be used and identified only by the use of pseudonyms; this is with the aim of demonstrating themes we have discussed. In the use of these extracts, there will be no identifying features such as your name or your place of work or the service you use. After the research study has been written, a shorter version may be written for publications in an academic journal which may also include some extracts from the interviews. It is important to note that these will also not identify you in any way. When the research is complete, I am happy to forward you a copy of the research findings if you wish me to do so. Your consent forms will be kept away from the research data and the written version in a secure location at the University of East London. Your completed forms and data will be destroyed 7 years from the date the research is completed.

What would be the unforeseen effects or disadvantages of participating in this research?

There will be questions such as reflecting on your work and views around your work and about other NHS mental health services. This process has the propensity to elicit frustrations or cause other distressing issues to arise. If at any time during the interview you become upset or wish to withdraw or if you do not wish to answer any questions posed you can skip this, and breaks can be requested. The interview can also be stopped at any time and you will not need to offer any explanations. I am available by email or telephone for any concerns or queries you may have about the study, the process, or your involvement. My supervisors contact details can be found below at the end of this information sheet and will also be available to you to contact.

How will confidentiality in participating in this research be upheld

The information collected will be anonymised. Each participant will be assigned an ID to mix-up does not occur and the transcript will be locked securely on a USB stick and password protected. Pseudonyms which are not participants real names will be used during write up so that no one is identified by their name or where they work.

What if I no longer wish to continue with the research

If you no longer wish to continue with participation in this study, you can contact me via the email provided at the bottom of this information sheet. You will be asked and have a say as to what happens to the data, you could decide to have these included in the research study or you choose to have them destroyed. Your decision to participate or withdraw from the study will not disadvantage you in anyway.

Research ethics permission

To safeguard your rights, well-being, safety, rights and dignity the proposal for this study will be scrutinised and subject to approval by the research ethics committee at University of East London.

Contact Details:

Elvera Ballo (Professional Doctorate in Counselling Psychology)

Email

Mob:

Supervised by: Dr Melanie Spragg

University of East London, School Of Psychology, University of East London Water Lane, London E15 4LZ, Email: Dr Melanie Spragg (m.spragg@uel.ac.uk)

Appendix F

UNIVERSITY OF EAST LONDON

Debrief Letter

Thank you for participating in this research. This aim of the study was to explore the experience of therapists providing psychological services to those who present as living in poverty using Interpretative Phenomenological Analysis (IPA). The possible implication is to impact on the presence of psychological therapist engaging holistically with service users who present with a social issue such as poverty thereby supporting a role for psychologist in the delivery and potential leadership in the context of poverty, an area their presence was not felt or recognised.

Other possible implications for this study include: bridging the gap in existing knowledge of the field, informing clinical practice of new practitioners as they would be applying what has already been proven to work with the particular client group. Providing easy and accessible knowledge for service providers and users alike to inform their choices, identifying areas for further research.

The demographic details that you have provided are for analysis purpose only.

If you have any questions or concerns about how the study has been conducted, I can be contacted on the following telephone number or by email.

NOTICE OF ETHICS REVIEW DECISION

For research involving human participants

BSc/MSc/MA/Professional Doctorates in Clinical, Counselling and Educational Psychology

REVIEWER: Irvine Gersch

Melanie Spragg

COURSE: Professional Doctorate in Counselling Psychology.

Elvera Ballo

TITLE OF PROPOSED STUDY: Exploring Psychological Therapists' experiences of working with clients who perceive themselves as living in poverty: An interpretative phenomenological analysis

DECISION OPTIONS:

- 1. APPROVED:** Ethics approval for the above-named research study has been granted from the date of approval (see end of this notice) to the date it is submitted for assessment/examination.
- 2. APPROVED, BUT MINOR AMENDMENTS ARE REQUIRED BEFORE THE RESEARCH COMMENCES** (see Minor Amendments box below): In this circumstance, re-submission of an ethics application is not required but the student must confirm with their supervisor that all minor amendments have been made before the research commences. Students are to do this by filling in the confirmation box below when all amendments have been attended to and emailing a copy of this

decision notice to her/his supervisor for their records. The supervisor will then forward the student's confirmation to the School for its records.

3. NOT APPROVED, MAJOR AMENDMENTS AND RE-SUBMISSION

REQUIRED (see Major Amendments box below): In this circumstance, a revised ethics application must be submitted and approved before any research takes place. The revised application will be reviewed by the same reviewer. If in doubt, students should ask their supervisor for support in revising their ethics application.

DECISION ON THE ABOVE-NAMED PROPOSED RESEARCH STUDY

(Please indicate the decision according to one of the 3 options above)

APPROVED, BUT MINOR AMENDMENTS ARE REQUIRED BEFORE THE RESEARCH COMMENCES

Minor amendments required *(for reviewer)*:

This is an interesting study and the researcher has thought through many issues by way of preparation.

1. Please proof read the whole application form plus importantly the letters and forms going out.
2. Obtain consent to conduct the interviews in NHS premises.
3. Note that participants may withdraw at any time **WITHOUT STATING A REASON**
4. Check the questions in the semi-structured interview for neutrality, and also whether the initial information might lead to bias. If so, I'd suggest this is shortened.

Major amendments required *(for reviewer):*

ASSESSMENT OF RISK TO RESEACHER *(for reviewer)*

If the proposed research could expose the researcher to any of kind of emotional, physical or health and safety hazard? Please rate the degree of risk:

HIGH

MEDIUM

LOW

Reviewer comments in relation to researcher risk (if any):

Reviewer *(Professor Irvine Gersch.....)*

Date: 10.2.16

This reviewer has assessed the ethics application for the named research study on behalf of the School of Psychology Research Ethics Committee

Confirmation of making the above minor amendments *(for students):*

I have noted and made all the required minor amendments, as stated above, before starting my research and collecting data.

Student's name *(Typed name to act as signature):* Elvera Ballo

Student number: U1326143

Date: 15.2.2016

(Please submit a copy of this decision letter to your supervisor with this box completed, if minor amendments to your ethics application are required)

PLEASE NOTE:

*For the researcher and participants involved in the above named study to be covered by UEL's insurance and indemnity policy, prior ethics approval from the School of Psychology (acting on behalf of the UEL Research Ethics Committee), and confirmation from students where minor amendments were required, must be obtained before any research takes place.

*For the researcher and participants involved in the above named study to be covered by UEL's insurance and indemnity policy, travel approval from UEL (not the School of Psychology) must be gained if a researcher intends to travel overseas to collect data, even if this involves the researcher travelling to his/her home country to conduct the research. Application details can be found here:

<http://www.uel.ac.uk/gradschool/ethics/fieldwork/>

Appendix H. Table 5 - Example of transcript notes

Interview Transcript ROSE (Pseudonym). Participant 001 - 5/9/2016

Descriptive = Focussed on describing the content of what the participant has said e.g. key objects events phrases or explanations

Linguistic = Focused on exploring the specific use of language – tone, repetition articulate or hesitant

Conceptual = Focussed on engaging at a more interrogative and conceptual level

<u>Exploratory Comments</u>	<u>No</u>	<u>Original Transcript</u>	<u>Emergent Themes</u>
	1		
	2		
	3	Interviewer: so, thanks for participating in this	
	4	research – err ...just to ask a few questions that you're	
	5	a psychological therapist ?	
	6		
Tone sense of purpose settle down into way	7	Interviewee: Yes.	
of working	8		
	9	Interviewer: This interview is recorded and kept	
	10	confidential and is that ok with you?	
	11		
	12	Interviewee: yes	
	13		
	14	Interviewer: Can you please tell me something about	
	15	your occupation please (both smile)?	
	16		
	17	Interviewee: I was trained as an integrative	
	18	psychological therapist and counsellor. I've been	
Depth of experience - deep	19	practicing for about 15 years now; I've had a private	
Private and NHS practice	20	practice for about 10 of those er.. and I've worked in	
	21	East London, Essex NHS and now I'm on the Isle of	

Extensive experience in various contexts	22	Wight..erhhh,my experience has been with children and	
	23	young people as well as adults and the elderly...so	
	24	I've...I've worked with the cross-bound spectrum.	
Has another job that offers reliable income	25	Erm, I currently work part-time for a charity.., so it's an	
	26	alternating service....so so we do actually sometimes	
	27	see a four-year-old here and there and ..er.. the oldest	
Specialist children services so first-hand	28	'I've seen is 92 (hmmm with eyebrow raised)...yeah so	
knowledge and experience of therapy work	29	.. errr ...but because of the private practice as well as	
Mature and experienced	30	working within the NHS erm...in primary care,	
	31	errmm... some years ago before it was privatised,	
	32	ermm, I've also worked for GP practices and ermm	
Repetition of depth of experience – poverty is	33	various other organizations and erm ...I've worked	
something deep. Everywhere	34	within secondary schools and various different context,	
GP Practices/ schools	35	erm ... but the charity service is a CAHMS funded	
NHS Charities/CAHMS	36	service, so it's part of what was the tier two sort of level	
Smack of lips almost a sense of enjoyment in	37	of work. Erm (smack of the lips). Errr the referral for	
the work	38	that erm ...is ...is self-referral, but it's also via GPs	
Lots of layers of experience	39	and other professionals, (right and nodding by me)	
	40		
	41		
	42	Interviewer: Okay, and how old are you now?	
Fits professional role supporting rationale	43		
for study	44	Interviewee: I'm 54 nearly	
	45		
	46		
	47	Interviewer: right ok ...so basically we're here today to	
	48	explore psychological therapists' experience of working	
Is it ok to talk about poverty?	49	with people who bring poverty ...related issues to	
	50	therapy. And erm ... so ...I'm interested in exploring	
A sense of interest from participant	51	this because erm ...it's important for us to understand	
	52	how you manage your work (yeah from her) and what	
	53	sort of err...issues are the main concerns for you.	

Tone – Overtly - sense of expecting and accepting and understanding and readiness	54 55 56 57 58 59	Erm...by poverty I mean working with those who bring issues with lacking food, for example (yeah) , housing, money, income, receipt of some benefits or have difficulties missing...meeting some basic needs (yes)...and for who this is a chronic struggle....	
Direct impact on family Inner thoughts and understanding of poverty being passed down to children got names immediately Poverty is embedded deep in cultural context & Values Phrase Lack of motivation to achieve...elongated and punctuated in tone Repetition of trapped – poverty is a trap implying that if people are trapped, they lack ability to think.....or do well...underlying using the arms almost bringing herself in the picture	60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86	Interviewee: Yes. Interviewer: yeah? Interviewer: Okay, so if we can start off by ask..by ...asking you, what is your experience of offering psychotherapy to people who identify issues to do with poverty....please.. Interviewee: erm... first of all my... my experiences ...with ... with children and young people, is often erm that the impact of parents (in a sombre voice) psychological distress is often the thing that then transfers to them and the lack of parenting and erm...cultural values around er...the importance of school, around the errr ...the sort of ... lack of motivation to achieve, that seems to come from feeling trapped and... I think the thing about poverty is that, since they've been trapped, that if people haven't got the err... knowledge or the err... cognitive ability to access, apply for, errr....be able to gain support, then the things that are out there, people e.e... experiencing poverty aren't actually always accessing (<i>gesticulating lifting her arms in the air.....</i>)...so they won't have the knowledge and because there aren't these statutory services support anymore, erm... where contact with social workers,	Feels the impact and distress poverty has on children learning of values or importance of learning Lack of motivation implies help Cycle of poverty: feeling trapped Inability to think: reason for therapy

Repetition of having no voice. Raised voice. Implying that someone needs to speak for them.?	87 88 89 90	where ermm...referrals to charities and general support networks out there, er...they have no help (voice slightly raised).. and they have no way of gaining the help that they need. Ermmm... so...I'll often see	
Deep empathy for clients. Displaying the horror and shame. Awareness of issue of poverty. Made explicit	91 92 93 94 95 96	children come in with with...school uniform, where the school uniform is obviously (<i>stressing on obviously</i>)..fourth or fifth generation, grey shirts (eyes holding my gaze..). Children with stains and torn uniform and I've worked in erm...schools where the	Hand me down culture embedded within the poverty trap
Feeling different/less than Children suffer neglect and shame Everything is branded	97 98 99 100	lost property box is often used to hand out uniform to children (hmmm from me). That immediate separation and that labelling goes on within schools as the children who've got their nice, shiny Marks and Spencer's trousers, versus those-- and the argument for that school uniform thing, of giving children unity and a sense of belonging just does not happen with people in poverty, because they're all labelled and everybody else can see it (<i>she laughs as I notice a de ja vu feeling- trying to hide my amazement even though I am aware of this in schools with poor children I've worked in</i>).. (I used a hmmm to show I'm with her instead). Because often that	Separation and labelling goes on
Naming separating and labelling judge the action ...guilt for not making it better, anger.	101 102 103 104	innovative ...if parents are struggling with their own..hh health and well-being, then they're not supported in school opportunities like actually getting them to after school clubs or picking them up.....e	Lack of sense of belonging because of labelling : “sense of belonging just does not happen with people in poverty”
Shame – judge their action –impacts how they think about themselves	105 106 107	rmmm...they might not be if they miss the school bus and there isn't any way to get them home, so automatically they're losing out on opportunities that are available to them (yeah...)...you know ...there may	
The relevance Repetition of grassroots problems – explaining why children feel trapped and inferior Conditions for poverty to thrive. Multiple parental stressors?	108 109 110 111 112 113 114		Sense of self is diminished – Empathy: Shame
Proposing a culture of lack of support for parents who are less able Support for managing poverty and future poverty?	115 116 117 118 119		Support : illusion “children miss out on school or free opportunities “

They don't know what's available to them or how to reach available support	121 122 123	be in football team but if they can't actually get there..(pause....).	
<p>Inequality</p> <p>Predisposing factor</p> <p>Perpetuating factors in poverty?</p> <p>Participation barrier</p> <p>Community work to get people involved and engaged...</p> <p>A sense of needing to save everyone.</p> <p>Free things are not free for those experiencing poverty justifying therapy to help people access things...?</p> <p>repetition – sense of difference – no way out.</p> <p>Internal feeling and sense of trapped</p>	124 125 126 127 128 129 130 131 132 133 134 135 136 137 138 139 140 141 142 143 144 145 146	<p>Interviewer: So you said these children are already having a sense of being separate and having a sense of lacking ...</p> <p>Interviewee: well.. g.. yeah they get to the after school clubs and there's that sense of lack of equality... and that sense of ...being able to just travel to anything that's free. So, even coming to the charity, even coming to counselling sessions, erm. we try and do it in quite a number of localities, but we can't suit everyone. If a single parent mum has five children going to three different schools and and..and some of ...a .. couple are not at school, ermm if the bus fare is going to cost them £8, 10 to get somewhere, they will not come (<i>staring at me with... a sense of frustration</i>). (<i>hmmmm from me</i>)...So money prevents them from attending even free services and free opportunities and the things that come up with that is actually.. that sense of difference and sense of being less than. Sense of not being able to access. No way out. And when children are also being taught by parent (<i>moving rapidly in her chair and gesticulating with her arm – like up in air</i>, "Oh well, I didn't need an education, I'm fine ",there's also that lack of encouragement within the home and the lack of opportunity for schools and other organizations.(pause...)so .. So that's particularly with young people and children....with adults, it's another</p>	<p>Lack of equality</p> <p>Stuck in poverty trap : vicious cycle “no way out”</p> <p>Sense of lack of equality for children</p>
<p>Sense of frustration and fury arms up in the air.</p> <p>I frowned here my body language mirrored my feelings as I looked for her to tell me more. Keeping eye contact she is opening up the difficulties inherent in the work</p>	147 148 149 150 151 152		

<p>Client making comparisons between Physical with emotional problems. I frowned and nodded in understanding when she smacked her lips and she frowned and showed her that I was with her, my position was that of growing interest. Long wait for trauma and emotional distress of poverty experience equal to being crushed therapists offers a lifeline Ethical responsibility to care Bereavement not taken as seriously as Physical pain (repetition)</p>	<p>153 154 155 156 157 158 159 160 161 162 163 164 165 166 167 168 170 171 172 173 174</p>	<p>story..(sensing and <i>sounding exasperated</i>). Interviewer: So it takes money to access free things... Interviewee: yes and in the waiting list, I think there's that lack of parity in (smacking her lips sadly) damage to the physical body, which is you would call an ambulance and you would get to A&E and they will take you through the system and repair you and give you support and then you'd get community nurses afterwards, there's that side of things If you suffer a sudden bereavement, and I've worked with people whose husband may have been killed on a motorcycle, ermmm that being hit by a freight train (laugh), that that does to you emotionally, "Oh, sorry we've got a waiting list of three months to get you into primary care counselling" yeah...and they're not able to afford private care yeah.. and then it relies on practitioners like myself who will say, "Do you know what? ...pay what you can afford." I do have people email me and say, "I'm a student. I'm this, I'm that...would you see me free of charge?" (hhmmm) ... so there's that pressure on us all the time as a profession, that ..that..that..vocational part, which is to say, "I can't leave this person to not have the care." So ..(pause, looking at me intently.... completely farcical if we think that mental health is actually seen as an important as physical health.</p>	<p>Feeling SAD? Broken leg can't wait so Poverty can't wait</p>
<p>People need me, they need us Making an effort to understand what it would be like if this was you? Attractiveness of the profession of the work almost seductive of power/lovely/nice/kindness Her own confusion at others not sharing this sense of kindness/loveliness Emotional experience of poverty is tricky</p>	<p>175 176 177 178 179 180 181 182 183 184 185 186</p>	<p>Interviewer: So you feel pressured because you care..</p>	<p>Therapists offer a lifeline: "that vocation": "that pressure on us all the time" "I can't leave this person to not have the care"</p>

<p>Loss of functioning it's not just those who lack basic needs that request support its also needing to be heard emotionally About the economic impact of loss, Heart wrenching emotive language Painful reaction rhythm response of incapacitation of a cry for help for understanding. Cry for help in a metaphor? Smiling as a defensive. Difficult heavy experience</p>	<p>187 188 189 190 191 192 193 194 195 196 197 198 199 200</p>	<p>Interviewee: Absolutely, because if it stops you functioning, what is the difference between a sudden bereavement stopping you functioning, that you're still not able to necessarily walk out of the house and go shopping (<i>looking at her eyes locking and feeling connected</i>)... It's an emotional broken leg, punch to the chest, accident, freight train running over you, which leaves you in the same incapacity, that place of incapacity, that maybe having physical injuries from a car accident would leave you with.the result is the same (<i>eyebrows raised and smiling and nodding head</i>).</p>	<p>Poverty equates emotional disability</p>
<p>Lack of access to services Laugh – defence? Poverty becoming more and she contributes to understanding of the depth Repetition of loss impact of poverty is loss and emotional distress Bronfenbrenner's exo system operating here (loss of important person) I'm sensing she is laughing to avoid the pain which I sensed as a defence mechanism from painful conflicting feelings</p>	<p>201 202 203 204 205 206 207 208 209 210 211 212 213 214 215 216 217 218</p>	<p>Interviewer: hmmm.. yeah yeah.. that's heavy and feels very disabling....</p> <p>Interviewee: And ...and ...there's a complete lack of people being able to access, or being seen as being important, because everybody loses somebody, so why should you worry (<i>laugh out loud , sensing needing me to understand.. kind of laugh..and I'm..laughing with her</i>).... And the social-- the economic impact of say loss, is massive to people. You've lost income, you've lost the person who baby sits your children, you might have lost the pers...the character of the person ... who gives you emotional support. You've lost the character of the person and their input into your lives and the communication part of it. And that's seen as okay, somehow you don't need help then (looking at me questioningly – I'm sensing some annoyance from her),</p>	<p>Bronfenbrenner's exo-system model</p> <p>Loss equates poverty</p> <p>Poverty distress emotional versus diagnosis</p>

Annoyance in tone	219 220 221 222 223 224 225 226 227	and people are told, “ Oh, get over it. ” We’re told by everybody of we are so ..“Stiff upper lip, you’ll get through your loss and difficulties.” I’ll never forget on 9/11, hearing the mayor of New York the day after, saying, “Oh, I’m so proud of New Yorkers (<i>arm movement apparent swinging her elbows towards her body</i>). They were back in their shops the next day, they were back to work, back to business. We’ll show those sort of...(hesitatingly) terrorists what we’re made of.”	Get over it quickly: emotions not that important
Being able to openly talk about feelings It’s bad to show feelings	228 229 230	(<i>Looking at me with eyes widening and from on...her face...</i>)..where was the compassion for those people who needed to grieve...hmmm... Where was that process? We’re taught we’re not allowed to put emotional distress in the same category as physical distress..... So, we're given that all the time....so so ... there's that cultural thing of somehow we're lacking if we can't cope hmmm.	Lack of compassion Escalating sense of difference and inferiority: separating and labelling
Physical versus emotional needs of distress made explicit here. Not allowed	231 232 233 234 235 236 237 238	Interviewer: So, you said the distress is the same for people who cannot-- people who are struggling with poverty...	Feeling Stuck – no way out - traumatic limited services
Stories about clients experiencing continues Blame culture is well defined Theoretical reasoning feelings ‘bad’ deserves exploring as internal aspect of self they are told all the time expresses certainty – trusting clients to be vulnerable Helping the client to access support to deal	239 240 241 242 243 244 245 246 247 248 249 250 251	Interviewee: (<i>almost responding before I finish..</i>) Absolutely. Yes, because they're told all the time, “ Why aren't you working...why aren't you coping....you're a drain on society?. ” You’re <i>bad</i> if you're on benefits hmmm. So I think ...that things... that you not only have you got the financial part of it, which is waiting lists....no ability to do anything else, limited services of... if ...if you've got somebody	labelling “ Why aren't you working...why aren't you coping....you're a drain on society?. ” You’re bad if you're on benefits hmmm. So I think”

<p>with self-others and society Bronfenbrenner’s theory here (dad in prison, poor) Feeling safe to continue</p>	<p>252 253 254 255 256 257 258 259 260 261 262</p>	<p>dealing with multiple issues....erm you know I had a client who was the family of an offender, whose dad was in prison.....she was the oldest of a number of children....mum was coping with dad in prison, all the financial stuff, everything, having to work. This young lady became pregnant, she was 15, became pregnant...so, then she had her child to deal with, in a family where mum was still dealing with her as a child, and this child...not being able to leave the family home, because she wasn’t able to... I..mean when I saw her, she was 17, 18, but she wasn't able to earn enough, have enough to be able to separate from the family unit, so that she could have her own nuclear family</p>	<p>Self-doubt: taking money</p>
<p>Hesitate with discomfort but trying to clarify Fighting tone – they deserve to be entitled, clients are entitled to compassions</p>	<p>263 264 265 266 267 268 269 270 271 272 273 274 275 276 277 278 279</p>	<p>(hmmmm from me). And the family in itself was struggling with all the (<i>smacking her lips</i>) judgment and labelling of dad's gone to prison and it was a huge thing in the newspapers,...and everybody knew... so, there was the publicity of it all, that the economic side of it was massive (<i>stress on massive</i>), because of not only having an addition to the family, but dad was a teenager as well, the father of her child was a teenager, and trying to support yeah <i>and I sense she was noticing the heaviness of the experience</i>). So, all of this happening at the same time, as being told, (smack lips) “You can only have contact with your dad if you can take enough money in for him to feed the telephone.” He’s allowed his call, but BT charge erm something like 60p a minute for offenders to ring out (laugh again for me to understand how absurd the situations is).</p>	<p>Empowering versus disempowering</p>
<p>Disbelief and questioning tone Struggle to put poverty into the category of distress and deal with stigma of blame Advantage for clients to seek help if they wish to do so without prejudice</p>	<p>280 281 282 283</p>		
<p>Hardship maintained by external structures</p>			

	284 285 286	Interviewer: 60p.... that's like crippling further the already crippled....	
Stories about clients' experiences	287 288 289 290 291 292 293 294 295 296 297 298 299	Interviewee: They charge top rate for offenders to ring out, and families have to take in enough money for the offender to contact their children (<i>eyes raised, and body shifted in her chair towards me more as she looked at me and I responded by saying 'wow'</i>). So, I find that they find the emotional impact of lack of money difficult not only are you losing your dad, not only have you got your own judgments about what scale of badness (<i>laugh which I responded to in a sombre manner hmm</i>) is dad, but you've then also got the thing about we're going to prove him innocent. Although all that anger and anxiety about how it happened, will dad be taken down?What do I do and I'm an eight-year-old and nobody wants to tell me what actually happens.....? When he goes to court, he'll actually be taken away and you won't see him. So, that	Long waiting lists does not help people who need immediate multiple support
Absent parent impact on family and the clients	300 301 302 303 304	tenterhooks (took a sip of water)..of waiting for court. What's communicated to them.....? And not knowing and not having resources... (<i>looks shifted from glass in her hand to me and then glass on the table, as if she is not aware of what she had just done.</i>	Pressure of therapists to act and to care
Repetition of lacking resources and knowledge	305 306 307 308 309 310 311 312 313 314 315 316	Interviewer: that's pretty distressing for a young person.. Interviewee: yeah and the level of offenders being more higher in areas where... their ...their... there is	Client readiness to engage with poverty

<p>I wanted to say oh gosh that sound really awful, but I said hmmm which would have been measured. This is because I felt would sound more traumatized that she was if I'd gone oh gosh...Laugh and frown simultaneously confusion</p> <p>Poor are left to support the poor. Recipe for crash? (need to highlight and improve support? Young caring for young – Societal neglect of duty to poor?</p> <p>Use of metaphors to understand impact of working with poverty</p> <p>I find that they find – observer stance Helping clients talk about emotions</p>	<p>317 318 319 320 321 322 323 324 325 326 327 328 329 330 331 332 333 334 335 336 337 338 339 340 341 342 343 344 345 346 347 348 349</p>	<p>this ...high poverty. (cross over talk from both of us)</p> <p>Interviewer: so poverty and offending goes hand in hand...</p> <p>Interviewee: Yes. Because there's an awful lot errmm of pockets of extreme poverty around here, where hh...hh...social care is imploding. Social workers aren't taking children away. The level of neglect....neglect now is that children have to be of a certain level for them to be able to find foster carers (hmmmm) from me and (laugh from her).</p> <p>Interviewer: a certain level....</p> <p>Interviewee: Yes, and that's the thing I don't get. I don't...don't understand what the criteria is, but social care is massive in this, because children are left not knowing (hmmm), children are left at home as young carers, and again it's charities that support the young carers... (looking at me as if in disbelief)</p> <p>Interviewer: (heavy sigh) What sort of tension arises for you when you work with people living in poverty?...</p> <p>Interviewee: Part of it is that feeling different, you know and often what they're presenting with initially, and why they've been referred is often behaviour hmmm, because they'll be exhibiting behaviours at school which are not acceptable hmmm. So, teachers</p>	<p>Deep empathy for another's suffering human being</p> <p>“Feeling different”</p> <p>The more therapists work the more poverty becomes visible: sense of client as ‘bad’</p> <p>Poverty not seen as important...</p>
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<p>Her eyes said it all ‘and that’s the thing’ the child suffers in an impoverished home My facial expression was of interest and admiration for her work</p>	<p>350 351 352 353 354 355 356 357</p>	<p>will suddenly go, “Oh, take him to counselling.” (<i>eyebrows raised; eyes opened wide</i>) Or, a behaviour will be not as expected because of what is bad parenting skills, where parents are just so she stretched thin where if mum’s working shifts and nan is looking after them, but she’s asleep most of the time. There's no bedtime, there's no structure. If mum’s struggling with distress, or dad...you know..... I worked with a family where dad has got custody and works, and relies on grandparents who (pause) are very elderly to do childcare that they're not capable of.... but hasn't got the money to pay for a child minder, you know....that sort of care, in order for him to be able to go to work.....so, the children's behaviour is bad...(voice raised at the end of sentence...palms of hands turned as if waiting to put something in hand or praying....pause)... (me nodding in understanding....)</p>	<p>Empathy: frustration</p>
<p>Lacking structure</p>	<p>358 359 360</p>	<p>where dad has got custody and works, and relies on grandparents who (pause) are very elderly to do childcare that they're not capable of.... but hasn't got the money to pay for a child minder, you know....that sort of care, in order for him to be able to go to work.....so, the children's behaviour is bad...(voice raised at the end of sentence...palms of hands turned as if waiting to put something in hand or praying....pause)... (me nodding in understanding....)</p>	<p></p>
<p>My empathic response was not to entangle myself in her response. I felt she sounded traumatised by the experience and the lack of support from the government</p>	<p>361 362 363 364 365 366 367 368</p>	<p>work.....so, the children's behaviour is bad...(voice raised at the end of sentence...palms of hands turned as if waiting to put something in hand or praying....pause)... (me nodding in understanding....)</p>	<p></p>
<p>I noticed her caring manner and concern for the welfare of the clients, and I tried to catch the meaning of her world and what she was communicating</p>	<p>369 370 371 372 373 374 375 376 377 378 379 380 381 382</p>	<p>Interviewer: clients come with a sense of badness.. Interviewee: yeah and I empathise with the pain and suffering and frustration as much as anything else, because there's a sense that people get access counselling, access therapy, as a last resort (pause and looking directly at me and I’m sensing that this question had reality for her as I listened) . And through CAMHS, we're not meant to see them if they have had anger management, (Hhmmm)...or if they have received therapy in the last six months from anywhere else...(long pause)...</p>	<p>S</p>
<p></p>	<p></p>	<p></p>	<p>hocked and disgusted: client as worthless and vulnerable</p>

<p>Doubts about whether there is another way to help people experiencing poverty</p> <p>I was happy listen to the dance of the dialogue and not question – I was not afraid to leave 001 in charge</p> <p>As I felt she needs this independence to tell me in detail what it feels like to</p> <p>Moment of clarity funnelling down the specific experience with clients</p> <p>The client are restricted therapists are restricted social workers are restricted Hands are tied.</p> <p>Lessen the stigma of poverty</p> <p>She seem to be defensive of</p> <p>Clients was it difficult for her to say something here in the silence?</p> <p>Does this mean that children in foster care lacks the care they need leading to the</p>	<p>383</p> <p>384</p> <p>385</p> <p>386</p> <p>387</p> <p>388</p> <p>389</p> <p>390</p> <p>391</p> <p>392</p> <p>393</p> <p>394</p> <p>395</p> <p>396</p> <p>397</p> <p>398</p> <p>397</p> <p>400</p> <p>401</p> <p>402</p> <p>403</p> <p>404</p> <p>405</p> <p>406</p> <p>407</p> <p>408</p> <p>409</p> <p>410</p> <p>411</p> <p>412</p> <p>413</p> <p>414</p> <p>415</p>	<p>Interviewer: What do you feel about that....?</p> <p>Interviewee: I am shocked and disgusted that we treat the most vulnerable erm...people in the country as if they are worthless, and that's how it feels I mean it feels erhmm....to be offered six sessions, and there is perhaps a little bit of support for mum or dad that's happening....but financial support is major, but it's the knock on effect of that, and seeing children who may be 15 years old where they've moved from foster carer, to foster carer, to foster carer and seeing them for six sessions and thinking, "And what are we going to do in this six sessions? What are we going to achieve?" You've had 12 years of in-care, of foster carers who only have you for a couple of years, your behaviour is completely off-the-wall because you're taken out for treats erm...by social workers, and the only reason why you go is you know because you know you're going to get your makeover, your McDonald's, your baseball cap, your yeah....so..so, the whole culture around that –(long pause...silence observed...)- one lad I've seen recently has been in foster care and now a young man still....there are so many restrictions as to what you're allowed to do and what you're not allowed to do, that parenting is not normal for those children....so foster carers are far and few between because they're expected to fill out a hundred page forms, have interviews, check their internet, and they're not allowed this, they're not allowed -- they can't go to family erm...who are their foster carer's family</p>	<p>Therapy: Managing versus eradicating</p> <p>Culture of can't cope – weak – blame the poor, they can't cope..</p> <p>Empathy for the experiences of</p>
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<p>perpetuation of the cycle...? Does this mean her being restricted and not allowed to work in the way she would like...poverty is deep Abnormal childhood leads to manipulation Care system imploding</p>	<p>416 417 418 419 420 421 422 423 424 425 426 427 428 429 430 431 432 433 434 435 436 437 438 439 440 441 442 443 444 445 446 447 448</p>	<p>unless they've been police-checked and they've been ..this, that and the other. So, they can't do sleepovers very easily....so their childhood is so abnormal (hmmmm).... and all this stuff is all around erm sort of...financial support, because often, they may have been able to stay with a family if it had ermmm if it had ... been supported in the right way. But the care system is imploding, there are not enough foster carers because nobody wants to do it because your world is invaded by inspection....yeah...so, you can't parent children in foster care the same way as you would parent your own because you're observed to the nth degree.....so, who wants to have their whole life when you're dealing with young men who know that they have power through accusation...so, you might have young women who have learned that if they don't like that foster carer because they're being too hard on them, "I'll accuse them of doing something to me so I get moved." Well, when you're a foster carer, you risk that.... (long pause.....)</p> <p>Interviewer: hmmmm....so, you've talked about quite a lot of in terms of your feelings about young people living in poverty. What would you say poverty is about....f you were to define poverty.. .what would it look like?</p> <p>Interviewee: I don't think it's necessarily what the government would define it as. For me, it's not just about, "Where is your next meal coming from...can</p>	<p>distress</p> <p>Feeling empathy towards client's prejudices and discrimination.. You are bad if you are on benefit so drain on society</p> <p>Experience of people feeling trapped choosing violence because of the fear of experiencing poverty or being separated from loved ones.</p>
<p>When she said where meal is coming from . I felt a sense of so much concern for her client and pride in her work. – I felt her pain here</p>			

<p>and her load and I felt that I was helping her carry this weight ...</p>	<p>449 450 451 452</p>	<p>you afford heating?" I think poverty is measured on a scale of what expectation is and what you see around you.....so, if you're a bit - and we see this all the time, I hear people saying, (smacking lips)"Look at that</p>	<p>Judgment and labelling within culture</p>
<p>Repetition: Smacking lips</p>	<p>453 454 455 456 457 458 459 460 461 462 463</p>	<p>family. They're getting food parcels," but, actually, Mum's smoking and they've all got mobile phones....but, if, culturally, the only thing you can hang on to... to make you feel normal and like your neighbours is for you to feel as if you are equal in some way,.... it's encouraging people to buy things or do things that we might not see as essentials, that actually they are essential....So, if you are judged at school for not having that make of trainer, and your family can't afford that make of trainer, you feel less than....you are impoverished. So, that's that being a part of a community, a sense of who you are within that community. Poverty has a massive impact on identity and where you see yourself in the world, and also resentment....how does that come out in behaviour.....why have these people got it and I haven't.....why wouldn't I break into somewhere to steal those trainers? Those trainers mean to me what a holiday in the Bahamas would mean to someone else.<i>(pause and laugh anxiously but equally sensing she seems also relaxed for having been able to say this)</i>.....</p>	<p>Empathy about the stigma of poverty</p>
<p>Sense of not belonging Underling repetition of lack of identity Poverty impact: loss of identity Client convey feelings of worthlessness Feeling her service is of worth, feeling chosen. If blame is taken away might more care be offered?</p>	<p>464 465 466 467 468 469 470 471 472 473 474 475 476 477 478 479 480 481</p>	<p>Interviewer: So, what you're saying is, poverty is relative to where you're standing. It's not having the basic needs that ...(yeah.....) -- well, people say basic needs are like home, food, which you'd say, in the UK,</p>	<p>LESS THAN Those experiencing poverty dealing with multiple stressors so rationale as an anxiety reliever</p> <p>Action oriented (eradicating versus managing poverty)</p> <p>Role of government in eradicating poverty and neglect 'social care is also failing'</p>

<p>Different definition from those of the government not straightforward</p>	<p>482 483 484 485 486 487</p>	<p>people do have.</p>	<p>Definition of poverty: : feeling less than</p>
<p>Relative to What people expect and what others have and doing all it takes to feel normal Also, a flavour of material – lacking the essentials I can imagine the strain of listening to these narratives but feel drawn to the story and wanted to understand more</p>	<p>488 489 490 491 492 493 494 495 496 497</p>	<p>Interviewee: it's basically not having something that you feel that you should have.... what's the standard? What's the minimum standard of in this country?.....and it's all relative.....if you were -- we might laugh if we thought of somebody like Paris Hilton being devastated by her handbag not matching her dog's collar. To Paris, bless her, she might be devastated, because everybody judges her and everybody watches her to such a micro-<i>(laugh out loud)</i>.....scopic way, yes... level, that that means that much to her. So, what we're not looking at is the framework....it's the subjectivity of where somebody is. ...and if you are in an area as in where I used to live, which was East London, Essex area, where it's on the end of the district line, there are three, four million pound houses erm., quarter of a mile away from an area of Harold Hill, which is an area where real problem families of inner.. London get put out to and is actually isolated by two major roads into London, two major A roads into London into London, and there is this shininess just over the A127 and the A12, which is the "haves".</p>	<p>Subjective</p>
<p>Not fitting in – a sense Poor children in care face damage in early life – poor self-worth Steal to belong</p>	<p>498 499 500 501 502</p>	<p>London get put out to and is actually isolated by two major roads into London, two major A roads into London into London, and there is this shininess just over the A127 and the A12, which is the "haves".</p>	<p>Rich versus poor live side by side Envy comes in</p>
<p>Is she trapped between the haves and have nots herself?</p>	<p>503 504 505 506 507</p>	<p>Interviewer: Right...(laugh) So, what you're saying is that a road divides the "haves" and the "have nots".</p>	
<p>Repetition of relative. Certainty of expression Relative of poverty acknowledged Bring up a joke to amplify the effect of</p>	<p>508 509 510 511 512 513 514</p>	<p>Interviewee: Yeah...and there is this, "What do you do about that?" You see all this stuff in your face - it's on television all of the time, it's talked about on</p>	

<p>poverty Conditions for crime Usefulness of the IAPT service and how it doesn't help those who experience immediate help Chuckle and uncomfortable laugh</p>	<p>515 516 517 518 519</p>	<p>Facebook.... everybody is measured.....so, (pause)...there is that, how do we then justify, "Actually, I'm going to take it (laugh)... I've got a right to it. Why shouldn't I?"</p>	<p>Conditions for crime</p>
<p>Self-reflection and evaluations related to payment</p>	<p>520 521 522 523 524 525 526</p>	<p>Interviewer: so, people want to have a sense of belonging and fitting in..somehow and will do anything to reach this...</p> <p>Interviewee: Yes.</p>	<p>Stories about poverty</p>
<p>Practical support offered and keeping boundaries I was sensitive to her fears, loss and strength. and her changing felt meaning which flowed through her in different moments of interaction and telling her story...</p>	<p>527 528 529 530 531 532 533 534 535 536 537 538 539 540 541 542 543 544 545</p>	<p>Interviewee: and recently I saw a woman ... she came here knowing that she couldn't afford very much, but it was also about that dilemma her losing her job because she was ill and also decide to leave her partner who was causing a lot of the illness – she was feeling depressed and had nowhere to go.. the GP sent her to IAPT but was referred to a service that then told her they can't help her if she didn't have a goal...having heard her story through that... I reduced and reduced and reduced what she was paying, so I had several free sessions, so she talked about having got no money and we got down to filing forms.. aaaand took her through to being able to access primary care again, which she had to do..but her problem is now solved..it is sad.</p>	<p>Therapist trapped in poverty</p>
<p>Payment for therapy needs ethical consideration especially because one's own</p>	<p>546 547</p>	<p>Interviewer: How did you feel about this that she had to access your service..</p> <p>Interviewee: Well..she wanted more long-term stuff,</p>	<p>Advocacy/sadness embedded in achievement</p> <p>Impoverished sense of who you are in the community</p>

personal issues impacting on ability to charge	548	and unfortunately my husband was ill and I couldn't	
	549	carry on doing it at the time, so there was a lot of	
Sensed her pain but also her struggle and	550	practical things around it, and she couldn't find another	
why she helps others as she knows how they	551	private therapist who she had a relationship with or who	
feel	552	would be able to feel able to give it to her free of	
	553	charge, so ..so... it was that difficulty of not only did	
	554	she have all this extra stuff, I couldn't carry on because	
	555	of my own personal circumstances., (laugh anxiously),	
Took her as far as she could	556	because my husband had cancer, and she had to access	
Carried her - sense of heaviness	557	primary care. So I took her as far as I could ..helped	
But equally a lightness	558	her find a hostel and helped with benefits forms-- she	Protection of self and identity
	559	was on the IAPT waiting list and because she could not	Therapy as LIFELINE
	560	afford private care...but if I hadn't have been able to do	
Client own feelings surfaces in the process of	561	that, if I hadn't have taken her on and carried on with	
the work - a deep sense of empathy	562	her, she wouldn't have had access to that support that	
Client at the fore front of her work	563	enabled her to remove herself from this situation....	It's all relative..to where one is
	564		standing
	565		- less than
	566		
Sense that IAPT could do more or that more	567	Interviewer: so, you are working for free and IAPT	
help is needed to support this group	568	wasn't able to catch her... what do you think would	
	569	have happened if you hadn't been willing to help?	
	570		
	571	Interviewee: I don't know, because, if I hadn't have	
	572	given her that information about flagging certain things	
	573	up and completing the forms, she wouldn't have got	
	574	support as she seemed so down, so sad.. so we don't	Sense of sadness and sense of
	575	quite know where he would have gone...erm and she	disillusionment: IAPT
	576	seemed so vulnerable and my client had been in	
	577	secondary care previously when she was younger, as an	
	578	inpatient for a short while, and therefore, I've got	
Own battle increases understanding for		serious concern s as to where that would have	Need to be heard - emotionally
clients	579		

<p>Clients deserve help</p> <p>Payment equate to needing to survive and self-care</p> <p>Confusion when people have a disability can lead to poverty issues</p> <p>Empathise with others as she understands the plights of those experience poverty. Balancing the ethical therapist with Something associated with needing to be paid but also needing to forgo pay Personal experience of how people who initially had jobs or have been at work can experience poverty at the drop of a hat... Challenges increase alertness</p> <p>Lots of things to consider as impacting on person</p> <p>Discrimination disability comparing self to others</p>	<p>580 581 582 583 584 585 586 587 589 599 600 601 602 603 604 605 606 607 608 609 610 611 612 613 614 615 616 617 618 619 620 621 622</p>	<p>gone.....it's a relief and happy to help...</p> <p>Interviewer: on top of working for free, you mentioned your husband suffers with cancer how does that affect your work...</p> <p>Interviewee: Yes.</p> <p>Interviewer: So, I'm wandering that on the one hand, not being able to charge enough, and having to work for free - how does this feel or impact on you?</p> <p>Interviewee: Well, it's massive because I have to balance out what I feel is sort of ethical and actually paying the mortgage, because we we... are in a situation where my husband has has ...is registered disabled. He was on the highest level of disability living allowance because of his mobility part, , so he was on £74 week, £76 a week benefits, because he was self-employed and paid into the wrong national insurance, he wasn't entitled to other things, like claiming back the travel costs, and because he's disabled, erm... self-employed when we came here – the organisations he works for have now told him that they ...they..don't really need him and they'll give him a call if he has some hours. So, we're looking at a future of, "Will anybody employ a 55-year-old man with one hand, a hip problem – erm....and maybe more operations - and has now had cancer.....the chances of his employment are fairly low,</p>	<p>Passion to help</p> <p>A cry for help: Therapist own personal life impacting on providing a service</p> <p>Therapists sense of self care</p> <p>Anxiety and struggle over divided self</p> <p>Feeling trapped Into poverty if she became independent</p> <p>IAPT longs wait list: Therapy became a lifeline and a</p>
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<p>The hopelessness is a cry for exposure to pain?</p>	<p>623 624 625 626 627</p>	<p>and he's experienced it before, that when we talk about disability and equality, organizations, companies have to offer an interview to somebody who is registered disabled.... When you walk in there, he says he can see it in their eyes the second he walks in, that he hasn't got a hope of that job (<i>pause her gaze fixed to my face and my frown was sombre and she repeatednone</i>).</p>	<p>bridge Lifeline for eroded sense of belonging and fragile feelings Therapist relief and a sense of pride : throwing something into the world – a lifeline: offering human kindness</p>
<p>Students are also among those experiencing poverty</p>	<p>628 629 630 631</p>	<p>Interviewer: So, that leaves you in a kind of poverty as well.</p>	
<p>There were times here when I wanted to stop to keep up with her, she was quite emotional , like a roller coaster and I was with her as if holding her hand.</p>	<p>632 633 634 635 636 637 638</p>	<p>Interviewee: So, so...we're down to one income yarr..., we've got a mortgage which is £365 a month, we've got a daughter who's in her first year at uni, and her loan and grants do not cover her accommodation and her living expenses and her travel.</p>	
<p>Therapist in high social class however feels inadequate in that.</p>	<p>639 640 641 642</p>	<p>Interviewer: So, where do you see yourself in terms of the people that you work with? Interviewee: For me, ive always...er...we...we don't talk about class in this country, but I've always thought</p>	
<p>Difficulty in the way class is measured - also dependent on the beholder</p>	<p>654 655 656 657 658</p>	<p>of myself as being working class because I come from East London, Essex, you know....I might have a degree, I might be considered a professional, my husband's very qualified, very able cognitively to do things, he has a lot of experience, the job he does, he was quite well paid, erm... but I've always thought of myself as being working class. Whatever measurements</p>	<p>Impact: Tension – the more you work the more poverty becomes visible Paradox: therapist personal poverty experience</p>
<p>Even the middles classes have to work and seem like they might be seeping into the poverty bracket</p>	<p>659 660 661 662 663 664 665</p>	<p>you do about whether or not you go to Costa Coffee or—(laugh loud)....It's a culture thing. I've always thought of myself that way. I'm sure I would be measured as not working class. But, there's always been</p>	<p>Class embedded in culture: measurement of worth “It’s a culture thing”</p>

<p>White working class as expected – poverty no longer seen as for the down and out -</p>	<p>666 667 668 669</p>	<p>that knowledge that I have to work. I've had two jobs and a degree as a single parent while I was trying to do my degree and held down a mortgage and (laugh), you know...without any family around- close by.so, I've had to work and keep things going, and I was under the assumption, when I was 23 and had my first mortgage,</p>	<p>People are measured - Poverty doesn't just visit the down and out</p>
<p>Participants surprised that she has ended up struggling to survive</p>	<p>670 671 672 673</p>	<p>that my mortgage would be paid off at you know.... that my parents had retired at 55 because they had worked hard, and my dad was a –rm... smack lips-</p>	<p>Anyone can be affected depending on their circumstances</p>
<p>Smacking lips – exasperated feeling</p>	<p>674 675 676 677</p>	<p>What do they call it? He worked in the ticket office at Newbury Park Station when he first started work, and eventually he was a traffic manager, so he was in charge of the whole of the running of the central line,</p>	<p>Middle class and poor... Class issue raised – everybody is measured</p>
<p>Deep sigh. Parents work hard to give their children a good life but structures and struggles of life changes things. Laugh anxiously at hopes being dashed –disruption of rhythm</p>	<p>678 679 680 681 682 683 684 685 686 687</p>	<p>with 3,000 staff, so he had worked his way up, and I knew that I had been given -- that I was always brought up with that idea that you get out and you earn....(deep sigh)...as time's gone on, I've realized that actually, that doesn't actually make any difference to the final result (laugh) We are now in a position where our hopes and dreams have now been completely dashed... and I might get upset at this point (loud laugh...raising her voice as she laughs so I apologize (uses my name).., but we're in a position now, whereas we thought we would own our own home by now, we thought that we would be in a position where we would be, "Do you know what...the children have grown up. ...we can now maybe look at some holidays. Can we have a nice car?" Maybe be able to afford things and work a bit less. ...Our mortgage is now till we're 70 (staring at me... Looking upset....So</p>	<p>Strong work ethics – still poor</p> <p>Hard work is not immunity from poverty</p> <p>Dashed hopes and dreams of the working class : empower versus disempowering/Hopeless laugh</p>
<p>Feels let down by society. Thwarted plans Originated from a Privileged family Pushing self to succeed. Work hard. Painful reactions. Dashed hopes Feeling the anger and the emotions</p>	<p>688 689 690 691 692 693 694 695 696 697</p>	<p>so I apologize (uses my name).., but we're in a position now, whereas we thought we would own our own home by now, we thought that we would be in a position where we would be, "Do you know what...the children have grown up. ...we can now maybe look at some holidays. Can we have a nice car?" Maybe be able to afford things and work a bit less. ...Our mortgage is now till we're 70 (staring at me... Looking upset....So</p>	<p>it's a two-person job to have cancer</p> <p>Empathising with experience of distress</p> <p>Benefit system and policies not fit for purpose</p>

Organisation level impact	698	this is going on. So we've had a year of zero income	Difficult forms to get some benefit for those struggling
	699	from him, £174 a week. A mortgage of £365 a	
	700	month...erm..him having to keep his stuff going, like	
	701	his equipment and his broadband going, because he	
	702	thought he was having work,, so that's been £100 a	
	703	month which is now cancelled completely because we	
	704	can't keep it going just in case he might get some work	
	705	yeah..... You've got pretty much zero opportunity for	
	706	him to work ..anyway....erh (hmmmm) So we've got	
Challenges in form filling	707	him.....we're not only dealing with actually he could	
	708	die (hmmm). we're living with my losing my husband,	
	709	possibly. But also the pressure on me to work and earn	
Exposed to clients' experiencing	710	enough in a job which is about my emotional capacity	
Abandoned by policies	711	(<i>laugh and I understandably concerned with a look of</i>	
	712	<i>concern on my face</i>) to see a client.	
	713	So ..I was off sick through a period of this..... ..	
	714	charity, they work with HR is HR, the law is the law	
Was she prepared for this level of trauma?	715	and they're not going to give you more than they have	
	716	to. So your sick pay runs out after a couple of months. I	
	717	was on SSP for a while, so I was getting £150 a month.	
	718	But because our savings which was actually my	
Therapist living the life of clients...potential	719	husband's erm.... tax that was in his bank account ready	
loss of partner and potential loss of earnings	720	to pay his tax bill is still considered...I co.... we had	
	721	fill out a 40 page form to get Council Tax relief....and	
	722	they bounced it back because he had too much money	
	723	in his account. They ignored the fact that this was tax	
Therapist doubting self – self vigilance	724	money that the taxman could take. His health, where	
	725	was he...(sensing frustration).. He was on disability	
	726	living allowance and he was given a car that he used	
	727	that money on a car so that he had that independent	
	728		
	729		
			Concerns about own emotional capacity
			So equally when working with poor – understand what this means for them to completed pages of forms for benefit
			Role of government policies:
			personal experience of poverty
			Community working

<p>Sickness mean not contributing to life..not being in right mind to cope.. Little support to get back on one's feet...</p>	<p>730 731 732 733</p>	<p>which psychologically was massive for him because if I'm off out everywhere. So to do my job and I'll do home visits and I'll have to go over on main link quite regularly and things like this. So when clients attend with a lack of sense of equality, government lack of compassion and feeling trapped because everybody has been reassessed DLA has been taken away and now.. its.. now PIP. (Deep sigh) I am able to empathise and accept them and help them make that change..and challenge their perception</p>	<p>“So to do my job and I'll do home visits and I'll have to go over on main link quite regularly and things like this.”</p>
<p>Thinking clearly about her life and work Political problems – how is this managed – how can trainee manage this sort of work Anger in tone and body</p>	<p>734 735 736 737 738 739</p>	<p>740 741 742 743</p>	<p>Acceptance versus challenge: “I am able to empathise and accept them and help them make that change..and challenge their perception”</p>
<p>Therapist using own personal experience to understand what clients are experiencing Justifying her work</p>	<p>744 745 746 747 748 749</p>	<p>Interviewer: So how does this feel like to challenge their...? Interviewee: I'm just livid that there is a view out there which is anybody, anybody on any benefits are bad and do not deserve it, therefore we take it away and that's how it feels. That it doesn't matter what effort you put in and I feel really disillusioned. My hopes and dreams of having a reasonable retirement are now, actually if my husband doesn't get well enough to work or can't find work, we won't be able to keep this house. Clients who come to therapy now are actively angry and want change..we work to offer the change to change their stuckness..</p>	<p>Challenging : “anybody on any benefits are bad and do not deserve it, therefore we take it away and that's how it feels”</p>
<p>Questioning how referral to services is not necessarily what clients need Perhaps both? Sombre in tone –</p>	<p>750 751 752 753 754 755 756 757 758</p>	<p>759 770</p>	<p>Need to challenge the way things are: action/change</p>
<p>Benefits taken away...</p>	<p>771</p>	<p>Interviewer: And how do you feel about that? Interviewee: I'm shocked, horrified, livid, angry and if David Cameron or Jeremy Hunt were in this room now I don't think I could keep my hands off of them. I am</p>	<p>Shocked, angry, horrified, disgusted at society/government</p>

People feeling powerless	772	absolutely disgusted that there is this sociopathic	Lack of feeling
Repetition here the depth of distress and stigma and dashed hopes and dreams	773	behaviour of, you know ...“It’s your fault. Why are you	(sociopathic government)
Shocked feeling	774	on benefits?” There’s a general view that anybody on	negative evaluation of poverty in
Annoyance in tone	775	benefits is bad and doesn't deserve it and complete	societies : Blame as ‘bad’
Middle class therapist now experiencing life like a second-class citizen feels for her especially after having worked all her life and her parents before her...	776	detachment from any responsibility because, “It’s	People do not need counselling to get
Repetition of government blaming the poor	777	your fault. You have to go out to work.” I mean what is	them back to work
Confused that its ok for the government to offer counselling for work but not on to offer counselling for the pain and worthlessness, stresses of being poor..	778	all this stuff where they’re trying to put counsellors into	People who can work - want to work
Shocked tone and body	779	the ermm...benefits offices?.... They are trying to get	Anticipating difficulties in societies
Difficulty justifying counselling to get job.. Theoretical reasoning a sense of loss and longing pain etched	780	people have counselling to get them back to	use of therapies..perhaps identity
	781	work. ...(<i>shocking and disbelief look on her face and</i>	needs to be stressed so it’s at fore
	782	<i>mine mirrored hers</i>).	front of societies understanding of
	783	Interviewer: So people need counselling to get to	what therapy is all about
	784	work...	Therapy: lifeline, “I’m feeling blessed
	785	Interviewee: Yes...yeah...they’re bringing it out.	I’m able to help”
	786	There’s a big uproar in-- I can’t remember where in	
	787	London. But they were introducing it as pilot, where	
	788	they had mental health workers or counsellors in the	
	789	Job Centre Pluses yeah,.. in order to counsel people into	
	790	getting a job. A client who I am currently working with	
	791	I’m helping him to complete benefit forms...calling the	
	792	benefit office and I’m feeling blessed I’m able to help	
	793	..people need help, emotionally, culturally,	
	794	psychologically and practically....	
	795	Interviewer: You complete forms, how long do you	
	796	work with clients for?	
	797	Interviewee: It’s so hard, it’s ok for the government	
	798		
	799		
	800		
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	802		
	803		
	804		

around her narrative	805	to offer counselling for work but not to offer	
A feeling of shock. Disbelief	806	counselling for the pain and stresses of being poor	Role of Government?
Knowing therapy is useful for clients	807	and I work privately where I've got that luxury of being	
tone of joy to be able to support those who	808	able to say, "Do you know what.... It can be as long as	
lack basics	809	it can be." In six sessions as a practitioner and I have	
client not too difficult to help	810	worked with adults, these things in primary care in	
sadness tone	811	Essex, it is unbelievable aaaas to what we're were	
policies lacking human contact	812	expected to do. I don't know what to do with that.....	Therapy should be offered for as long
	813	Other than being able to give somebody human	as it's about "being able to give
	814	contact and kindness and humanity and offer that as	somebody human contact and
	815	being a comfort and giving them an opportunity to	kindness and humanity. It's to offer
	816	vent, to offload their anger. Signpost whatever	someone an opportunity to vent to
Offer of practical help, human contact, and	817	charities I can think of that will give additional practical	offload their anger..."
signposting	818	help, it is not going to do anything, because they will	Signposting doesn't do anything :
	819	always be in that environment. My husband can't grow	sense of feeling stuck
	820	back a hand. My husband can't suddenly stop his	
	821	cancer. He can't suddenly go, "Employ me, employers.	
	822	You're meant to by law, but actually you	
Hopeless tone	823	don't."(pause)....	Some people due to disability just
	824		cannot work
	825		
Repetition– Economic status change didn't	826	Interviewer: So you have a real sense of working and	
match middle class identity	827	managing a client's experiencing poverty in this way?	
Class connected with economic position –	828		
perhaps the shock?	829		
	830	Interviewee: For me there's a real sense of	
	831	hopelessness, there's a sense when do I retire? It's	
	832	very well going on about people being fit and healthy	
Shocking oppressive future	833	till they're 70 to retire. Both my parents died at 68. I'm	Sense of hopelessness finding
I listened and entered her world more fully...	834	thinking, "Do you know what? Why am I worrying	similarity with clients
I used my facial expression to offer an	835	about it? I'll probably be dead before my mortgage is	Stolen retirement"
understanding of how she was feeling	836	due." (long pause)..	

Very sad but hopeful body posture...reporting Inequality in action	837 838 839 840 841 842 843 844 845 846 847 848 849 850 851 852 853 854 855 856 857 858 859 860 861 862 863 864 865 866 867 868 869	<p>Interviewer: How does that feel when you say that..?</p> <p>Interviewee: That’s shocking because I have to think in terms of would my kids be better off if I were dead because they get some inheritance now...(tearful and I was touched by her experience of this topic and sharing with me intimate feelings about her experience)... I’m not suicidal, there isn’t that, but it’s that sense of pointlessness of it. Sorry, but is that part of it which is how can you make me feel better...how can I think any better about this...(I offered her the box of tissues on the table, however she continued...). All I can do is try and focus on it’s a nice day, the weather’s nice... “Oh look, we can go out and have a nice afternoon sitting on the sofa.....that...that’s...about...it only takes it so far, we’ve got this really crappy thing being introduced which is called - My Life For Life, where they’re trying to get communities to support each other because actually mental health services and employers are so sociopathic that they are damaging people. And I think that’s the thing. It’s blaming the people above for this situation. It’s not about saying to me of ...if I can get back to work.....(sounding more composed and carrying and I’m thinking should I ask if she wishes to stop the interview – dilemma here).</p> <p>Interviewer: You said that people above, who are these?</p>	<p>“It’s the pointlessness of it all”</p> <p>Therapy for poverty even though rewarding offers a sense of anxiety and pointlessness</p> <p>Therapist self-care:” we can go out and have a nice afternoon sitting on the sofa”</p> <p>Role of government: managing poverty versus eradicating</p> <p>“mental health services and employers are so sociopathic that they are damaging people”</p>
Dilemma to stop the interview			
Deep sadness			
Quick composed			
Trying to explain how she feels and tell her story...			
Enquired if she wanted to continue...			
Community support			
Society damaging people			
Services following rules			
Participant seeming in agony and wringing			

her fingers then took a deep breath and relaxed and continued to listen...intently and interestedly..	870 871 872 873 874 857 876 877	<p>Interviewee: Yes, politicians about how there is a sociopathic attitude. ...my husband and when he was applying to an extra... for a higher care rate on his PIP that they were changing it over to, to get an application form they wouldn't talk to me. He's in Queen Alexandra Hospital in Portsmouth with his mobile phone, attached to his chemotherapy by a drip, had to walk out of the ward into the visitor area so that he could go through 40 minutes of questions with the DLA with transferring it over—DWP, you know...this is Department of Work and Pension, with an advisor to give them the information they wanted to send him a form to apply for a higher carers rate, with throat cancer. So he's had his tonsils out, he's had half the back of his tongue taken away.... he's all..hooked up on a drip for chemotherapy and they made him be on the phone for 40 minutes because they wouldn't talk to me (pause...)... to give them information about his chemotherapy treatment, who his consultants were.....now why did they need to know that...yah....? And this is where I think there are barriers being actively created by our government to stop us applying for the benefits that we are legally entitled to. There is actively a barrier... a threshold, which is if you don't earn 50,000 a year you cannot afford insurance to cover your loss of income. If you don't earn 50,000 you can't afford a home nowbecause some cities have just—so yyy young people haven't got any expectation of ever owning their</p>	<p>Young people's expectations are shattered – inflation is rising homes are unaffordable: hopes and dreams are being lost</p> <p>Self-care and building boundaries understanding characteristics needed for this work.</p> <p>Role of government: barriers being actively created by our government to stop us applying for the benefits that we are legally entitled to</p>
Societal level attitude Sociopathic unfeeling society	878 879 880		
Questioning the sick Not a nice thing Sociopathic example	881 882 883 884 885 886 887		
Anger tone Fighting tone	888 889 890		
Barriers created by policies Society creates barriers between rich and poor	891 892 893 894 895 896 897		
Exploring living in poverty and working with poverty ...	898 899 900 901		

<p>Sad to know that this might affect more people that estimated... our children not owning their own home...</p>	<p>902 903 904 905 906 907</p>	<p>own home, so hopes and dreams are being lost You've got situations where actually, do you know what? You might as well die (laugh)....)....so when you talk about money this is a systemic sort of drop in the water effect of ripples out and the way poverty affects me and so I understand how this feels for the people I work with..but there is so much I can do....</p>	<p>Poverty culture: "hopes and dreams are being lost" Worthwhile: passions about work: "so, when you talk about money this is a systemic sort of drop in the water effect of ripples out and the way poverty affects me and so I understand how this feels for the people I work with..but there is so much I can do...."</p>
<p>Deepest empathy for clients</p>	<p>908 909</p>	<p>Interviewer: (hmmmm).....Sounds very difficult.</p>	
<p>Co joined working. asking for help</p>	<p>910 911 912 913</p>	<p>Interviewee: Yes. People are so compartmentalized there is no mental health care, people are too busy to ask how others feel (I sensed raw emotion...from her)..... nurses are doing 12 hours shift in a row to survive... I've worked with a ward doctor who was struggling with carrying on as work as a client. She was doing 12 days of 12-hour hh...shifts consecutively, and having to be on call over the weekend in order to pay her rent... I listen and empathise and they need to vent..they are tired...</p>	<p>Feeling let down by?</p>
<p>felt stifled here that people are actually suffocating from the actions of those who are meant to look after them... feeling of being let down by society...</p>	<p>914 915 916 917 918 919 920 921 922 923</p>	<p>Interviewer: what you are saying is that it's like overwork.</p>	
<p>At this point I felt included in this warfare. It seems that this is my fight, but I tried to be objective and not get too drawn mad had to bracket my feelings thus far.....</p>	<p>924 925 926 927 928</p>	<p>Interviewee: So I'm seeing all this and thinking, "You know what? I feel quite well off." You've got nurses and doctors who are struggling on that sort of money. They can't pay their rent. And they're working all those-- do you want to be treated by a doctor who's on their 12th hour of their 12th shift? So it's massive..... It's</p>	<p>Anger and feelings of hopelessness</p>
<p>A sense of what the heck....this is awful...oh my gosh...</p>	<p>929 930 931</p>		
<p>Needs to be put high on the policy agenda – needs a change</p>	<p>932 933 934</p>		

Angry tone /body	935	not just about me, their experience is horrendous. And I	
	936	am angry , and I am upset , and I feel hopeless and I	
	937	have to focus on things like my sister is treating us to a	
	938	holiday.	
I connected with her feelings as clients also present with similar problems	939		
Experience of feeling trapped	940	Interviewer: You mention feeling angry, upset and	
Trapped by society	941	hopeless..	
	942		
	943	Interviewee: Yeah....., and I'm really glad but also I	
	944	feel crap (crying tearfully).... that I have to take a	
	945	holiday off my sister because we can't afford it.	
Ethics of interviewing: Dilemma to stop or not	946and now we're having to go through a fight	Part of the work: Burnout – therapist self-care :” taking holidays
	947	(passing her some tissues again signalling her to stop	
	948	but not wishing to interrupt her flow.....)....with the	I'm really glad but also I feel crap (crying tearfully)... that I have to
Social care is diminished	949	PIP, the Department of Work and Pensions in order	take a holiday off my sister because
	950	for them to do a proper assessment of my husband's...	we can't afford
Humans feeling Marginalised	951	health because they have assessed it on not having	
	952	spoken to anybody. ..I feel like ..and I'll tell	
	953	others...everybody's-- we're animals and we're	
Social injustice	954	cornered..... And those people in those organizations	
	955	are cornered. If the benefit people don't follow rules	
	956	they won't have a job. If those nurses spend any time	
	957	with a patient they won't have a job because they're	
	958	taking too long.....so for me it's about seeing	
	959	everything from so many different angles-	
	960		
	961	Interviewer: So you feel the human aspect is missing.	
Poverty is complex seen from many different angles/ hopeless poverty trap	962		
	963	Interviewee: Yeah.....sometimes the work is quite	
	964	frustrating, you know... intense erm and my reaction	
	965		
	966		
	967		

<p>people miss out on Basic human kindness and love Personal experience</p> <p><i>humanity's been lost by employers, by the Department of Work and Pensions, by the government, by the NHS, by people who develop IAPT</i></p> <p>Burnout is the only option – empathy for those affected Offer advice?</p> <p>Over work to survive on low pay</p> <p>Government/society/services needs to do more to help poverty Sounding upset tone Body slightly heaving Expressing stressful working conditions</p>	<p>968 969 970 971 972 973 974 975 976 977 978 979 980 981 982 983 984 985 986 987 988 989 990 991 992 993 994 995 996 997 998 999</p>	<p>to that... how much can I take...we are all forgotten...what's my relationship with anger... that's where my empathy came from...</p> <p>Interviewer: the work is frustrating and you also have to deal with your personal life as well</p> <p>Interviewee: Huge stuff, with people getting to a point where they burn-out, where their only option.... I've been employed by employee assistance schemes....supposedly to enable somebody to be well enough to get back to work and when I look at how the employers are actually treating them my instinct is to go..... "Leave. You're better off having no money. You're better off not having a house", because they are killing you in how they are treating you as an employee. So it's that sense of I have to hold that of looking at what's going on around this person, knowing that realistically, are you going to get through 10 years of overwork, and being so drained, are you going to get over your bereavements and your personal things you've had in your personal life, alongside this exhaustion in six sessions (client upset, tissue passed)</p> <p>Interviewer: I want to ask you if you wanted to continue, because you seem quite upset.</p> <p>Interviewee: Yeahhhh...yes....that's okay.</p> <p>Interviewer: Just to erhh erhh... I can see how difficult</p>	<p>FRUSTRATING</p> <p>FORGOTTEN/ANGER</p> <p>HOPELESSNESS</p> <p>The feeling of worthwhile is important and a sense of humanity – if I can I should</p> <p>Burnout is prevalent in six session work</p> <p>Poor feels like animals being cornered trapped... "we're animals and we're cornered....."</p>
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	1000	things have been for you (yeah...yeah...), and how	
	1001	facing other peoples' difficulties can actually cause a	
	1002	lot of difficulties and frustrations for you. Some people	
	1003	might say, "Why are you working with these	
	1004	experiences? (yeasss) Why are you offering therapy to	
	1005	people who are exercising these difficulties (yeas...).	
	1006	How would you respond to that?	
	1007		
	1008		
I feel for others	1009	Interviewee: Because I'm not sociopathic. Because the	
Work is worthwhile	1010	reason why I did this job was not just to be able to	
Capacity to engage	1011	feed my children, and be able to keep them, but to	
Fit to practice	1012	do something I felt was worthwhile, that I had the	
Defiant tone	1013	capacity to do.... It's that thing about, "Actually, I	
I can	1014	can do this, so I should." And a sense of humanity.	
	1015	And this is a true sense for me, that humanity's been	
	1016	lost by employers, by the Department of Work and	
	1017	Pensions, by the government, by the NHS, by people	
Mocking tone	1018	who develop..... when you've got IAPT being sold as	
We are improving access	1019	being this..... "Oh yes.... (<i>eyes up in the air and</i>	
IAPT is quick fix	1020	<i>hands firmly clasped</i>) ... We're improving access"	
Intense questioning worrying gaze	1021	the key is in the title (voice raised slightly upwards....	
Assumed understanding of position of therapists	1022	Yes...(pause)... people might be able to get to see	
	1023	somebody..... they don't necessarily get the treatment	
	1024	they need.....it's a quick fix.....how can we deal with	
Metaphor to describe austerity - genocide	1025	this.....? And I think, if you look at what's going	
burning issue for me to understand her pain and the pain of others	1026	on....(pause..), there's a bit I've got this idea about	
	1027(<i>eyes focussed on me seriously....</i>)...sometimes we	
	1028	have to translate English (nodding her head	
	1029	empathically....but solemnly....), because sometimes	
	1030	the words that people use actually have a different	
Culture	1031		

facing other peoples' difficulties can actually cause a lot of difficulties and frustrations for you

The holistic stance various types of empathy – finding similarity with clients

Helping clients deal with their burnout
Self-sacrificing

Lifeline: Therapist burnout

"It's sociopathic seeing people suffer and not being able to help"

Disability	1032	meaning....and when we use the word austerity, I	<p>“<i>something I felt was worthwhile, that I had the capacity to do....</i> It’s that thing about, “<i>Actually, I can do this, so I should.</i>” <i>And a sense of humanity.</i>”</p>
Age	1033	think it should be replaced with genocide. And I feel	
If poor is not included is societies package	1034	that strongly about it....(<i>serious look on her face, I can</i>	
	1035	<i>sense a need to change this burning issue for me to</i>	
	1036	<i>understand her pain and the pain of others....)</i> ...	
	1037		
	1038		
Shocked tone	1039	Interviewer: Tell me a little bit more about that	
	1040	please...	
	1041		
Only the rich benefit	1042	Interviewee: Because, if you look at what’s happening	<p>Role of government</p> <p>No access to services people living in poverty</p> <p>“When we use the word austerity, I think it should be replaced with genocide”</p> <p><i>people who earn less than 50,000 actually aren’t in the law, they’re not included, because we can’t afford to fight it</i> the law</p> <p>Empowering versus disempowering</p> <p>“<i>people who earn less than 50,000 actually aren’t in the law, they’re not</i></p>
Disgust tone	1043	with people who can’t earn, erm....now whether that’s	
	1044	a cultural, whether that’s a disability, whether that’s an	
	1045	age thing, people who can’t earn the 50,000 or	
	1046	whatever it could be worked out at, to pay for private	
your care is not assigned for your health.	1047	health care, legal cost.... Legal...aid, to have legal	
Poor remains poor through lack of education	1048	representation, when they’re in a situation where <i>people</i>	
	1049	<i>who earn less than 50,000 actually aren’t in the law,</i>	
	1050	<i>they’re not included, because we can’t afford to fight</i>	
	1051	<i>it.</i> We can’t afford to get it to apply to us, because we	
Personal connection	1052	can’t afford the legal representation to do	
Personal experience of being on a course	1053	it.....yeah...w..we’re not in the law (<i>look of shock on</i>	
where working seems to count against you	1054	<i>her face, I was feeling quite shocked too but</i>	
Education is against you, unless you have a	1055	<i>tried not to show it</i>), so anybody below that is not	
certain income	1056	considered inside law, as everybody else who earns	
	1057	above that. <i>We cannot (raised voice at cannot)...get</i>	
	1058	<i>the medical care we need, unless we can pay for</i>	
	1059	<i>private health care...so</i> again, you’re below	
The elderly, the sick	1060	that...(look of disgust and sadness etched on her	
Not treated with respect	1061	<i>face)</i> so your care is not assigned for your health.	
	1062		
	1063	Education, unless you can afford all the extras, to get	
	1064		

<p>Client refusing treatment because wife will be taken from their home to pay for treatment</p>	<p>1065 1066 1067 1068 1069 1070 1071</p>	<p>your child the best opportunity. My daughter is at university, she hadn't got enough money, she has to work. The course told her not to work, because it's an intense course. She has to work, otherwise she can't afford to be there. Education is against you, unless you have a certain income.</p>	<p><i>included, because we can't afford to fight it."</i> Lack of voice/Devalued</p>
<p>If the elderly went to Assisted living if he went to that, the local authority would put a charge on his wife's home in order to pay for his care. That means if the house was sold, they take money</p>	<p>1072 1073 1074 1075 1076 1077 1078 1079 1080 1081 1082 1083 1084</p>	<p>A client I was working with became ill and was in the chemo ward that my husband was in for a week, there were two gentlemen there also who were terminal, a chap whose cancer had gone through his spine, and he had no feeling from his neck down. From his chest down. He could breathe, but he was paralyzed. And he had been told -- we sat there and listened, because there is no confidentiality in hospitals. Try and get some information, and all of the sudden it's information governance and no one can hand it out, but the doctor can say it to somebody two beds away.....(pause)...It's insane....</p>	<p>Practical help :Lifeline Immersed in stories</p>
<p>Tone serene The poor would rather die than to accept treatment which will be paid for by the homes they have worked for and can't leave for their children or family Sigh defensive one</p>	<p>1085 1086 1087 1088 1089 1090 1091 1092 1093 1094 1095 1096 1097</p>	<p>But this conversation between the consultant and my client, who was refusing treatment, and his rationale for refusing treatment was his wife was in their wardened flat. Interviewer: In their— Interviewee: In their flat, that was in a complex where there was -- what do they call it? Assisted living. If he went to a nursing home, which was where the hospital – the care team wanted to transfer him, if he went to that, the local authority would put a charge on his wife's home in order to pay for his care. That means if the house was sold, they take money. Or if she dies, they</p>	<p>Stories</p>

<p>Hannibal Lecter</p> <p>you don't earn £50,000 therefore you are of no value.</p> <p>The poor are of no value</p> <p>Society is grinding them down. Tone frustrated but strong and firm and solid...</p>	<p>1098 1099 1100 1101 1102 1103 1104 1105 1106 1107 1108 1109 1110 1111 1112 1113 1114 1115 1116 1117 1118 1119 1120 1121 1122 1123 1124 1125 1126 1127 1128 1129 1130</p>	<p>take the money. You're allowed something like 20,000 in your account, otherwise the local authority pay for it if you have less than 20,000 in savings. A house is considered savings. He did not want his wife to if she wanted to move nearer their daughter, which had been discussed, they would take the money out of that house. He was refusing to be discharged from the hospital, said he was refusing treatment because he didn't want to live anymore, because he'd had enough, but he was making that decision as well based on the fact that his wife would not be able to move near their daughter....(<i>a sense of sadness and concern for humanity displayed here</i>). He might not be considered in poverty....but where is the humanity in what the decisions are being made by government, who, as far as I'm concerned, David Cameron, the equivalent of Hannibal Lecter. I know that sounds really powerful, but they are exhibiting the same behaviour, and as far as I'm concerned, with the austerities, you don't earn £50,000 therefore you are of no value. So we have to look at the whole person, their culture, social and how these so called policy makers are grinding them down.</p> <p>Interviewer: (long pause) We'll end up for today.</p> <p>Interviewee: Sorry...(apologetically).</p> <p>Interviewer: That's okay...thanks very much for sharing our experience... Is there anything that we haven't said?</p> <p>Interviewee: I could go on for hours, you can probably tell (smile).</p>	<p>might not be considered in poverty....but where is the humanity in what the decisions are being made by government, who, as far as I'm concerned, David Cameron, the equivalent of Hannibal Lecter</p> <p>Holistic working:</p> <p>Poor are of no value; Managing versus changing "we have to look at the whole person, their culture, social and how these so-called policy makers are grinding them down.."</p>
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	1131 1132 1133 1134 1135	Interviewer: (smile and chuckle)... Thank you.	
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