SOCIAL PRIVILEGE IN THE CONTEXT OF THERAPEUTIC GROUPS

A thesis presented in partial fulfilment of the requirements for the degree of

Master of Arts (Psychology)

Massey University, Aotearoa New Zealand

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2025

Abstract

In Aotearoa-New Zealand, mental health services are under strain, and group therapy is increasingly used as a modality that provides economic access to therapy to a large number of people. Therapeutic groups are typically diverse, comprised of a complex constellations of identity dimensions, values, and characteristics. Race, class, gender, sexuality, and religious positions confer privileges, marginalising those not occupying such dominant positions. Privilege can subsequently manifest as tension and conflict between individuals within therapeutic groups. Researchers have noted the need to study how privilege manifests and is managed in therapeutic groups. Furthermore, research tends to focus on oppression and marginalisation in therapy groups as the focal point to address, rather than on privilege as a cause of marginalisation and oppression. Through semi-structured interviews, the researcher explores how eight group therapists understand and manage privilege in group therapy. Privilege emerges as relational, dynamic, and complex, presenting partial challenges to social microcosm theory. In therapeutic groups, privilege may not always be held by those who hold it on broader society. Therapists manage the potential risk of privilege having negative effects on group members, either through pre-emptively excluding some privileged people or utilising the exploration of its manifestations as a mechanism for individual change and growth. The findings support the need for targeted training in the understanding and management of privilege in group facilitation.

Keywords: Social Privilege, Privilege, Group Therapy, Therapeutic Groups, Marginalisation, Oppression, Identity Dimensions, Social Construction, Interpretative Phenomenological Analysis, Values, Power Dynamics, Harm, Group Facilitation Approaches, Tension, Conflict, Intersubjective Learning, Social Justice

Acknowledgements

Firstly, to my four brilliant children, Alex, Will, Indie and Josh, who have been patient beyond my imagination as I completed this work. You always light up my world and have inspired me to be better, to know more, to look deeper into myself and what I think I know, opening my mind more... thank you. Will, I've loved our dinners with the littles; they've meant a lot to me. Our journey has had trying times and happy times, but the only destination we can never reach is the one we stop trying to reach and you remind me of that every day. I love you all very much.

Next, I want to thank my supervisors Dr Amanda Young-Hauser and Dr Clifford Van Ommen. You have patiently supervised, encouraged, guided, challenged, and supported my exploration of this subject with the steadiness and care required to counter my passion for it. Neither of you balked at working from my personal experience in group therapy and you guided me to curate a positive, academic exploration of the topic. I still haven't stopped pinching myself for landing the dream team of supervisors – my mind has certainly been exercised and expanded. There were many times I thought I wasn't going to be able to finish due to a series of significant personal challenges, which you both supported me through, sticking by me regardless of how manic my life became, or how many metaphorical or actual ships sank. It was a pleasure to work with each of you, individually and together. I am privileged to absorb a tiny portion of your wisdom. I hope that this is not the last time I will encounter either of you. Thank you.

To the group therapists who participated in this research and work tirelessly to help people, you are incredible and inspirational people. Thank you for generously spending time with me to share your invaluable experiences and thoughts. Your desire to share and willingness to trust me with your professional and personal stories made me more determined to do this subject justice. I hope that this research helps us all to see a little more clearly in the group space, which is often under-valued and offers incredible possibility in Aotearoa.

To Commander Yvonne Gray: You are a hero. Don't let media, social discourse, or any tiny minded fool ever make you think otherwise, for any aspect of who you are. Every bit of who you are is important and feeds into *how* and *that you did* save 75 souls, including one part of my own. I hope, as you journey through the inevitable fallout, that history and judgement are kinder to you and that you hold on to what is important: you, those you love, and those who love you. Let everyone else dissolve into nothing because they don't matter at the end of all things. There can never be the words, but I offer a simple thank-you.

Crucially, my parents and step-parents Chris, Kathy, Ruth, and John who have walked alongside me, listened to my bleating, guided me, supported me with my challenges and put up with endless chats about my research and whinges about Two Things. You have kept my family going through financially and emotionally dark times, as well as the light.... Also thank you (which will never be enough enough). I could not have done this without you. Much love to you all.

Lasty... and crucially, Archie ♥ Thank you for being my rock in the river — albeit further along the river than I'd have liked — and my kingfisher. Thank you editing this tome and doing it because you know how much this research means me. I love you. And Blue. And Ash. And your sourdough.

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CHAPTER ONE: Context and Literature Review

Setting The Context

In Aotearoa New Zealand (Aotearoa), the use of group therapy to address mental distress is increasing due to financial constraints, allowing providers to meet therapeutic needs en-masse (Curtin, 2022). Group therapy brings individuals from diverse backgrounds together to work on common conditions or issues (Curtin, 2022; Yalom & Leszcz, 2020). Group therapy is designed to provide a facilitated forum to target specific mental distress and conditions, ranging, for example, from depression, panic disorder, social anxiety, chronic pain, or substance abuse to domestic violence (Corey, 2023). However, the inherent diversity involved in such an approach can introduce conflict and tension into groups, emanating from misunderstandings that are borne out of differences that are amplified by social privilege (DeLucia-Waack et al., 2014; Johnson, 2006; Yalom & Leszcz, 2020).

Some theorists argue that therapeutic groups are microcosmic replications of broader societal conditions and behaviours, which would include privilege (Corey, 2023; Kivlighan et al., 2021; Yalom & Leszcz, 2020). Other theorists posit that contextual and constellational group dynamics, should not tacitly be assumed to mirror *all* broader, social conditions, since to do so increases the risk that situationally-specific issues that drive inequities are never understood or addressed (Atewologun & Sealy, 2014; Case et al., 2012; Collins, 2000). The context of group therapy is complex, with each group forming a unique context within the broader therapeutic group framework, revealing unfathomable permutations of diversity and dynamism (DeLucia-Waack et al., 2014).

Psychology has typically focused on difference, deviance from norms, and "otherness", with the dominant culture's practices considered to be universal (Black & Huygens, 2016; Johnson, 2006). In Aotearoa, despite a bicultural political stance, Pākehā culture is embedded as the "normal way of being in the world", ultimately informing how therapy is practised (Black & Huygens, 2016, p. 49). Māori have suffered as a result in

many ways with, for example, poorer health outcomes and greater levels of poverty (Borell et al., 2009). Social justice studies have historically considered minorities, the marginalised, and the powerless as a "problem" to address, rather than examining the social forces that create marginalisation and oppression (Johnson, 2006). Social privilege is considered a pivotal factor in oppressive social systems (Johnson, 2006). Accordingly, awareness of the phenomenon may explicate structural inequity, providing insight that serves social justice missions (Bergkamp, Martin, et al., 2022).

Privilege, power, and dominance create problems *for* marginalised groups and are increasingly coming under study (Johnson, 2006). This more recent perspective strongly argues that the phenomenon of privilege perpetuates oppression, and marginalisation, and therefore entrenches social inequities (Case et al., 2012; Goodman, 2015; Johnson, 2006; McIntosh, 2015; Watt, 2007). Contemporary scholarly work typically characterises privilege as being attached to whiteness, masculinity, heterosexuality, and Christianity (Black & Huygens, 2016; McIntosh, 2019). Rather, privilege is increasingly presented as a multifaceted and contentious social construct, generating ongoing social, political, and scholarly debate (Atewologun & Sealy, 2014; Case et al., 2012). In Aotearoa, there is opposition to policies and practices that address privilege through redistributive approaches, possibly due to a belief that Aotearoa's society provides opportunities for advancement through hard work alone in an egalitarian populace (Nel, 2022). In short, there is a belief that everyone begins life as equals.

Scholars in the field of privilege studies define privilege as a set of special advantages, entitlements, or rights that are conferred upon an individual, based exclusively upon their membership of groups possessing status and power in a society or group, rather than any work or effort to obtain them (Black & Stone, 2005; Johnson, 2006; McIntosh, 2015). These entitlements are bestowed through attachment to socially constructed (i.e., not naturally occurring), 'superior' social locations, determined by identity and demographic characteristics such as gender, ethnicity, race, or social class, and culture, values and beliefs (Johnson, 2006; McIntosh, 2015).

Group therapy literature suggests that privilege in a therapeutic group can harm individuals and may obstruct group coherence (Corey, 2023; DeLucia-Waack et al., 2014; Yalom & Leszcz, 2020). The kinds of negative outcomes that can occur will be addressed later in this chapter. Therapeutic groups in Aotearoa reflect diverse, often conflicting epistemic standpoints, norms, and identities, which can be problematic if not well managed by therapists (Corey, 2023; DeLucia-Waack et al., 2014). By "epistemic" I mean knowledge, and the degree of value attached to it by different groups in society. Conversely the intersubjective act of witnessing and experiencing people and groups with different epistemic views is *useful* to individuals, because it can prompt the discovery of, and reflection on, a new range of strategies for problem solving and addressing challenges (Corey, 2023; DeLucia-Waack et al., 2014; Gitterman, 2019; Yalom & Leszcz, 2020). The same approach also encourages acceptance of difference (Yalom & Leszcz, 2020). The literature reveals then, a conundrum: privilege poses both opportunities for growth for group members and a risk of harm to or negative consequences for some group members depending on their social location in a therapeutic group (Coombes et al., 2016; Corey, 2023; DeLucia-Waack et al., 2014; Gitterman, 2019; Yalom & Leszcz, 2020). A growing body of scholars note this dichotomy and draw attention to a gap in evidence-based praxis in therapeutic groups, a hive of diversity and intersubjectivity (Corey, 2023; DeLucia-Waack et al., 2014; Yalom & Leszcz, 2020).

My research is conducted at a point in time when Aotearoa is facing a crisis in the provision of mental health care, despite increased resourcing of providers (Curtin, 2022; Mathias, 2023). Increasing numbers of New Zealanders have turned to mental health services during the past decade, particularly post-pandemic (Mathias, 2023). Access to mental health and addiction services has grown 73% in the past decade (Te Whatu Ora, 2018). The majority of health and addiction services are resourced and supported by public funds, with about 9% of the total health budget being spent on these services (Te Whatu Ora, 2018). Despite this, Aotearoa faces a shortage of 1000 psychologists — among other mental health professionals — to fill critical roles in primary and secondary mental health care (Bradley, 2023). Therapy is, by and large, an expensive vehicle for addressing mental

healthcare needs, with private access costing between $80 and $250 per hour for dyadic therapy (Curtin, 2022). Funded access to therapy is tightly moderated individuals and groups in privileged positions, with power, at institutional levels (Miller, 2004). For example, individuals are means tested to ascertain whether they qualify for financial assistance (Miller, 2004). In order to combat the skills shortage, economically viable therapeutic group services are increasingly considered to treat more individuals, while maintaining therapeutic effectiveness (Curtin, 2022; Yalom & Leszcz, 2020).

The Health Status Report acknowledges the many determinants of health that are positively and negatively affected by how society is structured, also noting that how power, racism, and privilege act and how they are addressed can have a significant influence on health and therapeutic outcomes (Te Whatu Ora, 2024). Many Māori, Pacific peoples, and immigrants experience systemic racism and a lack of equitable access to mental health services (Te Whatu Ora, 2018). The Government Inquiry into Mental Health and Addiction notes a need for culturally enhanced therapeutic services and approaches and a government led approach to enhance well-being (Te Whatu Ora, 2018). Therapeutic groups then, as diverse, intersubjective, contextual meeting points, need focus to ensure that social determinants support well-being by addressing barriers to social equity, including the negative effects of privilege (Curtin, 2022).

Although diverse, Aotearoa has been described as a nation that views the values and beliefs of other cultures through a lens of Eurocentric superiority and with a lack of awareness of the inherent privilege attached (Consedine & Consedine, 2012). Broadly, this results in other cultures, particularly Māori, becoming marginalised and experiencing disadvantage (Borell et al., 2009). Māori experience about twice the rate of serious mental illness when compared with non-Māori, and are also at increased risk of suicidality and attempted suicide (Kopua et al., 2020). Consideration of privilege as an historic, insidious perpetuator of oppression is more frequently addressed by social psychologists and sociologists, but rarely researched in praxis-based contexts by the therapeutic disciplines

such as clinical psychology, psychotherapy, and counselling (Case et al., 2012; Goodman, 2015; Johnson, 2017; Lewis, 2004; McIntosh, 2012; Pinterits et al., 2009).

There are ongoing attempts by governing bodies to address privilege-related harms that maintain social inequities, marginalisation, and discrimination through codified obligations for therapists.[1] However, to meet codified obligations set out in the various professional codes of conduct and ethics, also accounting for Te Tiriti o Waitangi (Te Tiriti), therapists require contextual, evidence-based understandings, and approaches to manage privilege, and its power, counterparts, oppression, and inequity (Gitterman, 2019; Weinberg, 2015). Yet there is a dearth of literature addressing the subject of privilege in group therapy and what little there is available tends to focus on race and gender as the primary foci (Bergkamp, Olson, et al., 2022).

Group therapists may play an important part in broader efforts to address social inequities in Aotearoa, positively contributing to broader social justice efforts (Bergkamp, Martin, et al., 2022) in a nation with ongoing colonially driven partitions (Mathias, 2023). Group therapists adopt an influential intersubjective facilitation position, with potential guidance to group members to enable greater understanding of their own, as well as others' positions and experiences in society (Yalom & Leszcz, 2020). Broadly, the literature tends to minimise privilege, oppression and disadvantage, rather than situating these phenomena in broader contexts (Atewologun & Sealy, 2014; Johnson, 2006). My approach allows me to explore privilege and group therapy together, drawing together evidence and contextualising it. To date, these have been studied separately.

In this study I elicited the experience and understanding of group therapists to answer the question how does privilege manifest in group therapy. This research uses a

[1] [1] The Code of Ethics for Psychologists Working in Aotearoa New Zealand, 2002
The Aotearoa New Zealand Association of Social Workers Code of Ethics, 2019
The New Zealand Association of Counsellors, Code of Ethics: A Framework for Ethical Practice, revised 2018
The New Zealand Association of Psychotherapists Code of Ethics, 2018
Drug and Alcohol Practitioners Association of Australia and New Zealand, Tikanga Matatika, the DAPAANZ Code of Ethics, 2020
New Zealand Society of Diversional and recreational Therapy, Code of Ethics, 2023
New Zealand Christian Counsellors Association, Code of Ethics and Practice, 2023
The Music Therapists Association of New Zealand, Code of Ethics, 2020
The Australia New Zealand and Asian Creative Arts Association, Ethics and Standards of Professional Practice, 2022

interpretative phenomenological methodology, and a social constructionist theoretical lens to open space to probe, elicit and comprehend therapists' unique experiences and understandings of privilege in this context. I begin with an overview of relevant literature, exploring current conceptualisations and dimensions of privilege as a perceptual, socially constructed phenomenon. I will discuss how privilege reproduces social norms and narratives, reinforcing oppression and power dynamics. This study illuminates how socially constructed differences develop privilege, power, and oppression dynamics, before discussing group therapy history. I next position privilege in the therapeutic group landscape, and introduce the effectiveness and structure of therapeutic groups, cohesion of the group, the role of group therapists and emphasise the codes of ethics by which they are bound and the training landscapes that found therapists' understanding of group therapy and privilege. Throughout the thesis I argue that privilege is multifaceted, necessarily relational, contextually situated, and perceptually affective. Privilege is a messy, everyday phenomenon that manifests through relationships and social practices (Hodgetts et al., 2020; Johnson, 2006). I conclude this chapter with an overview of the socio-political landscape of Aotearoa.

What the Literature Reveals

Privilege is largely an invisible social system that confers advantages on some groups and individuals, and oppresses and marginalises others (Black & Stone, 2005; Johnson, 2006). Privilege systems are connected to values, dimensions and physical characteristics, including ethnicity, gender, or sexuality with some groups holding dominant characteristics and values that tend to occupy positions of power (Johnson, 2006). This multitude of contributing factors and worldviews make privilege complex to research and understand (Johnson, 2006). Privilege-related dominance does not mean that everyone with the dominant characteristic or values is powerful, rather that the powerful tend to belong to that group, for example, white males (Johnson, 2006). When an individual outside the dominant group characteristics and values holds a position of power, they are often treated differently — this was a recently exemplified by the incident of the

sunk HMNZS Manawanui, the commander of which was frequently labelled by the media as the "British, female, lesbian commander", not "the commander", or "Commander Gray" (Bridge, 2024).

Dominant-group identification socially positions prevailing characteristics and values as the standard social norm (Johnson, 2006). For example, people who identify differently than 'male' or 'female' in data classification systems are often labelled "other", demarcating what they are not, rather than what they are (Johnson, 2006). This systemic domination constructs an illusory position of 'standard', 'human', or 'normal' from which systems of privilege emanate (Johnson, 2006). Those who belong to the dominant category are more likely to assume privileged positions, enjoying advantages or exemptions not afforded to those who do not conform to this standard, "normal" group (Johnson, 2006). What is considered to be *normal* will be addressed later in this chapter. The paradox of privilege is that individuals holding privilege tend not to be aware that they do, perpetuating and embedding it further in society and groups (Johnson, 2006).

The typical privilege-generating category that has been oft-studied is 'whiteness' (Johnson, 2006; McIntosh, 2019). White-centrism is thought to cause white people to believe that being 'white' is not a race, or a culture, obscuring it by manoeuvring it to become the "normal" social benchmark against which everyone is measured (Johnson, 2006). Every other culture and race is therefore labelled and treated as otherwise not white (Black & Huygens, 2016). White people have typically been more visible in social discourse, advertising, movies, or positions of political power perpetuating whiteness as being the norm (Harrison et al., 2017). Thus, patterns of unearned advantages develop, ensuring that those with dominant characteristics become and remain privileged simply because they have been socially classified in this way (Johnson, 2006).

A significant consequence of privilege is the oppression of non-dominant groups because they do not reach or conform to the standardised norm (Johnson, 2006). Research from Meyn (2021) indicates, for example, that the criminal justice system tends to respond more softly to drug crimes committed by white people. In contrast to this are the

oppressive consequences for people who are not white and the systematic risk profiling of, for example, Māori during arrest, prosecution, and punishment phases of the justice system (Coombes et al., 2016; Luff & Newbold, 2014; Meyn, 2021).

Privilege studies add some clarity to ways in which society can work towards greater social equity and overall justice, though there remain gaps in understanding the phenomenon (Young, 2020). However, the rare achievement of formal social equity does not typically achieve the eradication of privilege because privilege can be experienced in multiple systems of inequality (Nixon, 2019; Young, 2020). To eradicate privilege in therapeutic groups would require a much broader restructuring of society (Nixon, 2019; Young, 2020). A discussion about whether privilege could be eradicated in society is too grand for this thesis, however at present in Aotearoa privilege remains heavily embedded in society, its existence often contested by the privileged (Borell et al., 2009; Nixon, 2019; Young, 2020). For the purpose of this research, the position that it is impossible to eradicate privilege from therapeutic groups without restructuring broader society is adopted. However, this does not diminish group therapists' responsibility to work towards equity and social justice within their groups, see for example, Code of Ethics Review Group (2012).

Defining Privilege

McIntosh (2019) sparked an increased interest in privilege studies with her 1989 work addressing her "invisible knapsack". Her analogy refers to an accountability approach in which she reflected on an invisible, weightless knapsack of special advantages (McIntosh, 2019). She was by no means the first to notice how some groups are automatically more advantaged than others in society, with much earlier work from scholars like Du Bois (1968) acknowledging privilege. Privilege has been defined as a set of special advantages, entitlements, or rights that are conferred upon an individual, based exclusively upon their membership of groups that possess status and power in society or groups, without requiring work or effort to obtain them (Black et al., 2007; McIntosh, 2012). When one group or individual possesses something of value that is denied to others

simply because of the social groups they belong to, rather than action they have taken, they are socially privileged (McIntosh, 2019). This can come in many forms, for example, a greater share of resources or being considered to have greater credibility simply due to subscription to a social category or values (Johnson, 2006). In addition to conferred advantages, McIntosh (2015) identifies a second form of privilege, which she refers to as "conferred dominance", giving one group power over another, for example, men controlling conversations with women, believing they are more credible by virtue of their masculinity (Coward, 2022). This is a social practice which is thought to stem from patriarchy (Coward, 2022).

To provide more structure to understandings of privilege, Black and Stone (2005) proposed five conditions from which to discern and conceptualise privilege. First, they suggest that privilege is a special benefit, which is not common nor is it experienced universally. Second, they contend that privilege is conferred upon someone irrespective of individual effort or talent. Third, privilege is expressed as rights or entitlements that are often associated with socially conferred status or rank. Fourth, they posit that individuals deploy their privilege to benefit themselves, often to the detriment of others, who become disadvantaged and create a spectrum of privileges, advantages and disadvantages. Black and Stone's (2005) final assertion is that social privilege is unconscious; individuals are unaware they hold it, or of the consequences of yielding it. McIntosh (2019) also wrote of the invisibility of this phenomenon suggesting that people with privilege struggle to see and understand it. This five part definition provides insight into why the study of privilege in therapeutic groups is so important, with the group providing instant, live feedback on behaviour. Yalom and Lesczc (2020) emphasise the importance of harnessing the intersubjective nature of therapeutic groups, which allows people to see the impact of their own behaviour in situ. When the impact of one's behaviour is fed back via a therapist, it is harder to deny the effect of it on other individuals (Yalom & Lesczc, 2020).

At its core, privilege is a relational phenomenon that requires at least two individuals for it to initiate (Johnson, 2006). Individuals from privileged groups find it

harder to detect and understand privilege than those from marginalised groups do (Johnson, 2006). This is thought to be because marginalised individuals feel the effects of privilege, whereas privilege-related advantages feel natural to the privileged (Hall, 2020; Johnson, 2006). Challenges to privilege can cause privileged people to feel defensive and confused because it implies they have been *given* something, rather than *working* for it, such as a university degree, causing them to deny they hold privilege (Johnson, 2006). However, privilege can be both something that is unearned *and* achieved, which I will explore in more depth later. This defensiveness makes privilege a challenging phenomenon for an individual to realise they have, and also to study (Johnson, 2006). Denial of one's own privilege has been labelled a form of microaggression or microinvalidation that undermines the experiences of underprivileged individuals, minimising potential discrimination they face (Sue & Spanierman, 2020). However, such a microinvalidation could arguably require a level of awareness and intent, which the literature strongly suggests a typical person lacks (Johnson, 2006; Mayerhoffer & Schulz, 2022). Often researchers themselves are privileged, and reflecting on their own privilege can be a painful experience (Bashir, 2020).

To understand privilege more deeply, it is useful to distinguish between achieved status and unearned privileges because it offers a framework to conceptualise privilege, equity and social justice (Johnson, 2006).

> ***Achieved Status*** takes place through individual merit and ability, regardless of social location (Shelby-Rosette & Thompson, 2005). It tends to encapsulate individual achievements and associated feelings of pride, such as a promotion at work, completing a tertiary degree, or winning a sports trophy (Shelby-Rosette & Thompson, 2005). These accomplishments can result in privileges that have been earned. However, although individuals earned these privileges, these privileges are not necessarily accessible to everyone because socially and institutionally embedded structures favour groups and individuals who already have power and dominance (Johnson, 2006).

Unearned Privileges Unearned privileges can encompass dimensions such as gender, sexual orientation, physical attributes, being born into wealth and the values attached to these characteristics (McIntosh, 2012; Sparks, 2018). Other privileges are linked to socially conditioned beliefs and attitudes, such as tall individuals having advantages their careers and organisational lives simply because individuals have been socialised to trust tall people more, conferring an ability to earn more than their counterparts (Judge & Cable, 2004). Similarly, in Aotearoa, privilege is attached to being male, heterosexual, and Pākehā; this too is unearned. It is these privileges that are pivotal in maintaining the cyclical, inequitable division of power, resources, and opportunities in Eurocentric, democratic societies such as Aotearoa (Borell et al., 2009; Johnson, 2006). Such unearned privileges in turn enhance the chances to achieve status (Johnson, 2006; Shelby-Rosette & Thompson, 2005). Achieved status may stem from privilege dynamics, with intergenerational advantage improving social opportunity, or health and education for certain groups (Shelby-Rosette & Thompson, 2005).

In short, privileges are not earned by merit alone (Johnson, 2006; McIntosh, 2019). The closer an individual or group is to the characteristics and values of the dominant group, the greater their privilege; the further from the norm, the less acceptable individuals are considered, leaving them underprivileged, marginalised and oppressed (Johnson, 2006; McIntosh, 2019). Individual differences, and a lack of intersubjective understanding and acceptance of them can result in judgment, tension, and conflict (Anjum et al., 2014; Reynolds et al., 2021). Judgement results from inherent bias, a lens through which individuals make sense of society and the groups within it, affecting interpersonal relations and the ways individuals are, for example, assessed in psychological testing (Mayerhoffer & Schulz, 2022; Reynolds et al., 2021). Privilege is characterised by the actions of individuals who create and impose their views and social mores on society on groups, which may bear out broadly, or contextually (Black & Stone, 2005).

The Social Construction of Privilege

Grasping privilege is challenging because individuals perceive and make sense of privilege differently, deriving from their own location in relational social interactions and culture (Berger & Luckmann, 2016; Burr, 2015; Gergen, 1985). Difference shapes the social fabric of everyday life and invites ranking and categorising individuals and groups (Gitterman, 2019; Johnson, 2006). One function of this is the promotion of the interests of the contextually hegemonic groups who do the categorising, creating, reinforcing, and perpetuating difference based hierarchies (Gitterman, 2019; Johnson, 2006).

Once positioned, social categories tend to shape, often unconsciously, social evaluation and behaviour through stereotyping, resulting in biases that can underlie harmful behaviours (Stolier & Freeman, 2016). These categorisation frameworks enable people to situate themselves and others within the social world and to make predictions about other individuals and groups (Rhodes & Baron, 2019). Social categories rely on perceived patterns of similarity and difference, creating socially problematic biases: in-group favouritism and perceived outgroup homogeneity (Liberman et al., 2017). This results in prejudicial beliefs, discriminatory practices, and behaviour (Rhodes & Baron, 2019). Social categories of difference are not innocent or neutral, and are implicated in the hierarchical structuring of societies and groups (Burr, 2015; Margolin, 2017). Therapeutic groups are small societies, which form their own social governance frameworks containing norms, values, and beliefs (Yalom & Leszcz, 2020).

Culture and Values

Studied for over a century, culture is social phenomenon that is broadly considered distinct to, but influential over personality, which emerges as an individual-level concept (Risi & Marti, 2022; Schwartz, 2012). Culture is a social level concept, related to groups (Hofstede, 2001; Kaasa, 2021; Schwartz, 2008). The constituent parts of culture are values, norms, beliefs, and attitudes that form patterns and characterise different social groups (Hofstede, 2001; Schwartz, 2008).

Values guide, motivate and allow people to set priorities (Kaasa, 2021; Sagiv & Schwartz, 2022; Schwartz, 2008). There are various scholarly definitions of values, which typically argue that values underpin the convictions of individuals, providing elements of judgment to guide what is good, desirable or right to the individual (Hofstede, 2001; Kaasa, 2021; Schwartz, 2012). Schwartz (2012) suggests that values are weighted with varying degrees of importance to an individual and can range in scale of importance, being important to one individual but unimportant to others (Anjum et al., 2014; Schwartz, 2012). They can evoke emotion, causing distress or discomfort when challenged, for example, people who value justice may become distressed if they encounter injustice (Schwartz, 2012). They motivate action to address a perceived social imbalance or injustice, manifesting in all contextual situations and actions in a person's everyday life (Schwartz, 2012).

Values are distinct from norms and attitudes that are typically tied to specific contexts, setting unconscious standards that underlie social evaluation of others, actions, events, and policies (Schwartz, 2012). However, they can become conscious when in internal conflict, for example when an individual cedes power to attend to benevolence (Schwartz, 2012). Thus, values enable the ranking of priorities, demarcating how an individual approaches everyday life; norms and attitudes have no such ranking system guiding how individuals formulate actions, attitudes and behaviours (Schwartz, 2012).

Schwartz (2012) proposed ten broad universal values (for example, that emerge across all cultures and individuals, but with priority variances) linked to the motivation that underlies each one. Although individuals are focused on meeting these ten needs, their value-based approaches to achieve them can vary significantly, a key feature of privilege dynamics (Schwartz, 2012). When some values become dominant, social hierarchies and imbalances develop, leading to marginalisation and oppression (Johnson, 2006; Schwartz, 2012). For this to occur, groups must treat power — one such universal value — as a value, and where it is conferred, dominance can take hold in a group or society (McIntosh, 2019; Schwartz, 2012). Intersubjective dominance can highlight normative

difference, creating conflict and tension within groups (Black & Huygens, 2016). As I will discuss later in more depth, power and privilege are entwined social phenomena in which one can beget the other. In contrast, where benevolence — another universal value — is a prioritised value, social change becomes more sought after and possible (Risi & Marti, 2022; Schwartz, 2012).

Values held by people with power and privilege are commonly situated at the core of institutions (Johnson, 2006; Risi & Marti, 2022). The power they hold gives them the ability to maintain their positions of privilege through the creation of policies, distribution of resources, decisions, and practices favour their own values, eschewing those of other groups (Johnson, 2006; Risi & Marti, 2022). Some distributive examples include the ways that some groups receive greater legal protection, or less severe consequences (Freeman, 2018), social acceptance, and access to healthcare (Black & Huygens, 2016).

Values can emerge as solutions to resolve socially manufactured "problems", as determined by a dominant group, to the detriment of other groups (Risi & Marti, 2022). For example, the British believed they were bringing solutions to social "problems" they believed Māori had, such as a lack of Christianity, or a lack of Eurocentric, individualistic approaches to ordering society (King, 2003). Rather Māori valued their own culture and ways (King, 2003). In order to recognise the inherent problems in dominant values and move to acceptance of alternative values, individuals need to be exposed to the values of others (Risi & Marti, 2022). It is through this intersubjective influence that values can evolve at individual, collective, organisational and institutional levels, creating social change through deliberation (Risi & Marti, 2022; Yalom & Leszcz, 2020).

Acceptance Is The Problem, Not Difference

As I have described, differences between individuals and groups because of clashes between constructed epistemic positions, norms and values can create tension in groups relating to privilege and hierarchies that emerge from it (Gitterman, 2019; Johnson, 2006). However, it is not inherently difference that causes social hierarchy, but a lack of

acceptance of it (Johnson, 2006). Value systems that prioritise power are thought to lie beneath privilege and oppression dynamics (Johnson, 2006). There have been many attempts to depict classifications of individuals and groups in, for example, wheels of privilege and power, showing how individual dimensions confer privilege and power in typical Western nations (Timmo, 2022).

Difference and diversity between and within individuals and groups are incalculable, overlapping, and normal (Johnson, 2006). Where these diverse social categories, intersect has become known as "intersectionality" (Crenshaw, 2013). Intersectionality was originally conceived by Crenshaw (2013) to highlight how social differences entwine and are experienced together, rather than separately. The central issue here is that privilege exploits rather than observes difference, promoting an impression that difference is the problem (Johnson, 2006). Individuals can be empowered or oppressed, but may be both depending on the characteristics that emerge contextually (Atewologun & Sealy, 2014).

Being "Normal"

People, Kraatz (2020) suggests, "experience values as moral imperatives and use them to judge the world, each other, and themselves" (p. 477). Norms are action-guided rules that underly values and what is considered to be normal, or acceptable (Kraatz, 2020). Those who deviate are labelled as abnormal, or "other" (Coombes et al., 2016; Johnson, 2006). One benefit of being perceived as "normal" is privilege, which enables individuals to experience greater general social acceptance based on these socially constructed categories (Johnson, 2006). Kimmel and Ferber (2017) take the concept of "normal" further, arguing that universal generalisability encapsulates the concept of "in general…", which is oft applied to claim that something is typical. Both "normal" and "universal generalisability" allude to how privilege is a socially constructed phenomenon because knowledge, language, perception, and structural conditions underpin "normal" or "in general" (Schwartz, 2008).

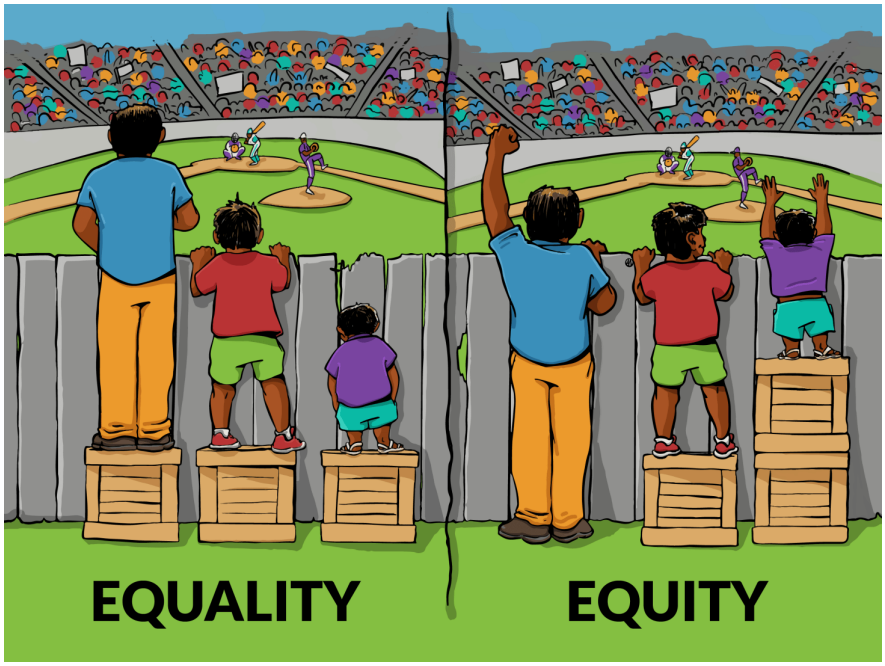
Privilege, Power, Oppression, Equality, and Equity

A common definition of *power* is that of a conferred ability to make decisions and influence others (Garrett, 2023; Johnson, 2006). This kind of power provides the 'power to' affect, influence, or manipulate, for example (Wrong, 2017). *Oppression* is disenfranchisement that has been perpetuated over time to the disadvantage of a group of people sharing one nor more characteristics (e.g. Māori, or female) (Johnson, 2006). The literature presents privilege, power, oppression and (in)equity as inextricably linked, with privileged, hegemonic groups maintaining and perpetuating their positions by exercising privileges (Bergkamp, Olson, et al., 2022; Goodman, 2015; Johnson, 2006). This results in unequal power dynamics, domination and marginalisation of individuals and communities (Cormack et al., 2020).

It is important to define *equality* and *equity* (Minow, 2021). Equality denotes identical apportionment of resources, treatment, dealings, and respect of values; equal sharing and exact division (Minow, 2021). Whereas equity represents fairness and equality of outcomes, involving a factoring in of social, historic, socioeconomic and systemic aspects that place particular groups at a disadvantage (Coombes et al., 2016; Minow, 2021). Equity embodies qualities of justness, impartiality fairness, and even-handedness (Minow, 2021). Understanding the interplay between privilege and oppression is a critical step to enable development of strategies and actions to address social inequities, contributing to overall social justice efforts (Coombes et al., 2016; Johnson, 2006). See Figure 2. on the following page for a visual representation of equality versus equity.

Figure 2.

Equality Versus Equity



Note: From Illustrating Equality Versus Equity, Interaction Institute for Social Change Copyright year (2016) by Interaction Institute for Social Change. Free to use with attribution from — Interaction Institute for Social Change | Artist: Angus Maguire.

Figure 2. encapsulates how distributive justice attempts can prompt debate about who is privileged. People who hold social privilege may claim that the person on two boxes has been granted unearned privilege, rather than considering that the boxes create equity (Garrett, 2023; Minow, 2021). Privileged people can metaphorically see over the fence without assistance, whereas those without it experience the effects of the fence as a barrier to experience the same as those who do not need the box. Ideally there would be no fence, but this is a debate beyond the scope of this thesis.

Group Therapy and Privilege

Yalom and Leszcz (2020) and others (Burlingame, 2018; Corey, 2023; DeLucia-Waack et al., 2014; Smith & Shin, 2008) have observed the need for more research about the effect that privilege has on therapeutic group function. This is because their work recognises the intersubjective, contextual nuances of therapeutic groups. A slim body of

literature challenges sociological theories that argue privilege manifests through rigid, structured hierarchies, reproducing privilege in the same way in every context (Atewologun & Sealy, 2014; Collins, 2000; Yalom & Leszcz, 2020). The nuanced constellation of individual characteristics and values within each social group affect categorial dominance that manifests (Atewologun & Sealy, 2014; Case et al., 2012). These categories are linked to and construct positions of privilege (Applebaum, 2003; Burr, 2015).

Each unique group constellation can result in the marginalisation of individuals who might typically be expected to hold social privilege (Atewologun & Sealy, 2014). An increasing circle of scholars argue it is irresponsible to assume that broader social conditions are replicated in every social context (Applebaum, 2003; Atewologun & Sealy, 2014; Case et al., 2012). Typical factors that beget privilege such as education, wealth, ethnicity, age, gender, and occupation may not translate into privilege in all settings, rather manifesting in nuanced ways (Atewologun & Sealy, 2014). Simply put, no one theory can account for the nuances of every context and the evolutionary point of privilege in society throughout history (Atewologun & Sealy, 2014; Case et al., 2012; Collins, 2000). Aotearoa is socio-culturally, politically, historically and economically unique with diverse social categories and identities, requiring a specific research lens to explore how privilege manifests in therapeutic groups to understand the mechanisms of privilege.

More recent developments in the conceptualisation of privilege suggest that individual identities are not unidimensional (Crenshaw, 2013). Rather they are full of differences and diversity that come to the fore or recede based on contextual nuances, such as the unique constellation of individuals who are in the group (Atewologun & Sealy, 2014; Case et al., 2012; Collins, 2000). These scholars argue that although broad, socially interlocking systems and hierarchies confer automatic, unearned benefits on hegemonic groups in broader society, this dynamic may manifest differently in specific contexts including therapeutic groups (Atewologun & Sealy, 2014; Collins, 2000). Context is underpinned by factors such as the constellation of individuals within the group, organisational and institutional factors, therapist training, and broader social structural

factors (Collins, 2000). This then, becomes relevant in the specific context of diverse, intersubjective therapeutic groups.

Because of this intersubjectivity, group approaches are considered valuable to help individuals develop greater personal and social accountability (Parker, 2014). This accountability derives from other group members, who bear witness to their behaviour, development and contributions to the group (Parker, 2014). Groupwork provides the individual with feedback from sources other than just the therapist, often increasing intersubjective feedback (Parker, 2014; Yalom & Leszcz, 2020).

Harm and Negative Consequences

Therapists also need awareness and to be monitored for lapses in critical consciousness, bias, and misuse of their privilege and power that stems from it within the group (Parker, 2014; Yalom & Leszcz, 2020). Such lapses can result in problematic, but well-meaning attempts to subvert phenomena such as privilege. Some people may experience adverse effects from group therapy, some of which are related to privilege (Harpaz, 1994; Jordan, 2014; Schneibel et al., 2017). Observed effects include mood deterioration, and the negative effects of therapists who exploit power, exerting bias on group members, privileging some people, while overlooking other group members (Harpaz, 1994; Schneibel et al., 2017). Jordan (2014) considers this risk broadly, highlighting the negative consequences that social conditions like privilege and epistemic standpoints can have on individuals in groups. Such outcomes can prompt individuals to leave the group, mood deterioration among group members, or reducing the efficacy of the group work (Roback, 2000; Schneibel et al., 2017). This underlies the call for research into the effects of privilege and the tension it can create in therapeutic groups.

The Danger of Empty Advocacy

Bergkamp and colleagues (2022) proposed the term *empty advocacy* in reference to futile outcomes despite efforts to help people who are perceived as less privileged. This is relevant where intersubjective conflict may be caused by privilege . Attention is drawn to privilege, and the attitudes or behaviours it begets, aiming to either remove the privileged individual or address resulting issues or tensions (Bergkamp, Olson, et al., 2022). Such attempts at advocacy may indicate a hyper-awareness of privilege, without the commensurate knowledge and training about how to address it in the group (Bergkamp, Olson, et al., 2022). This kind of advocacy lacks any substantive movement to create social change (Bergkamp, Olson, et al., 2022). Black and Huygens (2016, p. 50) explain that when dominant groups attempt to help, they may "pursue policies of integration, in which cultural [or other] differences are expected to disappear over time". Therefore, they suggest, difference is not accepted, but rather nullified perpetuating privilege dynamics (Black & Huygens, 2016). Such attempts could pose a risk in therapeutic groups where members can be vulnerable.

Aiming for Agent Advocacy

Agent Advocacy, on the other hand, agitates social change among individuals, within systems of power and oppression, organisations, and policies (Bergkamp, Olson, et al., 2022). It requires a solid understanding of how privilege manifests in society and the groups within it. Bergkamp, Olson, et al. (2022) argue that the management of privilege dynamics becomes an act of responsibility to the group and towards social equity and justice. Agent advocacy requires the helper (or others within the group) to jeopardise their privileged position and act against prevailing social order, to unpack and reconfigure the social dynamics (Bergkamp, Olson, et al., 2022). Successful agent advocacy in therapeutic groups could result in intersubjective learning opportunities (DeLucia-Waack et al., 2014; Kivlighan et al., 2021), which I will address in more detail later.

Understanding Therapeutic Groups

Group interventions are considered to be more cost-effective and as therapeutically reliable as dyadic therapies (Curtin, 2022; Yalom & Leszcz, 2020). They fit well into a "stepped care" approach to mental health services, in which more cost-effective options are provided first and the more expensive options later if presenting problems do not improve or resolve (Curtin, 2022). Current literature suggests that well facilitated groups allow the therapist to obtain a clearer picture of each client's distress and the way this manifests (Guttmacher & Birk, 1971). This is because they are seen in real life, intersubjective, social situations, enabling direct intersubjective observation, assessment, and intervention (Guttmacher & Birk, 1971; Yalom & Leszcz, 2020). The therapist is also able to observe and support group members to explore and come to understand individual and interpersonal experiences and attitudes (Yalom & Leszcz, 2020). Therapists become active participants in the group, allowing them to observe the individual within group dynamics, and also consider how their own interactions in the group affect the members and outcomes (Corey, 2023; Yalom & Leszcz, 2020).

A History of Group Therapy

Originating in the United States, Joseph H. Pratt, Trigant Burrow, Jacob. L. Moreno, and Paul Schilder are considered the founders of group therapy in the first half of the 20th century, contributing early research and frameworks to the field (Meiers, 1945). In 1932, Jacob. L. Moreno presented his work, advancing understandings of group therapy to the American Psychiatric Association, and co-authored a paper on the approach to therapy, building greater interest in its application (Moreno, 1932). After World War II, group therapy became a bigger focus for development as a therapeutic modality to address the needs of more individuals at a time (Ezhumalai et al., 2018). However, Yalom's work is considered to be the most comprehensive work on therapeutic group practice (Burlingame et al., 2011; Ezhumalai et al., 2018). His work highlights the importance of group therapy as a modality because, for most individuals, the dynamics of a group can intensify growth and learning (Ezhumalai et al., 2018). Yalom's catalogue of work

contextualised the social psychology of small group behaviour in therapeutic groups (Ezhumalai et al., 2018).

As mental health demands have increased and society has evolved and developed, group therapies have been expanded to support a wide variety of purposes, including corrective, developmental, therapeutic, educational, recreational, and preventative conditions (Prochaska & Norcross, 2018; Yalom & Leszcz, 2020). It is unclear when exactly therapeutic group sessions were first introduced in Aotearoa, however Brunton (2011) mentions that psychotherapeutic groups were offered in psychiatric in-patient hospitals in the 1940s. Therapeutic group sessions are often used by organisations such as the Community Alcohol and Drug Service (CADS), Hearts & Minds, family violence (FV) prevention, and recovery service providers, offering free, or low cost access to therapy for a broad range of foci (Alldredge et al., 2021; Brunton, 2011; Curtin, 2022).

Group Therapy Effectiveness

Group approaches to mental healthcare are increasingly used in Aotearoa (Curtin, 2022). Early empirical evidence into the effectiveness of group therapy framed it as the "poor cousin" of dyadic (an individual client with a therapist) therapies (Curtin, 2022). However, in the past two decades researchers have consistently demonstrated the effectiveness of group therapies (Forsyth, 2021). Research suggests that group therapy positively affects mental health outcomes and wellbeing, comparing favourably with dyadic approaches (Curtin, 2022; Fawcett et al., 2020; Yalom & Leszcz, 2020). It is indicated to foster more permanent change than dyadic therapies (Forsyth, 2021). In particular, group therapy is effective for traumatic experiences, thought and mood disorders, social phobia, depression, obsessive–compulsive behaviours, bulimia nervosa, binge eating, substance-related problems, trauma, and the psychological complexities of physical illnesses (Burlingame, 2018; Forsyth, 2021). Groups may, however, be contraindicated for patients who experience distress from acute psychotic symptoms, somatisation, active suicidal ideation, organic disorders, poor physical health, significant

cognitive deficits, severe personality disorders, those with drug and alcohol addiction, and poor motivation (Ezhumalai et al., 2018).

When an individual feels marginalised and unsupported in a group, the intersubjective effectiveness is diminished (Yalom & Leszcz, 2020). Group structures can divide to create majority and minority groups (privilege and disadvantage) and change can be more challenging to achieve (Ezhumalai et al., 2018; Yalom & Leszcz, 2020).

Group Structure

Groups typically meet weekly for one to two hours (Yalom & Leszcz, 2020). They usually involve one or two therapists, and between four and fifteen clients (Corey, 2023). Open and "rolling" groups are common, in which members can join and leave at any time, or closed, in which all members begin and end simultaneously to each other (MacKenzie, 1996; Tourigny & Herbert, 2007). Closed groups can provide more security and consistency because they are familiar with the same group members throughout the course (Tourigny & Herbert, 2007). However, Corey (2023) and Yalom and Lesczc (2020) suggest rolling groups may provide greater opportunity for stimulation of new thought and challenges to entrenched thinking due to the introduction of the influence from new group members.

Groups can be stratified, containing members who have been selected by virtue of a singular identity dimension, e.g. being female or Māori, or heterogeneous, with diverse characteristics (Corey, 2023; Yalom & Leszcz, 2020). Sometimes groups are founded on cultural values, for example, Rongoa Māori focused groups. In line with the work of Crenshaw (1989) focusing on intersectional identities, members of a group may all identify as, for example, homosexual, but individual differences will be present and heterogeneity becomes apparent as the group progresses and the many dimensions of each individual emerge (Burlingame et al., 2011). This can create cohesion challenges for the group members as they individuate (Gitterman, 2019; Yalom & Leszcz, 2020). Thus

membership stratification does not minimise the complexity of therapeutic groups (Corey, 2023; Loden & Rosener, 1991).

Group work is used across many therapeutic disciplines including psychology, social work, psychotherapy (including psychodrama), psychoanalysis, health promotion and counselling (Curtin, 2022). Common therapeutic modalities practiced in groups include Cognitive Behavioural Therapy (CBT), interpersonal process group therapy, Dialectical Behaviour Therapy (DBT) and psychoeducational groups (Prochaska & Norcross, 2018; Yalom & Leszcz, 2020).

Group Cohesion

Cohesion is a vital factor in group effective treatment (Burlingame et al., 2011; Forsyth, 2021; Kivlighan et al., 2020; Yalom & Leszcz, 2020). Well-cohered groups retain their members, and result in better immersion in the focus of the group (Bakali et al., 2010). Highly cohered groups provide better support, trust, and feedback to their members (Forsyth, 2021). Burlingame et al. (2018) and (Yalom & Leszcz, 2020) assert that therapeutic groups led by therapists who have a focus on cohesion produce more therapeutic gains than groups that do not. However, social forces and dynamics such as privilege can interfere with cohesion, creating tension and conflict that risks negative consequences or harm to some group members and the group dynamics (Corey, 2023; DeLucia-Waack et al., 2014; Yalom & Leszcz, 2020).

When a group member does not coalesce with other members of the group, they may feel marginalised and excluded (Yalom & Leszcz, 2020). This can happen when the person feels unwelcome because a social category attached to their identity has been identified as being salient and less welcome, for example being Māori, Muslim, or belonging to the rainbow community (DeLucia-Waack et al., 2014; Yalom & Leszcz, 2020). Alternatively, a man in a group of women may feel less of a sense of identity and welcome. Consequently the individual may leave the group (Morris, 2013). When well facilitated, notable differences can lead group members to seek common experiences, or

shared values and beliefs through which to connect (Gitterman, 2019). In short, privilege can either be regarded as a problem or as an opportunity for exploration and growth development, negatively or positively affecting the group cohesion (Gitterman, 2019; Yalom & Leszcz, 2020).

The Role of the Group Therapist

Although privilege requires broad social structural remapping to eradicate it (Nixon, 2019), group therapists' do have a part to play in managing privilege under their regulatory and codified responsibilities, which will be addressed later in this chapter. A group therapist is the primary facilitator of the conditions of the group environment and change that occurs within it (Yalom & Leszcz, 2020). While other group members also influence change and the conditions within the group, the group therapist is key to creating and facilitating the progress in the therapeutic environment, and directing the focus of the group to pertinent tasks (Corey, 2023).

Broadly, the group therapist's roles and responsibilities include the decision to establish a group; to decide on the size of the group; to select clients who are suitable for the group; to determine the frequency and length of the sessions; to operate an open or closed group; to opt for a co-facilitator; to set the group rules and establish values; to introduce clients to group therapy; to create and maintain a therapeutic environment; to identify and resolve problems; to monitor individual and group progress; and to direct the focus of the group (Corey, 2023). More specifically, therapists can explore and address tension that manifests in groups from sources such as privilege, using it as a source of learning (Bergkamp, Olson, et al., 2022; Collens & Van Hout, 2017; Kivlighan et al., 2021; Yalom & Leszcz, 2020). Some forms of privilege, such as those attached to race and gender are more easily recognised, while others are more challenging to discern, for example socioeconomic privilege (DeLucia-Waack et al., 2014). However, some sources of privilege, like wealth cannot be addressed in therapeutic groups as the therapist has no ability to influence an individual's economic position. It is for this reason that group therapists typically work with tension and conflict, rather than try to cancel the source of

privilege in an individual (Corey, 2023; Yalom & Leszcz, 2020). The group therapist guides the group through tensions that arise by using skills related to collective treatment formats, social education, and accountability measures (Parker, 2014)

Part of group facilitation involves therapists engaging in reflexive practice, being able to identify their own social location, privileges, and (dis)advantages in the group dynamic, alongside those of the group members (Haarhoff, 2016; McCandless & Ronquillo, 2020). Therapists are not exempt from the dynamics of privilege and the power it confers, and could therefore foster negative consequences for clients and thus the group as a whole, or even be harmed themselves by privilege dynamics in a therapeutic group (Bergkamp, Olson, et al., 2022). Group work requires specific therapeutic and facilitation skills to approach the challenges that may present, requiring attention and intervention (Yalom, 2020; Corey, 2023).

Privilege, Professional Ethics, and Training

Desirable training includes navigation and implementation of a complex rubric of theoretical and practical knowledge of group dynamics, social conditions and challenges, including privilege and inequality, and how to address these problems (Corey, 2023; Yalom & Leszcz, 2020). Work with cultural supervisors can help facilitate better understanding of other world views (Ezhumalai et al., 2018).

At least ten therapeutic disciplines in Aotearoa have developed professional codes of ethics, all of which set out a commitment to social justice and equity, to which privilege contributes negatively (Johnson, 2006). A Code of Ethics (CoE) directs the therapist to deliver fair and equitable treatment to their clients and emphasises their obligations under Te Tiriti (see footnote on page 13). While privilege is not necessarily explicitly referred to in, for example, the New Zealand Association of Psychotherapists' Code of Ethics, they require "a commitment to the fair and equitable treatment of clients under Te Tiriti to Tangata Whenua, Pākehā, and Tauiwi, providing fair and equitable treatment for all people regardless of age, gender, sexual orientation, ethnicity, religion, disability, and

socioeconomic status" (New Zealand Association of Psychotherapists, 2018, p. 1). Group therapists cannot address a problem affecting one group member without considering the effects that this might have on other group members, requiring them to take an intersubjective view of how each group member experiences fairness and equity (Brabender, 2022; Yalom & Leszcz, 2020).

However what 'harm' and 'justice' looks like in practice is left to the interpretation of the practitioner, although individual group members will also have a view on what each means to them as well (du Preez & Goedeke, 2016; Weinberg, 2015). With a lack of research guiding work relating to privilege in therapy therapists are required to address issues in a context in which relevant research is lacking (Corey, 2023; Yalom & Leszcz, 2020). This may result in inconsistent, unjust, and risky praxis, resulting from a lack of research and education (Corey, 2023; DeLucia-Waack et al., 2014; Yalom & Leszcz, 2020).

Group therapists should undergo specific group therapeutic training to work effectively with the diverse individuals and groups they facilitate (Corey, 2023; Yalom & Leszcz, 2020). A long standing training issue in group therapy is that many group therapists are trained exclusively in dyadic therapeutic methods and have experientially learned how to work with groups (Hoover, 2015; Ohrt et al., 2014). This has potential to cause harm as some group therapists may not be sufficiently trained to facilitate group therapy (Hoover, 2015; Ohrt et al., 2014).

Supervision also provides therapists with a professionally supported space in which to unpack group dynamics, and consider how to manage and progress challenges they experience in groups (Skovholt & Jennings, 2017). Professional supervision and co-facilitation enhance best practice and provide a safeguard to deal with privilege in appropriate ways (Skovholt & Jennings, 2017) while the therapist often remains in a position of privilege through their education, knowledge and experience. Competent group therapists are trained to the specificities of evidence-based group approaches and may also specialise in group appropriate therapeutic modalities such as cognitive

behavioural therapy, Adlerian group counselling, Gestalt therapy, psychoanalytic approaches, existential approaches (Corey, 2023; Yalom & Leszcz, 2020).

Group therapists need to be able to reflect on the equitable distribution of resources (distributive justice) in their groups (McCandless & Ronquillo, 2020). Distributive justice is the perceived fairness of how resources are shared (Shearmur, 2022). In the context of therapeutic groups resources can include, for example, the level of funding received to support access, or share of voice in group time. Imbalances in these can result in tensions relating to fairness may occur when individuals perceive they are not receiving an equal share of whatever is valued, reinforcing privilege-related difference (Forsyth, 2021; Johnson, 2006; Shearmur, 2022).

Organisational and Institutional Privilege

Organisational and institutional systems create and maintain unearned privileges through policies and processes that favour some and disadvantage other groups (Case et al., 2012). For example, funding entitlements, and at what level, or justice-related decisions being more lenient, or conversely, harsh towards particular social groups. Institutions and organisations are typically responsible for the apportionment of resources, the guiding distribution of which is situated and governed via privilege embedded policies (Freeman, 2018; McCandless & Ronquillo, 2020). These social practices are often founded and regulated by hegemonic, institutional values, and rules (Johnson, 2006). These specify and perpetuate various rights, powers, privileges, opportunities, duties, liabilities, and the liberties of individuals, privileging some over others, creating systems of injustice and inequity (Freeman, 2018). Such systems can be found across society, including corporations, news media organisations, legislative bodies and enforcers, government, and organisations that provide therapy (Faber et al., 2024). At face value, policies and processes may appear fair and apt, but may support and perpetuate privilege, hierarchical, and non-meritocratic outcomes (Faber et al., 2024).

The Macrostructure of Aotearoa New Zealand

This study is located in Aotearoa and framed through its unique colonial history and context. In Aotearoa, such institutional and organisational practices are typically considered to privilege Pākeha males (Borell et al., 2009). Dominant narratives are anchored in Eurocentricity, individualistic and meritocratic ideologies that celebrate wealth as a reward for hard work and natural talent while poverty is considered to be the result of laziness and poor decision making-making (Borell et al., 2009). Individualism clashes with more collectivist Māori practices, ethics, values, cosmology, thus positioning Māori as "other" (Black & Huygens, 2016).

Aotearoa is a nation of stark privilege or disadvantage, creating division (Ministry of Social Development, 2016). Pākehā live an average of 7.1 years longer than Māori, are nearly twice as likely to be tertiary educated, twice as likely to own their home, and they will earn an average of $3.50 more per hour, affecting access to better education and earning capacity (Ministry of Social Development, 2016). Statistics New Zealand (2021) report that women endure barriers in accessing leadership roles and equal pay, with a 3.9% to 6.3% pay gap, privileging men socioeconomically over women after adjustments were made for education, location, job title and other factors (Chamberlain, 2016).

These statistics point to embedded, enacted social privileges that affect everyday life in Aotearoa. For example, higher-quality education and family wealth provide access to activities and networking opportunities accessible, which can enhance employment opportunities and earning potential (Sparks, 2018). Many Pākehā oppose changes to the existing social structures for fear of having to relinquish their privileges (Sibley et al., 2010). Instead, marginalised individuals and groups are discursively positioned and considered to be unfit and undeserving advantage (Devellennes, 2024). Such subversive social practices are enacted in everyday life, causing oppression and marginalisation in Aotearoa (Borell et al., 2009).

Chapter Summary

A dearth of evidence exploring privilege and how it manifests in therapeutic groups was highlighted in the literature, see for example Yalom and Leszcz (2020). Taking a broader, uncontextualised view of privilege, Black and Stone (2005) and McIntosh (2019), among other scholars conceptualised privilege, providing a framework from which to understand the complex phenomenon. Privilege is demarcated as the obfuscated source of oppression and marginalisation, concepts often studied, but often not as symptoms of privilege (Johnson, 2006). Other literature supported and expanded these findings highlighting the ways that difference is constructed, imposing categories of "normal" and accordingly, those that are not, embedding privilege in society (Coombes et al., 2016; Johnson, 2006; Kimmel & Ferber, 2017).

Research found that the intersubjective nature of therapeutic groups created situations in which culture, values and beliefs can clash, generating tension, and a barrier to group cohesion (Burlingame, 2018; Schwartz, 2012). Improvements in the education and training of group therapists regarding privilege were called for to avoid well-intended but empty attempts to dismantle privilege (Bergkamp, Olson, et al., 2022; Black & Huygens, 2016). However, the literature also revealed that privilege embeds systemically at institutional and organisational levels, manifesting via policies and processes that affect the praxis of group therapists and group members in Aotearoa (Chamberlain, 2016; Faber et al., 2024; Ministry of Social Development, 2016). Ergo, management of privilege does not merely rely upon the group therapist to make praxis decisions. More research is needed to understand how privilege manifests in therapeutic groups. As such, this research will examine therapists' understandings of privilege, how they discern the phenomenon and what they do to manage it in the context of group therapy.

In Chapter Two I discuss the theoretical framework and methodological approach I have adopted to address this research aim. I then describe participant recruitment, the interviewing process and the ethical considerations. I offer synopses of the eight participants in Chapter Three. Chapter Four situates and discusses the key findings and

contrast with existing literature on privilege, and therapeutic groups. I explore key implications for how therapists, organisations, governing health bodies, and policy makers might enhance understandings of, and responses to privilege, oppression and inequity in therapeutic groups. Chapter Five considers the limitations of this research, future research directions, and my concluding thoughts.

CHAPTER TWO: Methodology

Given the paucity of research exploring privilege in therapeutic groups, a qualitative approach is appropriate (Liamputtong, 2020). I aim to forge the beginnings of broader explorations into how privilege manifests and is managed in group therapy, which requires rich, experiential data from the everyday and professional lives of the participants (Larkin & Thompson, 2011; Liamputtong, 2020). This qualitative research seeks to explore understandings of privilege in the context of therapeutic groups (Brinkmann, 2012) to provide foundational knowledge of the phenomenon in this context.

The first part of this chapter establishes why a qualitative inquiry, using social constructionism (SC) theory to inform an Interpretative Phenomenological Analysis (IPA) methodology was appropriate to explore participant experiences of privilege in therapeutic groups. The second part details the research processes, including ethical approval, recruitment strategy, participant and client confidentiality, data security, interview processes, participant demographics, audio recordings and transcripts, and data analysis. I conclude with a description of the reflexive practices undertaken and how research trustworthiness was addressed and established.

Theoretical Perspective: Social Constructionism

I selected SC as the theoretical foundation and epistemological position for this study since it aligns with the notion that power and privilege are created and maintained through social interactions, norms, and beliefs (Johnson, 2006). Although there is no single definition of SC, broadly, the literature suggests that learning and development derive from relational interactions in society and culture (Berger & Luckmann, 2016; Burr, 2015; Gergen, 1985). Individuals and social groups interact within a system of social classifications, from which stem habituated conceptualisations of their understanding of everyday life and their relationships with others (Berger & Luckmann, 2016; Burr, 2015). SC argues that knowledge is not based on objective, unbiased observations of the world, rather individual perceptions of "truth" are products of social processes, values, and

relational interactions (Burr, 2015). Knowledge is shaped through interactions with others, and it is this sense that it is socially constructed (Burr, 2015). In society, meaning is shared, generating a taken-for-granted reality (Burr, 2015). This challenges the idea that power stems from individuals or institutions in isolation (Burr, 2015).

It is argued in social constructionist theory that social phenomena, such as privilege, are acquired rather than inherent (Berger & Luckmann, 2016). Social phenomena emerge through social exchanges and are sedimented through institutions (Burr, 2015). For example, gender, race, class, and sexuality have been established in society as normative benchmarks from which social relations are shaped, creating systems of inequality (Berger & Luckmann, 2016). Chapter One showed that privilege confers benefits on individuals and groups identified as "normal" in a society or group (Johnson, 2006). For example, in Aotearoa, broadly, people who are Pākehā, male, able-bodied, and heterosexual are typically considered "normal", benefiting from society's customary acceptance (Borell et al., 2009; Johnson, 2006). SC further emphasises the relationship between privilege and marginalisation, and the role of power dynamics (Berger & Luckmann, 2016; Johnson, 2006). The theory argues that dominant groups hold the power to legitimise their own understandings of reality and everyday life, marginalising alternative standpoints (Burr, 2015). Finally, SC was considered integral to this research because privilege, as a constructed phenomenon, is contextually bound and in order to understand how is manifests it is necessary to examine it in nuanced ways (Atewologun & Sealy, 2014; Berger & Luckmann, 2016).

SC focuses on awareness of the assumptions implicit in knowledge (Berger & Luckmann, 2016). Individuals make sense of everyday life through social processes and the categories, discourses, ways-of-making-sense that are available linguistically - all of which are historically and geographically specific (Burr, 2015). Knowledge and understanding are relative to history and culture (Burr, 2015). For example, historically the concept of childhood is a more recent invention (Cunningham, 2012). Earlier in history, children assumed tasks that are now considered the domain of adults, such as caring for

siblings or going out to work to earn money for the family (Cunningham, 2012). In the past century there has been an emphasis on child development and childhood, resulting in changes to the ways children are perceived and treated, creating more protected childhoods (Cunningham, 2012). Assumptions that knowledge and the ways of understanding that belong to other points in history and cultural contexts are better than another are discouraged in SC (Burr, 2015). As described in Chapter One, the social construction and prioritisation of particular differences contributes to the creation of particular forms of privilege (Johnson, 2006).

Interpretative Phenomenological Analysis

I selected IPA because this project focused on exploring the experiences and understandings of privilege of eight group therapists. IPA is a qualitative research method that can be used to explore the everyday experiences of individuals and groups experiences in various formats (for example, the interviews in this study) (Eatough & Smith, 2017). These are constituted (as per SC) in the moment through the linguistic/discursive resources available to them, and are influenced by the particular context they are in (including who is involved in the interaction and why) (Eatough & Smith, 2017). Because IPA elicits rich, experiential data it is considered useful for research that is interested in specific contexts, such as the one under study here (Larkin & Thompson, 2011). IPA focuses on detailed examination to illuminate broader understandings, therefore lending itself to a nuanced, contextually-sensitive exploration of the role of privilege in therapeutic groups (Larkin & Thompson, 2011).

IPA focuses on how an individual makes sense of their experience of a phenomenon (Larkin & Thompson, 2011). In my analysis, it was clear that the participant understandings and interpretations are affected by both professional and personal experiences, revealing and enriching sense-making (Larkin & Thompson, 2011). An individual's sense of reality is grounded in their experience, which can reveal multiple realities and possibilities (Eatough & Smith, 2017). An individual's sense-making is, in part, constituted by how they interpret experiences, which then helps shape those experiences

(Eatough & Smith, 2017). Distinct interpretations craft varying experiences and accounts (narratives), which are shared with others (Burr, 2015). These interpretations (taking the SC tradition) are not random, but rather are drawn from discursive resources available socially at that time - some of which would be common (dominant), whilst others would be less so (marginalised or peripheral) (Burr, 2015). Depending on the interpretation certain courses of action become more available/obvious/legitimate (Burr, 2015; Eatough & Smith, 2017).

One of IPA's pillars is its idiographic perspective, which focuses on the particular rather than the universal (Larkin et al., 2022). Idiographic denotes the study of an individual and their unique characteristics in contrast to nomothetic principles which concerns general findings that allow for generalisation (Larkin et al., 2006). IPA draws on phenomenology, which studies the lived, everyday meanings of experience, and hermeneutics, which examines interpretation (Shaw et al., 2014; Smith, 2011). IPA integrates phenomenology from both Husserl's and Heidegger's traditions resulting in a descriptive method that is concerned with "letting things speak for themselves, and [is] interpretative because it recognises that there is no such thing as an uninterpreted phenomenon" (Pietkiewicz & Smith, 2014, p. 3).

IPA is a dynamic process in which the researcher assumes a participatory role, attempting to access the participant's personal thoughts and experiences, while maintaining awareness of their own thoughts and experiences (Finlay, 2012). This enables them to "bracket" to some degree their own social and political perceptions to make sense of participants' worlds through an interpretative process that combines empathic hermeneutics with questioning hermeneutics. "Empathic hermeneutics" is an approach that focuses on understanding perspectives by considering emotions attached to an experience (Lewis, 2015). Whereas "questioning hermeneutics" involves the analysis and critical examination of narrative perspectives by asking questions to uncover underlying assumptions and contradictions (Lewis, 2015). Thus, a critical, balanced evaluation of viewpoints can unfold, enabling understanding of the viewpoint, reasons for it, and

potential for the participant to make further exploration of their own understandings (Lewis, 2015). This also known as double hermeneutics (Larkin et al., 2022). In the same way that the participants made sense of their understanding and experiences of privilege, I undertook to make sense of my own understandings and experiences, which I do in in Appendix 6, where I bracket my own perceptions.

An IPA approach also examines the reasons behind beliefs and experiences allowing to generate themes (Brocki & Wearden, 2006) while considering questions such as: What are the intentions of a participant when they engage with a phenomenon? What is particularly meaningful for the participant (Pietkiewicz & Smith, 2014)? IPA research processes provide participants a chance to voice their thoughts and experiences, and to explain how they make sense of an experience. In turn it allows the researcher to reflect on and interpret how participants make sense of these experiences (Larkin et al., 2006), and to move and compare between generated themes within and between cases (Pietkiewicz & Smith, 2014).

Data gathering

This research was considered low risk, which was confirmed after completing the Massey University ethics screening tool (Human Ethics Notification 4000027091 approval). Issues considered pertinent included confidentiality of both therapists and their clients, storage of recordings, transcripts and participant identification.

IPA research does not require a large data sample, seeking to provide detailed analysis of each case (Larkin & Thompson, 2011). Thus I aimed to recruit between six and ten participants, until 'information power' was achieved (Liamputtong, 2020; Malterud et al., 2016). Information power in qualitative studies requires deeper information produced by a sample that is relevant for a study, which in this case made initial explorations into the phenomenon of privilege in the group therapeutic context (Liamputtong, 2020; Malterud et al., 2016). This resulted in the smaller number of participants required (Malterud et al., 2016). Since data gathered from semi-structured interviews with a very

specific group tends to yield rich, experiential data relevant to the research aim (Liamputtong, 2020), a small sample size was deemed appropriate in discussions with my supervisors.

Since data gathered from semi-structured interviews with a very specific group tends to yield rich, experiential data relevant to the research aim, a small sample size was deemed appropriate in discussions with my supervisors (Liamputtong, 2020).

Purposive sampling was employed to recruit participants. Initial selection criteria included a current registration as a psychologist, psychotherapist, social worker, or counsellor in Aotearoa; a professional registration of at least five years; and having facilitated therapeutic groups for at least three years. To recruit potential participants, I searched online for therapy groups with named facilitators preferably in the Auckland region with the aim of conducting face-to-face interviews. I also used the snowball method of recruitment, following possible leads from therapists and other professional contacts to other therapists who might be prepared to participate. I sent emails to nine potential participants in the first recruitment wave. The initial email was an adapted version of the participant information sheet (see Appendix 1). Due to an initial lack of responses, I expanded the geographical target area and invited therapists from across Aotearoa to participate via Zoom and, after discussion with my supervisors, I reduced the professional registration from five to three years and facilitating groups from three to two years. This yielded more responses, and I subsequently interviewed eight participants.

Digital audio recordings and transcripts were stored securely, using a tri-factor authenticated digital storage process. Printed transcripts were kept in a locked desk, in a room only used by me, as the researcher. Audio recordings and transcripts will be destroyed after five years, in accordance with Massey University's ethics requirements. My supervisors and I take responsibility for maintaining the security and confidentiality of data. There was no conflict of interest involved in this study.

After initial contact, a formal invitation, a full participant information sheet (Appendix 2), and consent form (see Appendix 3) was emailed to each therapist. One respondent asked for the interview schedule (Appendix 4), and I provided the topic areas that I planned to cover in the interview, explaining that the approach was to have a conversation around these topics rather than following a question-and-answer format.

I conducted a pilot interview with a registered counselling psychologist, observed by my supervisors prior to conducting any interviews with participants. My supervisors provided feedback on my interview technique and the process I followed allowing me to make improvements. Post-pilot interview, I interviewed five participants face-to-face and three participants via Zoom. The location of the face-to-face interviews was chosen by the participant, and agreed to by me after consideration of my own safety was accounted for. I checked that each participant had read and understood the information sheet, I answered any potential questions, and asked them to sign and return the consent form prior to each interview. The interviews were recorded on my iPhone and stored in cloud-based storage, and protected via tri - factor authenticated security. I wrote field notes, in which I recorded observations about aspects of the interview, for instance, my reactions and participant body language. I followed an interview script (see Appendix 5) to ensure I covered the main points in all interviews.

All participants held a current annual practicing certificate (APC). Participants' workplaces varied and included a mix of private practice, state funded organisations, family-oriented NGO service providers, an anxiety service, a men's service provider, and psycho drama groups. Participants were invited to nominate a pseudonym, and if none was chosen, I selected one on their behalf. Each therapist was given a $40 voucher as a token of appreciation (a koha) for their participation. Participants were asked if they would like a copy of the interview transcript; only one requested this for their records, which I provided. All therapists opted to receive an electronic copy of the completed thesis. Table 2, on the following page, sets out the demography of my participants.

Participant Demographics

Table 1.

Self-Report Group Therapist Data

Pseudonym	Registration type	Years registered	Years practicing group therapy	Sex	Ethnicity	Age Range
Josh	Psychotherapist	11-20	31-45	Male	Pākehā	61-70
Sam	Counsellor	1-10	1-10	Female	Latin American	31-40
Jasmine	Counselling Psychologist	1-10	1-10	Female	Scottish	41-50
Robin	Psychotherapist	31 -45	31-45	Male	Māori and Pākehā	61-70
William	Psychotherapist	31-45	31-45	Male	Tauiwi	71-80
Manaia	Counsellor	1-10	1-10	Female	Māori	31-40
India	Counsellor	1-10	11-20	Female	NZ European	31-40
Frankie	Clinical Psychologist	31-45	11-20	Female	Pākehā	51-60

Notes: 1) The ethnicity indicates participants self-reported identifications, except where doing so may undermine their anonymity in which case I provided a categorisation. 2) Where 'years registered' is less than 'years practicing group therapy' it is because a registration programme was introduced after the therapist began practicing.

Although therapists are knowledgeable about confidentiality due to their codes of conduct, the need for additional confidentiality for their own clients was emphasised in the participant information sheet to protect clients. The information sheet set out how I would protect the identities of the therapist and their clients by changing names and any other identifying characteristics provided in the course of the interview. This message was reinforced at the beginning of each interview and again if participants began to share concrete in situ examples. Occasionally, I suggested a therapist not share an example with me if there was a risk that client or colleague identities might be revealed. No organisations were named and identifying details were excluded to provide further protection of client identities. I also employed age ranges rather than using the therapists' specific ages because in some cases, their age may have been enough to reveal their identity when situated within their accounts. Other specific information was withheld or stated more broadly where my supervisors or I had concerns about confidentiality being maintained.

Audio files were digitally transcribed using "Whisper" for Mac and manually checked for accuracy. They were formatted manually in Microsoft Word. The transcripts do not convey speaker idiosyncrasies, such as intonation, emotion, or facial expression, for which I relied on my field notes.

Analysing the Interviews

IPA analysis is inductive and seeks to generate themes and understandings from the text, rather than imposing these on to the text (Merriam & Tisdell, 2015). Analysis processes in IPA are not rigid and thus allow for flexibility for researchers to employ creativity and to explore the data in a fluid manner, including their own relationship to what is expressed (Smith, 2011). The process should be iterative, but the steps do not need to be sequential (Eatough & Smith, 2017). IPA allows for the exploration of layers of meaning in the data and is interested not only in the 'manifest' significance of words or phrases but also in the 'latent' underlying meaning (Larkin et al., 2022). Such immersion requires sufficient time to engage with each account, using different approaches to

consider what has been said and what was meant (Larkin & Thompson, 2011). This included multiple readings of transcripts and listening to audio recordings repeatedly.

I considered the data in relation to my values and world view when a phrase, idea, or excerpt was particularly salient. Analysis processes should be reflexive, setting aside time and space for consideration of the researcher's subjectivity and the influence this has on the interpretation of the experiences offered by the participants (Eatough & Smith, 2017). This process initially attends to singular cases, from which to infer meaning from individual participant's experiences, extending to comparisons across cases (Eatough & Smith, 2017). Secondly, in the process I note the commonalities and variances between cases (Eatough & Smith, 2017). In Table 2., I outline the analysis strategy I have used, based on strategies provided by Smith (2011) and Eatough and Smith (2017).

Table 2.
Analysis Strategy Overview

Analysis Element	**Strategy**
Close analysis of each therapist's account	Listening to each interview. Notes my thoughts and reactions Reading each interview, initial notes.
Identify of emergent patterns	Patterns within each interview. Patterns between interviews.
Analytic dialogue between myself as the researcher and the data, including reflexivity.	Reflection on my own knowledge, assumptions, and understandings, initial interpretation.
Developing analytic frameworks	Developing themes using codes, contextualising these and considering relationships between them.
Consolidation of findings through collaboration	Consultation with my supervisor, discussion of findings.
Writing	Account of the research findings.

Initially, I copied sections of each transcript when common subject matter was addressed, for example, definitions of privilege, or challenges to managing privilege. I used the copy and paste tool in Microsoft Excel to bring together data pertinent to a specific concept, question, topic, or gap. This process was recursive, with additional layers of

information being retrieved with each reading, for example, when considering therapists' experiences of their own privilege.

Privilege is a complex subject to research, and the analysis process proved to be equally as complex. I used digital copies of each transcript and condensed them down seeking each therapists' unique views of privilege and how it manifested in the groups they facilitate. I removed unrelated information, data that was indecipherable, inter alia, looking for themes. I doubled back and compared the condensed transcript to the original to make sure I had not missed critical experiences or understandings. I reviewed these and used them as the basis for each synopsis, presented in Chapter Three. These transcripts were compared to the Excel spreadsheet to cross compare themes that emerged in my initial analysis.

Reflexivity and Rigour

Reflexivity is the practice of reflecting on one's own assumptions, beliefs, and biases, and thinking critically about how these influence the research process (Jamieson et al., 2023). Researcher admissions of their implication in a piece of research has become an increasingly important part of the research process (Bryman, 2016; Liamputtong, 2020). There has, however, been criticism about reflexive practices being unnecessarily self-indulgent in research focused specifically on privilege (Andersen, 2003; Bonnett, 2018; Smith, 2013). Paying attention to this criticism, I have focused my use of reflexivity on critiquing my own assumptions and reactions, rather than unfocused reflection on my social location. I did this by exploring my reactions and thoughts to interactions during the interviews and the data through the analysis process through a lens of curiosity. I was concerned with identifying how my social location was implicated in my reactions and thoughts to foreground the participants' experiences. I also brought the impetus for this research, described Appendix 6, to the fore to reduce the likelihood that it impact my research processes. This reflexive accounting process helped me to remain "vigilant about [my] practices" (Spivak & Harasym, 2014, p. 11).

The rigour of research refers to the levels of confidence in data, interpretation, and methodology employed to safeguard the quality of a study (Stahl & King, 2020). The philosophical and theoretical paradigms that underpin this qualitative research required suitable approaches and terminologies exist to establish and describe rigour (trustworthiness) (Ahmed, 2024). Quantitative vocabularies of validity and reliability are contested in naturalistic, qualitative research (Shenton, 2004). For this project, I adopted the alternative term 'trustworthiness', drawing on literature which addressed 'rigour' in qualitative contexts (Shenton, 2004). Trustworthiness of research refers to the levels of confidence in data, interpretation, and methodology employed to safeguard the quality of a study (Stahl & King, 2020).

Chapter Summary

This chapter set out the argument for the use of a qualitative approach to this study, addressing why SC theory and an IPA approach were appropriate for this research project. In essence, perceptions of 'truth' are guided by values and norms, which are socially constructed through intersubjectivity, and individual perceptions of reality is woven together through long and dynamic processes woven throughout history (Berger & Luckmann, 2016; Burr, 2015). IPA offered opportunities to explore the understandings and experiences of group therapists from Aotearoa, from which emerges the beginnings of research to address the sparse literature available considering privilege in group therapy (Larkin & Thompson, 2011). SC and IPA also addressed my presence as an agent in the project, affecting the research processes and findings. IPA supported me in connecting with the data in an iterative and immersive way. SC provided a lens through which to interpret and appreciate the reasons that therapists understood privilege as they did, using curiosity to elicit narrative accounts of the 'why'. Finally, I addressed the rigour of this project. Eight participant synopses follow in Chapter Three, summarising their rich understandings and experiences.

CHAPTER THREE: Therapist Synopses

This chapter provides a synopsis for each of the eight therapists, setting out their unique professional and personal understandings and experiences of privilege in therapeutic groups. I introduce each participant and their perception of privilege, moving to describe their experiences of privilege among group members, and therapists. Then I summarise how each participant manages privilege in group therapy. This chapter forms the foundation for the discussion and conclusions in Chapters Four and Five. The synopses appear in the chronological order that the interviews took place and are sequenced by participant perceptions of privilege, their experiences of the phenomenon, therapist privilege, and how each manages privilege in their therapeutic groups. Other than contextual clarifying in brackets, I have presented narrative quotes as they were delivered to encapsulate and respect the voice of each participants. I have elected to write these synopses in the past tense, reflecting the social constructionist view that knowledge evolves and is actively constructed via relational interactions. In short, their views may have altered since their interview with me, over a year ago, possibly as a result of the interview for this research and interactions that have occurred since.

Participant 1: Josh

Josh is a male, Pākehā psychotherapist in his 60's, with 30 years of group therapy experience. He ran private therapeutic psychodrama groups and believed that "group work has an opportunity to bind the world, a collaboration, a group, a microcosm of the world", seeing links between group work and everyday life. He considered his role was "to assist each person to express themselves as they are."

For Josh, "values" underpinned privilege and the ways in which privileged individuals access certain resources due to alignment with their cultural values and social position. He opined that privilege cannot be eradicated from groups due to interpersonal dynamics in groups that stem from the way individuals prefer their own values. Values are the lens through which people decide how "something should be", and as a result they

want group dynamics to conform to their belief system. This could cause tension in his groups, stemming from imbalances that reflect the dominance of some values, and unequal power dynamics between group members. This results in feelings of unfairness for group members whose values of belief systems are not represented. Sometimes he had found that this tension was related to historic privilege and oppression related harm that embedded and perpetuated in everyday life. This was typified in his account of conflicts that have arisen around how to address historic harm to Māori by Pākehā by foregrounding Māori values in his groups. However, he did not see it as his responsibility to address such harm in his groups.

Josh raised two meanings that he considered explain the concept of privilege: 1) an advantage conferred on some individuals and not others, such as power, and 2) a special opportunity to do or achieve something that results in pride (the privilege of being a parent). His concern was that privilege grants power to some group members, in the same way that it does in broader society, creating discord in the group, creating emotional responses to unfairness. This centred around prominence of values, language, and share of voice.

He was aware of the complex extent to which individuals contribute and respond within a group dynamic, presenting versions of themselves consciously, and unconsciously. Josh considered the social, historic factors and individual characteristics of people who attend his groups, suggesting that broad social hierarchies translate into therapeutic groups. The privilege-related effects of colonisation, gender, and socioeconomic advantage was a strong theme in Josh's account, which he felt would always be present in every group he runs, returning to a strong belief that privilege cannot be eliminated and is a perpetuating factor in social inequity.

> We're a colonizing country, not just colonized, colonizing, you know, we're still doing it. And so, I mean, that's gonna be in every group. But you know, we're also a genderizing country, you know, we're also... look at our wealth, our rich-poor gap. That's got to be in every single group.

He discerned that the privilege of one person, or a subgroup of individuals can negatively affect the entire group, as well as individuals within it, creating division, tension and unfairness. Josh bore witness to each group working out how to be a cohered, purposeful social group, which involved addressing and overcoming challenges that arise from phenomenon such as privilege. While he described this process as organic, he also recognised the importance of his position in facilitating and negotiating the group to address privilege-related tensions.

Josh frequently reinforced his position as "group leader" and his role in facilitating resolution of tension by using privilege as a tool to help group members learn about themselves and others. But his interest in privilege in therapeutic groups was piqued after experiencing tension about which language, worldviews and customs should be foregrounded in one of his groups:

> If you were Pākehā, well then, I guess it [the group] fitted you a lot better than it did Māori, at some level. Some Māori said that it [not using te reo] wasn't a problem, others, some Pākehā's didn't like it either [the exclusive use of English]. They felt uncomfortable that I hadn't provided something that the Māori wanted.

Returning to his assertion that values are implicated in privilege, he explained that he knows that he privileges his own worldview, values, and language by not continuing to speak te reo (Māori language) past the opening karakia (Māori prayer) he delivers in his groups. However, he did not feel that it is practical or possible to anticipate the needs of every culture, identity and belief system in the group, noting again that he realised this means he likely privileges his own values. Josh claimed that some therapists are unaware of their own privilege, and values, suggesting that they unconsciously impose their own belief systems on the group, leading to the assertion of power over group members.

To eliminate privilege is impractical because to do so would require individuals to dilute or deconstruct their own values. Josh spoke of how he consciously works to encourage group members to "bring their own values forward", exposing subjectively

experienced differences. In doing so, he can use any organic tension to allow to the group to develop by introducing new ways of thinking, exposure to alternative values, and intersubjective influence. In this way, Josh uses privilege-related tension and conflict as a dynamic tool to help group members learn .

Josh's narrative revealed an understanding that privilege reflects the ways values present, perform, and interact in everyday life in therapeutic groups, which has the potential to create tension between group members. In essence Josh understood privilege as a socially constructed, perpetuating phenomenon that gives people unearned advantages, but also begets pride, linked to achievement. He believed privilege cannot be eliminated, but that it can be used to help group members learn more about themselves and each other.

Participant 2: Sam

Sam is a counsellor in her thirties, originating from a non-anglophone country where she originally trained. At the time of her interview she had been working with groups for six years, working for an organisation that provides groups for women who have experienced family violence.

Her understanding of privilege was derived from personal and professional perspectives in her life in her country of origin, as a migrant to Aotearoa, and as a group therapist. In her nation of origin, she considered herself to be privileged and part of the dominant social system. In Aotearoa as a result of experiences she has had relating to ethnicity and accent, she considered herself to be marginalised, while at the same time, noting her privilege as a group therapist. Although she (her values, characteristics, beliefs and physical being) did not change when she moved to Aotearoa, the lens through which she was being viewed altered to one that is dominantly Eurocentric.

> And something that I have found is how my position have changed [when she arrived in Aotearoa] ... I'm a migrant from a different culture, so I can see it with different lens now, I think. Because I feel myself now that I've been part of the minorities in

> New Zealand. That it wasn't the case before. I was part of the dominant group... When I started to have my own experiences with racism, with discrimination, I think it's when I could actually feel how it feels.

She began to experience the negative effects of a differently structured social system when she arrived in Aotearoa and she considered her new overall social location to be marginalised.

A strong association between privilege and being white emerged from her account, through observations such as "white people like speaking over others, speaking over like you didn't complete your sentences and the other start to talk, like you're not talking. Or just disregard is the word." When we discussed one experience from her group sessions, she argued that being white and well-dressed gives the impression of privilege. Her wider narrative revealed that being white was an organisational red flag that suggests a potential for harm to other group members. One such client was a professional and thus Sam considered that education also played a pivotal role contributing to her privilege. When asked if she anything else (other than being white) made a person privileged, she said no. However when interpreting her broader narrative, ethnicity was not the only aspect that she linked to privilege, rather also class and education (described by Sam as "studies). In this way she acknowledged the complexity of what makes a person individual, suggesting an awareness that privilege is constituted by more than being white: "I couldn't sum you up by going, "Oh yeah, she's got 25 aspects to her identity," because there'll be bits I can't see, you know."

Intersubjective clashes between values, beliefs, attitudes, preferences and biases caused tension in her groups. But Sam described how the tension a privileged individual generates within a group comes from the underprivileged, marginalised group members because they feel the negative effects of privilege. They feel invalidated and powerless and as a result, expressing emotion through which they challenge the unfairness. She underlined this by arguing that this tension stems from "an imbalance in power".

Sam considered it her duty to protect her marginalised, vulnerable clients from privilege. She realised that she held significant privilege within each group to make decisions about who is privileged and needs to be removed, if deemed appropriate by her and other members of her team. In her organisation, she was positioned to act as the protector to vulnerable group members, describing a process driven approach to detecting and managing privilege that involves her team. She reflected on the potential consequences of imposing and privileging her, or the organisation's values, or the values of the organisation on clients: "What happened in the family, kick her out of the house for example, what happened if she lost that prestige [social position], that it was important for her?". She realised how she could unintentionally privilege and impose her own understandings and values on her clients in terms of expected "normal" behaviours that she expects to see, creating challenges for her clients.

Sam believed that groups are not suitable for everyone because some people can harm other group members with attitudes and behaviours she associated with privilege, such as speaking over other people, or using their education to position themselves in a position of power. Tension occurs because everyone believes in their own values and can struggle to understand those held by others. Sometimes, group members are asked to leave Sam's groups because of a lack of fit due to privilege and the harm she believed it poses: "we needed to think in the rest of the group ... you have to think in everybody and the safety of the group."

Her group focus was on psychosocial development for women who have experienced FV. She was mindful of the potential harm privilege can do within the group because her group members have already experienced harm and thus she feels that feels the exclusion of a privileged client is justified as a protective stance: "all these women ... have been [experiencing] the imbalance in power and they were the victim in that situation." They have already been harmed enough by FV, without being further harmed by a privileged person marginalising them, she concluded.

Sam disclosed that the removal of people who do not seem to fit to a particular group due to the privilege she perceives in them is driven at an organisational, policy-based level, influenced by subjective decision making: "Yeah, we do a pre-assessment. So, we try to check that kind of thing [privilege] before [the group meets for the first time]." Where necessary Sam and the organisation she works for excluded people who they think could potentially dominate the group through exertion of privilege. Instead, they were offered individual therapy. She noted that this can occur before the group meets for the first time, and during the group series. Often however, she was prepared for potential conflict as part of the preassessment process but allowed the women they deem to be potentially problematic the chance to join and cohere with the group before acting to address privilege if it manifested.

Sam's understanding of privilege was influenced by her experiences of privilege as an individual and as a therapist, and the marginalisation she has experienced since moving to Aotearoa. This has established a strong view that privilege is attached to being white. She suggested that this manifested as a series of imbalances in aspects such as share of voice and the power behind having knowledge obtained through being more educated, that she feels should be addressed in therapeutic groups. Her narrative revealed that organisationally and personally, elimination of privilege from groups by excluding a 'privileged' person is one way to manage imbalances if the privileged person fails to see and address their own privilege.

Participant 3: Jasmine

Jasmine, is a psychologist in her forties, and of Scottish descent. At the time of her interview, she has been practicing in Aotearoa for less than a decade and worked with individual clients, also offering group therapy for people experiencing social anxiety.

Her understanding of privilege drew on personal and professional, and insider (as a former and current participant in group therapy) and outsider (as the therapist) perspectives. In her view, socioeconomic status was the primary factor that precipitates

and perpetuates privilege, which she categorised as financial and material means, and social class. Additionally, she attributed manifestations of privilege to physical and mental ability, ethnicity, and gender. These dimensions results in further socioeconomically generated advantages such as attending university, potentially leading to careers and privileged domiciles. More time, and family support were also noted as advantages of privilege, based on her personal experience of being supported to retrain as a therapist. She had the benefit of her husband's support, without which she would have been unable to access further education as an adult student.

Privilege is often beyond the control and even awareness of individuals, and involves meritocratic entitlement. She discussed how privilege can become a self-perpetuating cycle that reproduces social advantages, including elite careers that often pay higher salaries, enabling greater access to resources, including better education. She offered a more tacit suggestion that for those not socially situated as privileged, it can be difficult to access advantages such as education, or socioeconomic status. Thus reinforcing a belief in the existence of cycles of underprivilege and a lack of opportunity.

Jasmine's Scottish heritage led her to understand that identity dimensions and values can precipitate both negative intersubjective judgements (sometimes visually as well as through interactions, e.g. race and values), but also mutual understandings and connections with individuals who share the same characteristics, values, or with those who have had similar experiences in a group. She found that people who broadly experience marginalisation in Aotearoa (e.g. Māori) often feel a sense of allyship with her because they believe they have had a mutual experience of being oppresses by colonisers. She felt that her own experiences of marginalisation enhanced her ability to relate to diverse cultures.

Jasmine believed that therapeutic "groups have a huge potential", valuing the relational, real-life aspect of therapeutic groups: "groups are so important for that [social anxiety] because there's only so much you can do in individual therapy." She demarcated a tension when privilege manifests in therapeutic groups, in which she sees the groups as

a place of concomitant opportunity and threat. Each group reproduces the messiness of everyday life because groups reflect real life messiness and a manifestation of social phenomena, including privilege. Accordingly, she believed her clients need to be exposed to everyday difference, including privilege and marginalisation, in order to understand others and test their learnings and grow in a safe, facilitated space.

Jasmine's account focused heavily on socioeconomic privileges. In particular, she considered the barriers to access therapy due to the costs involved. In order to access therapy one must either be financially privileged enough to pay for it, or be so socioeconomically disadvantaged that means-tested funding is available, creating a mid-tier of people for whom access is challenging. She argued that groups provide opportunities to address privilege-based inequities by making therapy more affordable and therefore accessible, en mass as well as providing opportunities to learn about other ways of approaching life. However, she acknowledged that this does not help individuals who cannot afford to pay at all, or cannot access funding. The institutional and systemic policies, processes, and parameters that can perpetuate and reproduce power, privilege, and oppression dynamics were also considered:

> I heard one of our admin teams say that for single parents, their benefit support is about $5 over the threshold to actually get funding to come to counselling. So single parents, because they're $5 over the threshold, don't actually get to access funding?

So, individuals with few economic resources are at the mercy of policymakers, who tend to hold privilege, meaning barriers to access for mental health are linked to privilege, equity and social justice.

Jasmine articulated a strong awareness of her privilege as the therapist and the power dynamic this can impose on the group and some individuals within it. However, she detected privilege as a result of her Scottish heritage, which enables greater ease to connect and build rapport with Māori, and other marginalised groups. Her dual lens into therapeutic group dynamics reinforced her belief in the importance of therapeutic groups

and privileged her as a therapist, perhaps providing her with a lived experience not held by therapists who had not experienced group therapy. It has been helpful for her to consider tensions that can arise in groups (sometimes relating to privilege) because she has been in both the position of the therapist and the client. She argued that there were certain aspects of her therapy-guided development and growth that she could only achieve in groups due to the intersubjective nature of the setting, which reinforced for her that understanding how to manage phenomenon like privilege is important for group therapists.

While growth can come from relational group work, she had seen this threatened by a privileged member in the therapeutic group. She found that exposure to different views can challenge individuals' existing beliefs and behaviours, leading to personal growth. Different privileges, disadvantages and power dynamics manifest in therapeutic groups, creating tensions that relate to fairness within the group. Jasmine harnessed these tensions to engage the group: "My approach at that time was just to normalise these things [tensions resulting from privilege dynamics] as part of being human and part of being natural difficulties". She invited her clients to explore and unpack their privilege-related feelings and views about unfairness, and how this affects the group.

Jasmine emphasised the importance of therapists being trained to notice and adequately manage privilege when it manifests in a therapeutic group environment. When she discussed group therapist training, she observed that: "Groups can also go so badly wrong, you know, so I think we actually, there's definitely a need for more, like, really experienced, qualified people to be running really good groups." She thought that training and education should reinforce using group tensions (and the sources of them, including privilege), harnessing these dynamics resourcefully to manage the risk of harm to some group members. Jasmine believed this should be the focus of training, rather than how to eradicate privilege. She did not recall receiving training addressing privilege, rather the training she received was about social equity, focused on resolving oppression. In her view, research tends to consider the symptoms, not the causes of inequities by considering

disadvantage (a symptom of privilege) rather than looking at how privilege creates and perpetuates disadvantage.

Jasmine's narrative revealed an understanding that privilege is an everyday, messy, variable presence that is reflected in therapeutic groups. Central to her account was a sense that privilege is a social phenomenon that gives people unearned advantages while at the same time, a strong belief that privilege is a social force that can be harnessed to help the group explore and accept differences between them, leading to increased personal growth.

Participant 4: Robin

This case summarises the account of Robin, a 61–70-year-old, Māori/Pākehā, male who has practiced individual and group psychotherapy (psychodrama) for over 40 years. He works privately, and for funded organisations.

The central concept of Robin's understanding of privilege was one of power. He described power and privilege as being entangled phenomenon: "And privilege is any kind of power, privilege, special things, unequal things." Robin referred to "power" over fifty times during the interview, reinforcing an assertion that privilege and power dynamics found inequality and unfairness. By inequality and unfairness, he meant an imbalance between those with privilege and power, and those experiencing underprivilege. However, he believed that it is not possible to eradicate all privilege and the power imbalances it establishes, noting that he sees privilege and power in every group he runs, "working that [privilege] in a group is not about making power equal or getting rid of privilege". But sometimes it causes tension, and sometimes it does not.

The link between privilege and power, or status in a corrections-based group he ran was raised: "in my current group this week, they're doing a one-upmanship in terms of who's the roughest, cruellest, most violent, biggest drug-taking shithead out of all of them and that's the[ir] ranking of privilege." This group's privilege system was linked to a scale of vileness of behaviour, which establishes rank within a group-negotiated power

construct. In this context, Robin had witnessed an alternative set of characteristics that beget privilege, establishing and perpetuating power for different reasons that one might expect to see in broader society. In corrections contexts, he suggested that privilege and power stem from the nastiness of the crime, whereas in broader society in Aotearoa, he felt that Pākehā might typically be considered privileged because of the overall dominance of their values.

The manifestation of privilege relies on two or more individuals because, he explained, "it's not in your power to invent your privilege. You will always be dependent on the group you're in", underlining the contextual elements highlighted in his corrections-based groups, versus those that rely on broader understandings of who holds privilege. Difference perpetuates privilege in Robins experience, with his role as therapist to focus on why these differences cause division between people, encouraging them to grow and relate better to others. But in his view, privilege isn't always held by , but rather by the group that happens to be dominant in that group context.

In each of his groups he saw a unique constellation of individual dimensions, characteristics, values, worldviews, social politics, and experiences that construct a group-specific system of privilege. Throughout his discussion, he inferred and presented examples that suggest privilege is transmutable, not terminally fixed to one social group. Rather, individuals can be privileged in some contexts and disadvantaged in others.

Robin addressed impacts of institutional and organisational values and policies that can be imposed on group therapists (for example, stratification policies, or equal opportunity targets), which affect group members. Such policies, he argued, can reproduce socio-political privilege dynamics through systemically embedded ideologies: "creating some idealistic driven thing that might be directed by the government or the institution or the association." In his experience, these idealisms do not help, often disadvantaging some individuals and groups who are forced to accept rules, processes and policies, with no input into their design. One such ideal presented itself to him through

an organisational ethnic stratification policy that resulted in the loss of diversity and difference-based learning opportunities in his group:

> We lost some of our Māori referrals, the group went flat. And I went, "How come the laughter's gone and the heart's gone?" And I thought, "There's no Māori here." ... They'd put them into an alternative organisation that had a Māori programme.

Diversity was a useful tool for Robin to help group members grow, and he believed that such policies could become a threat to everyone's development by segregating society, cutting off ways of coming together to explore difference. He felt that diverse groups can provide a space for marginalised groups to build social alliances with people who hold privilege. Thus he suggested that group therapy offers opportunities to educate the privileged about what it feels like to be oppressed, creating understanding and an impetus to create social change.

Acknowledging the privilege (and power) group therapists hold in relation to the group members was important to Robin. He discussed using his privileged position as a therapist, through his education, knowledge, and the curiosity it affords him to probe group members thoughts, motivations and behaviours and provoke reactions to help them understand each other, explore themselves, and grow individually. He viewed his privilege as providing the power to slow group interactions down, giving time to unpack and understand them.

Robin considered psychodrama as an opportunity to, "play out people's important people in their lives, their family, their workmates, their friends, and the dynamics between them", in conditions that reflect everyday life. The complexities that arise as a result of privilege (particularly power differentials) are for therapists to unravel in groups: "So, I guess there's your perception, the person's perception of their status, and then the other people's perceptions, and that might not be equal in terms of that person's position in the power or privilege". He invoked core questions about privilege including: Who defines privilege? Who defines the advantages? What does privilege feel like to individuals

in the dynamic and whose feelings are more valid?. Despite this complexity, "social privilege becomes welcome, a thing to play with". His felt role is to help the group navigate the tension, using privilege as a tool to help the group cohere and promote individual growth.

His experience was that many group therapists "aren't trained up in group dynamics, group therapy ... they'll just be doing one-on-one" and these group-specific skills allow group therapists to leverage "sociometry", such as privilege, because they work with each group as a social dynamic, rather than a series of individuals. Robin saw a clear need for skills-based training to enable group therapists to work with social phenomena such as privilege effectively, helping the group cohere and grow.

Robin considered privilege to be synonymous with power, only extant where two or more individuals interact. Privilege manifests variably in his groups, depending on the group's constellation of characteristics and values providing a sense that privilege is a dynamic that can provoke feelings of unfairness in disadvantaged individuals. This creates tension that can be used to explore difference, creating growth opportunities for the individual and coherence for the group. He emphasised that privilege can be harmful if left unaddressed by the therapist, but rather than ignoring or eliminating privilege, he sees opportunities to use it to create social change within the group. Organisation level policy and values-driven stratification efforts are harmful to the group due to the loss of richness of difference with group members losing the opportunity to consider themselves and the impact they have on others who are different.

Participant 5: William

William is a Tauiwi psychotherapist in his seventies, who facilitated groups for organisations, including corrections. For over 40 years he has worked with groups of men referred by the justice system because "one-to-one work is not the most effective way to work with that group". He believed it would be challenging, or impossible to eliminate privilege and power from intersubjective group dynamics.

Central to William's understanding of privilege was its relationship to power: "knowledge and power, [are] the same thing." However, he considered privilege to be both positive and negative: "The privilege, or power as I would prefer to call it, it's not a negative thing and not an oppressive thing. Of course, sometimes it's associated with oppression, but it's also associated with achievement", suggesting a distinction between earned and unearned privilege. Weighing the distinction, he suggested that privilege is typically assumed to have been earned though personal achievement and hard work, however he thought that they are often bestowed without merit, garnering power and other advantages that perpetuate social power. He saw privilege as a potential cause of tension in groups because of the unfairness and oppression it causes in the individuals who are not part of the dominant group.

The ways individuals and groups are perceived by others (and themselves) is constructed, William posited, through reproduced knowledge. Society and groups are full of discursive narratives that create difference, stereotype, socially locate individuals and groups, generally structuring society and the people within it. He elaborated, referring to contextual, social norms that are taken for granted, constructing expectations of conformity, from which one derives privilege, power, and knowledge. This meant that in different contexts, different groups might hold privilege. The proximal ideals of the dominant group can vary, based on the context of who is in each of William's group:

> And so, the people, the senior members of gangs, the people that have spent a lot of time in jail, the people that have committed the more horrific offenses tend to have a higher status and tend to have a social privilege.

The dominant characteristics, values, beliefs and traits attached to privilege and the advantages it garners are different in, for instance, prisons than in broader society, but still underpinned by power and status, he said. For instance, privilege in this context means not being "confronted so much... So they, people [prisoners] with status will not get challenged so much [by other prisoners]." He went on, "So it's a kind of almost an inversion of what you'd see in mainstream society as to who's privileged".

So privilege is not always held by broader, socially dominant individuals in William's groups. Each group member he meets is a tangle of experience, values, and outward characteristics and dimensions that can beget privilege, or disadvantage depending on what dominant social governance structure is in operation in that context. His experience told him that privilege in a group is not contingent solely upon what individuals know about themselves or present to the group. Rather, each member is co-constructed through a moulding process involving self, and the perceptions and experiences of other group members.

William identified his privilege as a group therapist and as a white male in Aotearoa. However, he reflected on the contextual gender mix of his profession, explaining that "in relation to psychotherapists I feel underprivileged because of the class system... psychotherapy is a profession of middle.... middle-aged women in scarves". William's comment revealed that despite his white male identity characteristics (typically considered dominant in Aotearoa), among psychotherapists he does not feel part of the dominant gender group among his colleagues. William suggested through a process of juxtaposing contexts, that it is possible to be privileged and marginalised in different situations as a result despite not changing aspects of one's identity, or value system.

He criticised group therapy process manuals (such as the Duluth programme) in groups because they can perpetuate privilege and create distress:

> "We know how you should do things. We're going to teach you how to be a citizen". That's not what happens in groups, that's not how groups work. Groups don't work according to the [process] manual.

William's concerns with manualised group programmes focused on the institutionally developed, privilege embedded policies, processes, values, and norms that he believed can obstruct therapists from working with the nuances of a group. Here he illuminated his own privilege as the therapist to choose how to structure and manage

therapeutic groups, imparting, introducing and conferring “new” knowledge as he sees fit on members of each group.

He considered an interaction with a skinhead client with very different values and characteristics to his own in which the skinhead said: “There's two worlds out there. And in mine, I'm normal." William turned to consider how he was “different in a very global way” to this client and discussed the need for group therapists to reflect on their position and the ways in which values, norms, beliefs and behaviour can complement other group members or create tension when differences become apparent.

William believed groups give people a sense of belonging, an opportunity to help each other, and to see themselves and everyday life through different lenses due to the intersubjective nature of therapeutic groups. His approach adapted to manage the nuances of each group, accounting for the different values and worldviews, and overt differences (e.g. ethnicity) that present in each new group, and during its evolution. At a functional level, he worked with the whole group, even when it appears that he is working with one person, aware that each group member makes meaning out of the interaction between himself and the group member who is the focus of the conversation. In this way, when privilege manifested, he worked with the group as a whole, even when, for example, guiding a privileged person to see the ways the privilege is affecting other group members.

William provided a sense that privilege, power and knowledge are bound together and manifest as complex and subjective forces in therapeutic groups. William’s narrative focused on structurally reproduced privilege and power dynamics, and the ways in which individuals can be privileged and disadvantaged in different contexts, including himself as a therapist.

Participant 6: Manaia

Manaia is a Māori counsellor in her 30s with a background in family therapy. She worked for a state funded organisation and at the time of our interview had worked with groups for seven years. She had a particular interest in issues concerning Māori and

discrimination, which she and her whānau have experienced in relation to health and the justice system. In her experience, Pākehā are typically privileged in Aotearoa.

Broadly, Manaia considered privilege to relate to a gamut of dimensions including ethnicity, gender, sexuality, lived experience, physical (dis)ability, mental wellbeing, socioeconomic status, ability to speak the dominant language, access to technology, and access to transport. These, she linked to a spectrum of the degree to which individuals and groups are privileged, or marginalised. Understandings of privilege were derived from personal and professional experiences, particularly referencing ethnicity to showcase her understanding of how privilege can be embedded socially and institutionally, with negative effects for some, positive for others:

> There tends to be more severe or quicker consequences for Māori, Pasifika, anyone that's not fair-skinned rather than, you know, every now and then you get these Pākehā rangatahi [young people] that keep committing crimes like over and over but they're not getting severe consequences like they would if their skin colour was different.

She attributed systemic and institutional practices that promote Pākehā privilege and perpetuate discrimination with Aotearoa's colonial history. She crafted her discussion round epistemological bias in organisational policies and processes, resulting in unearned advantages (e.g. less severe punishment). Pākehā people and their values were dominant to Manaia, and thus anyone not fitting Eurocentric norms is viewed as different and potentially a problem: "I challenged some language around that in the risk assessment form that people were putting down like Māori as a risk factor, as [if] the culture was a risk factor." She elaborated: "Being Māori is not what the risk factor is. The culture is a strength. It's the discrimination and colonisation that comes with that, that's the risk factor".

Manaia emphasised how interpersonal communication in her groups can reveal privilege, for example through judgemental statements that demonstrate resistance to

tolerating difference. She found that judgment typically manifests through responses to other whānau that shows a lack of understanding and acceptance of difference and the effect privilege can have on individuals and groups in society. She explained that she hears statements like: "Well, everyone, you know, we all start out the same. Everyone has the same opportunities," which she associated with people who have privilege and are unaware that others don't have the same advantages.

Therapists, Manaia believed, are privileged in groups, in terms of the effect on and power they have in relation to the group and its constituent members. Manaia demonstrated (rather than verbalised) her own privilege and power to include or exclude clients from her group. "Yeah, and I think there's been situations where we have done that because after conversations, they continue to behave in that way. So, we excluded them. They had to go back to the [individual] clinician". Aspects of being a group therapist such as selection, deselection, and facilitation inherently carry a level of power that stems of her privileged education and role in the group and the nature of the role. But her account also revealed that she and other therapists she has encountered, often feel disempowered to act to counter privilege, insinuating that there is a lack of policy, support and training for clinicians who encounter these issues. This was particularly apparent in part of her discussion around therapists who identify as part of the rainbow community and the ways in which they feel disempowered to address privilege, as well as feeling marginalised themselves, particularly when they experience discrimination.

Manaia explained that she and some of her colleagues, work to divert Eurocentric structural privilege by foregrounding Māori values and worldviews. She noted this by setting out organisational and personal goals, for example, by introducing a karakia at the beginning of a session. This meant a great deal to Manaia. However, she explained that she did not introduce the karakia because she was worried that she would be judged for "bringing my agenda ... because I'm Māori." This revealed both reflection on her power in the group and a lack of empowerment to privilege her own values as a wāhine Māori. She has experienced collegial challenges to her work to support Te Tiriti in therapeutic groups,

despite professional therapeutic codes of conduct requiring attendance to Māori values and practices: "There was a challenge in the team about why are we doing these bicultural things? Why are we not doing multicultural and looking at other cultures? And I found it like personally hurtful and it silenced me." She acknowledged that this colleague was seeking to address broader cultural responsivity but feels privilege dynamics in therapeutic groups in Aotearoa should primarily focus on the bicultural aspects of Aotearoa.

Manaia felt that being judgemental provokes unfavourable levels of negative feeling in individuals who are feeling marginalised or disadvantaged. However, Manaia aimed to be active in her detection of privilege-related judgement, using group skills to dismantle the dynamic to promote safety within the groups. Privilege was considered harmful by Manaia, and within her organisation they took an active stance on managing it by requiring adjustments to attitudes, language and behaviour in those they identify as privileged. If the person failed to understand that their privilege was harming other people, Manaia and the organisation she works for would typically remove a client and send them to dyadic therapy.

Manaia's account revealed personal experiences of marginalisation, discrimination and personal hurt that inform her understanding of privilege. Central to her discussion was a sense that privilege is an institutionally embedded phenomenon that reproduces bias. These dynamics construct and perpetuate marginalised groups as a being a "risk". She viewed privilege as a threat that can result in an individual being removed if they do not alter their behaviour.

Participant 7: India

India is a New Zealand European counsellor in her thirties, who has worked with groups for over a decade, currently working for an organisation. She enjoyed group work because "watching what happens in the group environment and seeing what can come out of group work and how it can be so much richer than individual [therapy]."

India's understanding of privilege was linked to concepts of power, fairness and equity: "we all come from different walks of life, and we've had different privileges... And so there can be, like, I guess, the connection to equity". Further, privilege was a systemic, social phenomenon that is not consciously chosen, but rather becomes embedded in society: "we didn't all start out on an equal playing field." Socioeconomic status was a core dimension that she related to privilege, also identifying ethnicity, social class, gender, family connection, knowledge, experience and sexuality as significant factors. Better education, access to resources including therapy, positive justice-related experiences, and better health-outcomes were referred to as typical advantages of privilege.

Her account bore a strong impression of the structural ways in which privilege and bias are created and asked rhetorically: "who designs a lot of these interventions and modalities and, I mean, you know, people who are often middle-class white guys". Epistemic privilege was an important aspect to the structural aspect to her discussion in which she asserted that there is an inherent impartial standard that positions dominant social perspectives as superior to others.

However, she also argued that identity is linked to privilege and suggested that "it's a massive concept to unpack; identity and its relationship to social privilege and power dynamics." This observation was situated within an account of the complex constituents of what makes up each individual in each group that group therapists must account for and navigate at an intersubjective level.

Clashes between diverse dimensions of identity, values, worldviews, experiences, have created tension and alliances between some of India's group members. This was typically when bias and perception crept into group dynamics from individuals or subgroups that were more dominant or better represented in terms of numbers in the group.

Although India spoke fleetingly of power and dominance dynamics between group members, her account primarily deliberated the privilege of the therapist, noting the

inherent ways that "there may be things in the way I have that conversation or the way I explore identity ... that might be biased." However, she suggested that the same was true for any group member. Recognising her professional duty of care and the ethical responsibilities that group therapists have, India contemplated that in training to become a group therapist, she automatically holds a level of privilege: power over the group and the individuals within it, knowledge, and the ability to impose institutionalised values and norms on group members if she does not reflect carefully.

However, she also raised "the valuing of [therapists'] lived experience", positing that therapists with lived experiences are privileged among colleagues and the organisation she works for. Their experience allows them to relate to the group members more deeply, she opines. Therapists can have a tendency to assume that "we have something [knowledge or tools] that they [the clients] don't have and we're giving it to them," reflecting a recognition of how group therapists may impose their own values, beliefs and approaches on group members. Through her training she learned that power is a key advantage that privilege confers: "There was definitely talk about power, and power dynamics in relation to the facilitators and the clients and the group and the group members and between facilitators or therapists."

This training, she suggested, focused on the power that privilege confers rather than privilege itself, and she saw that this reflected the ways that she believes privilege is often obscured and difficult to identify. "Often we're managing just those different layers of power and privilege within the group ... and where we come from and how that influences," reveals how India identifies the need for strong group facilitation. Management of intersubjective dynamics was an important factor for her in successfully navigating tension when it arises out of privilege. This tension had often arisen when some group members experienced the effects of privilege in other group members, creating resentment and tension because they had no hand in organising how the world has been shaped.

She emphasised that her counselling training cohort received limited group-specific therapeutic, or privilege-related training, highlighting opportunities to improve both training for therapists and the ways they can help address inequalities in therapeutic groups. However:

> There was definitely talk about power and power dynamics in relation to the facilitators and the clients and the group and the group members and between facilitators or therapists. But it was kind of more of the relationship between the clients and the therapists and the fact that we need to be mindful of the power, inherent power that we have in holding that space.

Her training focused almost exclusively on individual therapeutic approaches, and she noted that, "we did one paper in group work in my whole degree." Her suggestion for improvements in training began with greater focus on group work and how to navigate intersubjective tensions, followed by understanding what privilege is and how to manage it.

India's core understanding was that privilege is a perceptual conundrum for therapists because it is subjective and subversive. She believed that privilege confers power, and other advantages that create hierarchies, but despite the risks attached to this, she felt that training for group work and about privilege was lacking.

Participant 8: Frankie

Frankie is a Pākehā woman in her 50s who has been practicing as a psychologist in Aotearoa for over 30 years, working as a group therapist for 15 years at the time of her interview. She worked for a state funded organisation that sees clients in high volumes. She had addressed waiting lists for therapy by developing groups with a coexisting problem focus. Groups were the primary therapeutic approach her organisation provided.

Age, gender, class, ethnicity, lived experience, socioeconomic status, cognitive ability, professional status, linguistic ability, knowledge levels, length of time in a rolling

group, and sexuality stood out as precipitators of privilege in Frankie's account. Middle-aged Pākehā were positioned as being typical holders of privilege in Aotearoa.

Her account provided a range of examples of the ways privilege has manifested in groups Frankie facilitates. One such example concerned a group member's remark that he would feel comfortable making a racist joke [in the diverse group, containing a Māori group member]. When challenged by Frankie, he exclaimed:" isn't it a great thing that I didn't even notice that she was Māori?" In her view the client enacted a form of feigned colour or identity blindness to deny his privilege and culpability within dominant social structures in Aotearoa (Eurocentric and patriarchal). Frankie illuminated how those with privilege can act as if they are doing marginalised individuals a favour by not seeing the trait that makes them marginalised (e.g. being Māori), rather than realising that marginalisation can emerge from their own privilege and dominance. In doing so, this client reinforced a socialised view that being Māori is a problem of inferiority, thereby perpetuating the dynamic.

As the facilitator of the group, she considered it part of her role to dismantle social forces such as privilege by drawing attention to the ways it affects individuals and the group dynamic. She described how she acts to spotlight privilege and the harm it does, becoming a go-between to hear from how it feels to the marginalised group member and thus educating the privileged member about how their behaviour was experienced. She felt that to create social change, it is necessary to act from within a dynamic to deconstruct it.

But Frankie expressed surprise that privilege can shift in some of her groups, away from those she believed typically hold broad social privilege, who she defined as middle aged Pākehā males. This transmutability of privilege applied to the therapists as well as to group members. One of her co-facilitators was a younger Pākehā male who had spent time in prison, and she found that the group members (a male corrections cohort) all took him more seriously and she was marginalised. Frankie perceives the co-facilitator as being privileged because he is more relatable to the group than she is because of his visual

appearance, the way he speaks, and due to common lived experiences with the group members. She believes this advantages him.

Further, she observed that two people can be in a privilege dynamic, but their perceptions of who holds privilege may differ, complicating matters of facilitation for the therapist. She felt that her co-facilitators lived experienced established him in a position of privilege over her, but she suspected that he feels her 15 years of psychology privileges her over him. In short, she perceived that each believed the other has more privilege and status, for different reasons. She professed that she felt "even more nervous [than her co-facilitator]" because she was the odd one out, not being male, or having spent time in the corrections system.

Frankie argued that groups offer social education opportunities for "correcting inequities or working to reduce inequities", while having the potential for privilege "to be hugely problematic in a group". Group work has the potential to be very joining [facilitating a positive relationship] between people who otherwise would not end up having some kind of connection." Consequently, the ways that privilege affects individuals and group dynamics were Frankie's focus when it arose. She used its effects to help each group member learn more about others and themselves.

The structure and flow of groups contributes to privilege dynamics: "If it was purely closed [the groups], everyone starts together and finishes together, I think ultimately there's going to be, I was going to say less problems [with privilege manifesting]." This spoke to the different groups (rolling or closed) and her perception that closed may be better suited to subverting privilege. Frankie also considered the diverse groups (she ran groups in different socioeconomic suburbs) and how privilege manifested in these diverse groups. By affording the clients 'equal voice' she hoped to address privilege.

Frankie provided a broad set of ideas that she considered to precipitate privilege, as well as advantages that privilege generates. Frankie's account revealed a central notion that privilege is not exclusively fixed to the broad socially assumed dimensions of privilege

(e.g., often Pākehā and male in Aotearoa), noting experiences of privilege being attached to individuals or groups she does not associate with being privileged. Frankie actively diffused privilege dynamics in her groups to sensitise her clients to its effects.

Chapter Summary

This chapter reveals diverse, personal, professional, dynamic understandings and experiences of privilege among group therapists. The synopses reveal considerable variation between narrative explanations of privilege as it is experienced both personally and professionally within the therapeutic group context. Despite this variation, the synopses also reveal clear themes including the conflation of the concepts of privilege and power, the risk of harm that privilege introduces into group therapy, and the dichotomous approaches used to manage privilege when it manifests. These management techniques are attached to whether privilege is an opportunity to foster individual growth and group coherence, or so negative that a privileged group member must be removed to eliminate a perceived risk of harm. The accounts summarised in this chapter revealed a strong recognition among therapists that privilege is embedded structurally within policies and processes that propagate inequities and oppression within therapeutic groups and more broadly within society.

In the Concluding Chapter Four, I discuss the collective findings of this study, particularly the need to improve the conceptualisation of privilege for group therapists. I deepen the interpretation of privilege as an inherently multidimensional, contextual, dynamic, and misunderstood phenomenon. I discuss group therapeutic training, and the need for conceptualisations of privilege and how to manage it being embedded in training in Aotearoa. This can help therapists, organisations and policymakers recognise and respond appropriately to the privilege dynamics and understand the nuances and complexities surrounding privilege in therapeutic group. Ultimately, this will help therapists contribute to improving social inequities and broader social justice dynamics.

CHAPTER FOUR: Further Analysis and Discussion

The eight synopses presented in Chapter Three portrayed privilege as a complex, messy, everyday phenomenon that, when considered in therapeutic groups, was closely but not always aligned with broader occurrences in society in Aotearoa. In general, the participants found privilege to be a conundrum because they consider it a multidimensional, subjective phenomenon that is collectively considered to have the potential to be harmful in the therapeutic space ((Bergkamp et al., 2022), 2000) while also offering potential for individual growth and group cohesion (Yalom & Leszcz, 2020). Participant definitions and perceptions were generated through relational experiences. Accounts revealed participant experiences, social locations, values, knowledge and beliefs, illuminating the types of constructions used in articulating privilege. The participants were split in their confidence of their understanding of privilege, with about half being more reluctant to demarcate privilege. I present the results of my exploration of privilege within the group therapeutic context in Aotearoa through the narrative lenses of eight practicing group therapists. Reflecting the complexity of privilege, the findings overlap and intersect, at times making it challenging to write distinct sections.

The participants teased out how difference is harnessed to grant privileges to certain groups. However, taken as an aggregate, the accounts revealed that privilege is not a fixed singularity, rather a transmutable phenomenon that morphs dependent on contextual conditions. Privilege was equated to, and with, power for the majority of participants, and if not conflated, they were tightly entwined. Participant narratives attended to the ways that privilege manifested in the organisations they work for and the effect this has on their groups. Management of privilege within each group in terms of processes and approaches was a key theme, but this sometimes depended on their organisation's approach, and the focus of their groups. The participants heavily referred to the ways that privilege can inform the behaviour of people who have it in the group and the effect this can have on the group members who are marginalised or disadvantaged in the specific group. Markedly, three approaches to working with privilege emerged from

the accounts: 1) work with the privileged individual and keep them in the group and facilitate learning for the wider group, 2), exclude the person from the group if identified as problematic, and/or 3) work with them and, if no change, exclude. I conclude with a discussion about participant experiences of training to work with groups and more specifically relating to privilege, and the effectiveness of these.

Finding 1: Participant Understandings of Privilege

Participants collectively portrayed privilege as a relational phenomenon. They collectively felt that it is embedded in social hierarchies. All participants based their understanding of privilege on experiences in therapeutic groups, broader therapeutic contexts and personal experiences, which were diverse. All were clear that privilege is a necessarily relationally derived, multifaceted assemblage of diverse, hierarchical, interconnected dimensions and characteristics. In short, complex and based on difference. These conceptualisations bore strong similarities to those found in the literature, which broadly paints privilege as a derivative of subjective interactions between people, and constructed, contextually normative hierarchies (Atewologun & Sealy, 2014; Black & Stone, 2005; Case et al., 2012; Johnson, 2006).

While also stemming from individual characteristics and dimensions, privilege was articulated as dwelling beyond the individual in groups, with the group structure, constellation, and characteristics embedding a context-specific governance framework of norms, values, and beliefs. This framework was implicated in establishing and perpetuating the phenomenon in specific groups. Experiential narratives emerged of individual social locations on a spectrum — privileged to disadvantaged — that transmutes from group to group. In essence, the participant accounts reflect a complex, transmutable, contextual phenomenon that is hard to define, determine, and predict because it is unseen, denied and confusing. Sometimes broader social privilege would manifest in the participants groups — typically among Pākehā and men — and sometimes, it would transmute to groups that the participants did not expect, such as Māori. The transmutability of privilege will be address in more depth later in this chapter. To demonstrate the

complexity of privilege understandings, a comparison of participant understandings of privilege with the literature follows, which reveals alignments, nuanced understandings, contradictions, and gaps.

An overall, broad set of characteristics and experiences that contribute to privilege emerged from the collective narratives, including age, gender, ethnicity, lived experience, socioeconomic status, cognitive ability, professional status, linguistic ability, knowledge, time spent in a rolling group, sexuality, social class, family connection, and physical ability. Such categories are considered in the literature to be socially constructed, establishing social benchmarks from which social rank and relations emerge and create systems of inequality (Berger & Luckmann, 2016). These categories form part of social discourse, helping people make sense of others and their social location (DeLucia-Waack et al., 2014; Johnson, 2006). These were demarcated by participants as the dimensions through which privilege ranks and defines individuals and groups in society. However, the participants in this study did not suggest that, for instance, Māori were always disadvantaged in therapeutic groups and were always privileged, surprising themselves as they considered this. Again, this will be discussed later, when I address the transmutability of privilege.

Many of these categories and characteristics, particularly gender, ethnicity, socioeconomic status, social class, and sexuality have been defined and discussed in the literature (Atewologun & Sealy, 2014; DeLucia-Waack et al., 2014; Johnson, 2006). However linguistic-ability, family connection and support, knowledge, professional status, cognitive ability, and lived experience are less typically noted in the literature as being linked to privilege, although a slim body of literature references accent (as part of linguistic ability) as attracting privilege (Napoleon et al., 2013; Tomic, 2013). The ability to speak the contextually dominant language is considered to be either a source of privilege because language familiarity and ability is considered to provide cultural immersion that enhances acculturation and acceptance to dominant social groups (Napoleon et al., 2013; Tomic, 2013). For example, a group that is predominantly made up of Māori individual may cause disadvantage to an English-speaking individual if the dominant group members use many

te reo words, even if they predominantly speak English. Notably, all participants referred to ethnicity as demarcating those with privilege. In particular ethnicity, more specifically, being Pākehā in Aotearoa was considered to broadly and automatically confer entitlements such as better healthcare, positively skewed justice-related outcomes, and higher socioeconomic status. Ethnicity was a seminal focus in early privilege literature (McIntosh, 2019) and continues to dominate the literature (Atewologun & Sealy, 2014; DeLucia-Waack et al., 2014; Faber et al., 2024). However, in some groups, being Pākehā was not an advantage if they were one among, for example a group that was more dominantly Māori or female group members.

The domains identified by the participants are important because they highlight their awareness of individual and social differences which are aligned to being privileged (Johnson, 2006). In turn the participants contended that a lack of acceptance of these differences privileges some group members can generate intersubjective tension. This is an assertion also highlighted in Chapter One, see for example, Gitterman (2019) and Johnson (2006), where differences in values were highlighted as underlying intersubjective tension.

Values are founding beliefs, which guide, motivate and allow people to set priorities, play a large and crucial role in the ways individuals perceive, and approach such aspects of life as politics, religion, education, and family life (Kaasa, 2021; Sagiv & Schwartz, 2022; Schwartz, 2008). This is because values are the framework from which one understands, describes and predicts attitudes and behaviours. Differences in values, the participants argued, have also the potential to create conflict and tension in therapeutic groups. However, conflict is an inevitable characteristic of human interactions (Anjum et al., 2014; Griffin & Stacey, 2008). The existence of the values attached to categories such as Pākehā, male, heterosexual, Christian, and able-bodied are assumed to be superior, buttressing the status quo of these groups and reproduces their advantages, leaving those without feeling the unfairness of being disadvantaged (Black & Huygens, 2016; Borell et al., 2009; Johnson, 2006). For example, in Aotearoa — which, in terms of policy and

institutions, aligns with individualism — will broadly favour those who align with this position, and thus Pākehā as an predominantly individualist culture will be advantaged (Borell et al., 2009). The participant narratives all recognised this, but also suggested that in some group-specific contexts there can be variations to this, based on who is in the group and consequently, which social group is dominant.

However, the broad understanding was that the colonial history of Aotearoa has determined current broad social privilege dynamics. They articulated knowledge that those in power have constructed society according to a particular set of values which then marginalise those groups that do not align with dominant values, often broadly disadvantaging Māori, who tend to the collectivist because these values are embedded in Aotearoa (Borell et al., 2009). But the underlying structural dynamics of *how* privilege is conferred suggested that in each group *who* holds privilege may not always be as it presents in broader society. Simply, the governing structural processes behind *how* privilege manifests may replicate, but who holds it may not resulting in a partial microcosmic dynamism. Regardless of which group holds privilege, the disadvantaged group members may question the existing state of affairs, against which the privileged push back, generating tension and conflict that can become problematic in therapeutic groups (Gitterman, 2019).

The relationship between difference and privilege was further expressed through accounts of how dominant — Pākehā — norms are present in Aotearoa and closely linked to sources of (un)fairness. These norms have the potential to disadvantage group members in everyday life, an argument broadly adopted in the literature (Atewologun & Sealy, 2014; Borell et al., 2009; McIntosh, 2015). Manaia drew attention to unfair justice outcomes, tied to ethnicity, a category that she considers should have nothing to do with consequences; the same crime should carry the same penalty regardless of ethnicity. Josh's interest in privilege stemmed from tensions that arose when the group felt he did not sufficiently attend to the values, language and social practices of Māori members of his group, rather privileging his own. All participants noticed how privilege triggered

intersubjective tension, with most using such instances as an opportunity to create change for individuals and to help the group cohere. This will be discussed as a separate finding later in this chapter.

Participant narratives revealed an awareness of how privilege can marginalise some group members, influencing situations for the benefit of the privileged (Johnson, 2006). This can manifest in many ways, including use of language, forms of behaviour, expressions of a worldview, or physical presentation (Gee, 2000). Overall, participants repeatedly demonstrated awareness of how contextually specific social differences are used to categorise and hierarchically rank individuals and groups (Gitterman, 2019; Johnson, 2006). At a broad social level, participants repeatedly noted how Māori and Pacific people have been categorised, 'othered', marginalised and disadvantaged based on Eurocentric standards (Black and Huygens (2016) and (Borell et al., 2009). But many witnessed how sometimes, specific group constellations could change this dynamic, conferring privilege on groups who are typically broadly marginalised. This was often articulated as discomfort for a group member who had moved from a broad social location of dominance, to a marginalised position in the therapeutic group context (being the specific group they were in at the time).

Marginalisation was raised by all participants. As a wāhine Māori, Manaia has experienced the effects of privilege first-hand, while also witnessing its effects in her groups among Māori youth who have experienced harsher punitive treatment than their Pākehā counterparts. This is an observed social effect resulting from privilege dynamics thought to exist in the judicial system, which favours some social groups and judges others more harshly (Meyn, 2021). In Aotearoa, restorative attempts to address the effect of privilege on Māori are often met with derision and claims that Māori are being privileged (Borell et al., 2009). This is thought to occur because privileged groups resist change, but are also typically unaware of their privilege and the way the phenomenon functions at a systemic level (Johnson, 2006).

Frankie has attempted to address cultural inequities in her groups by introducing Māori customs such as a karakia. However, she has met resistance:

> One of the group members has even said to me, "I don't know why we do that. She's British. I don't know why we do that. There's no Māori in the group." I sort of had a very kind of quick, light conversation about inequity, and it's actually our responsibility [under Te Tiriti] to correct inequities.

This resistance to attempts to balance social equity are read by those with privilege as privileging the groups who are disadvantaged (Johnson, 2006). This functions to obfuscate privilege, denying the effects it has on some groups in society (Gitterman, 2019; Johnson, 2006). This typically manifests as white privilege, which affects dynamics in a range of ways — the power of being normal, the power of holding power, the power of being given the benefit of the doubt, for instance (Collins, 2018). However, the concept of white privilege goes further than this, with white people holding the privilege to deny that their race is implicated in social inequities and injustices and to choose whether to create change by noticing their privilege (Collins, 2018).

Individuals and groups can benefit from being identified as "normal" because of how society responds to them. As a wāhine Māori, Manaia does not consider herself to match the "normal" characteristics and values imposed by hegemony that research has identified in Aotearoa (Borell et al., 2009). Manaia experienced personal hurt from collegial challenges to her attempts to integrate Māori cosmology and practices. This aligns with the work of Nixon (2019) who argues that privilege is felt by the disadvantaged. Yet Frankie pointed to the ways in which privilege could be "tipped on its head", suggesting that in a group of individuals who are dominantly not, one can feel broadly disadvantaged, while simultaneously being privileged contextually, or vice versa. A homosexual, who is also a male, is not typically considered to hold broad social privilege, but rather to be marginalised because of his homosexuality, which is not a dominant characteristic (Clements et al., 2022). In a rainbow group, he might be considered to match dominant characteristics and norms. Such instances highlight how dimensionally-

related, contextually-specific hierarchies can challenge broader social dynamics, without deviating from normative structuration processes that are seen in broader society (Nixon, 2019).

Most participants referenced knowledge, values, and norms as categories that create and perpetuate privilege and hierarchies and confers status to certain groups and individuals. Values underpin the opinions and principles of individuals, formulating judgments that guide beliefs about what is good, desirable or right (Schwartz, 2012). Robin particularly noted how core values of fairness, equality, and opportunity stem from "entrenched privileged social class". While the word "entrenched" conveys a negative connotation, I understood that in the context of his wider narrative, this suggests that privilege embeds and perpetuates through the ranking of social categories. This ranking opens opportunities for people with privilege, and often closes them for others, debunking the notion of meritocracy — i.e. the notion that everything that an individual has is earned and that everyone has the same opportunities (Sandel, 2021). For example, someone of a higher social class is typically considered to have easier access to private health insurance (Johnson, 2006). The health insurance often means that those with socioeconomic privilege can access to better health care and health outcomes because they can access better quality care, faster (Edmunds, 2024).

However, reflecting the noted murkiness of privilege (Johnson, 2006; McIntosh, 2019), Robin emphasised the role of perception in privilege dynamics: "So, I guess there's your perception, the person's perception of their status, and then the other people's perceptions, and that might not be equal in terms of that [each] person's position in the power or privilege." It is through such social interactions, underpinned by values, norms, and beliefs that individuals make sense of themselves and others (Burr, 2015; Johnson, 2006). While perceptions are unique and individual or collective, these are socially and historically specific (Burr, 2015). For example, the court system in Aotearoa, which is based on the English legal system (Ferguson & Bargh, 2004; Gordon et al., 2004). The perceptions of those in power in the court system are then influenced by English norms

and values, disadvantaging those who do not share them, or hold different characteristics to the English such as Māori (Borell et al., 2009). Manaia lamented that, in general, Pākehā rangatahi (youth) experience less severe consequences in the justice system than Māori do. Court and judicial processes may therefore be based on privileged views, biases, values, norms and stereotypes (Ferguson and Bargh (2004).

Lived experience was heavily referenced by participants as providing a range of social benefits that positioned therapists and certain group members as more credible, relatable, knowledgeable, and powerful in the group. These privileges were accumulated over time and thus considered "earned", counter to academic notions of privilege (Black & Stone, 2005; Johnson, 2006; McIntosh, 2019). The value of, and link between lived experience and privilege was prominent in this study but is largely missing from the literature. I will return to this later in the chapter. Lived experience, was presented among half of the participants as a form of earned privilege, which aligned with the work of Shelby-Rosette and Thompson (2005). For example, Frankie, Manaia, and India all spoke of how group therapists are privileged if they have experienced, for example, addiction, depression, or FV and now run groups for addiction, depression, or FV.

In addition to the intangible nature of experience, Frankie pointed to visual and physical characteristics of group therapists that can enhance rapport by increasing relatability: "So shaved head. Usually [her co-facilitator] will wear, you know, a hoodie kind of sweater and talks a little, you know, his talk has a little bit of the bro talk kind of twang to it." This excerpt is in the context of Frankie's co-facilitator who, in her view, is privileged in this particular situation because he was relatable to the clients, and shared lived experience, and thus earns their trust more easily compared to her as a female Pākehā without shared lived experience of imprisonment.

Following from assertions that lived experience can confer privilege, participants elaborated what this means in practice. Specific understandings of how privilege is obtained were discussed, and suggested it can be earned, unearned, or both. In Chapter One, I described the concepts of earned privilege (achieved status) and unearned

privileges, providing theoretical distinctions of the two kinds of privilege raised (Shelby-Rosette & Thompson, 2005). Social privilege is predominantly theorised to be conferred regardless of individual effort or talent (Black & Stone, 2005; McIntosh, 2019). However, the findings of this study contrast with academic theories of privilege, with a broader understanding of privilege emerging from the contextualised understandings of the participants. Social privilege was frequently conflated with earned privileges. Josh distinguished such dual acquisition aspects to privilege:

> You know, it's a complex word in that it's associated with power at one level. And it's like the privilege of being a parent, say, both of which can be conferred on some individuals and not others, and as special opportunity to do or achieve something that results in pride.

Participants expressed uncertainty about where unearned and earned privilege begins and ends. However, they articulated how privilege is acquired through a relational co-construction dynamic, which is in accord with privilege literature (Berger & Luckmann, 2016; Black & Stone, 2005; Johnson, 2006).

Robin focused on the specific contexts which either fostered or impeded privilege from flourishing, discussing early experiences of perceptions of privilege in his life, which has informed his understanding:

> I perceived myself at that time as white, and I played in the Pākeha white team rugby against the Māori rugby boys, and they always won. So, they were better at rugby. They had my respect and a lot of people's respect because they would talk back to the teachers and be naughty. And yeah, they had a status. So, within our group, they actually had the privilege from our point of view.

In this excerpt Robin draws on his and social perceptions of racial differences and European dominance which in general he seems to suggest affords privilege vis-à-vis Māori. However, he suggests in this *specific* situation that Māori had kudos (which I understood to be privilege) based on their superior rugby skills.

As discussed earlier, and in Chapter One, broader privilege has been demarcated in two ways in the literature: achieved status and unearned privileges (Shelby-Rosette & Thompson, 2005). Robin's account aligns with achieved status rather than the unearned privileges affiliated with scholarly definitions in Chapter One. This reveals how complex the phenomenon is to discern due to subtleties between earned privilege and unearned privilege. Josh noted and made sense of the distinction between achieved status and unearned privileges directly, while others were more tacit in exploring the discrepancy. Overall, the participants considered privilege to be a fluid phenomenon that could not be ascribed to one group.

The Social Construction of Privilege Understandings

Whether overtly, or tacitly, participants described privilege as a socially constructed phenomenon. Burr (2015) argues that how one understands and perceives everyday life and other people is an outcome of how the world is reproduced through knowledge and language, in almost imperceptible ways, shaping understandings and making sense of the world. Knowledge and understanding are therefore socially constructed and continuously re-fashioned (Berger & Luckmann, 2016; Burr, 2015). It was apparent that participants' understandings of privilege present in series of ways, all of which stem from the ways that differences manifest in their everyday lives (Gitterman, 2019; Johnson, 2006). Understandings of privilege were shaped and articulated by participant values, worldviews, and specific experiences that helped them make sense of the concept (Burr, 2015).

All but one participant listed multiple categories — for example, gender, age, and sexuality — that they considered to be both precipitators and the result of privilege, suggesting that they view these categories as the building blocks and perpetuators of privilege. In contrast, Sam, associated privilege exclusively with being "white", which she believes constructs privilege in Aotearoa. Her understanding of privilege is the result of personal and professional experiences. For instance, Sam's experience of being privileged in her home nation and locating herself as more marginalised in Aotearoa provided a

dualistic understanding of how privilege is constructed socially, rather than always being fixed to one group (Burr, 2015). This presents through her experiences of being *both* privileged in her nation of origin and marginalised in Aotearoa, supporting the contextualised construction of privilege.

Sam recounted how, shortly after moving to Aotearoa she experienced racism for the first time when working in the hospitality industry: "One white lady there said to me, that she wasn't happy with the toast and she said to me I want them to be more like your colour. Yes I couldn't believe that." Her skin tone may stand out in conjunction with her strong accent in the context of Aotearoa. However, when in her home nation she felt more aligned with hegemonic categories, making her part of the dominant, privileged group. Thus she experiences herself as "other" in Aotearoa, suggesting that privilege is constructed by social, political and cultural contexts. These lived experiences of inhabiting both positions in different social contexts — that of privilege *and* that of a marginalised person — afforded her insight, understanding and empathy for both.

Furthermore, in English speaking nations, migrants — such as Sam — whose first language is not English, are vulnerable to marginalisation, whereas in their nation of origin, their language (and accent) is the norm (Catala, 2022; Tomic, 2013). Translocation can overturn social categories that are not ubiquitous and equally salient because "we should not see differences as empirically given but as part of a process relating to boundary-making and hierarchies in social life which might take different forms in different times and contexts and should be treated therefore as emergent rather than pre-given" (Anthias, 2013, p.131). I will return to the contextual and transmutable nature of privilege later.

As discussed in Chapter One, embedded social categories can often unconsciously influence social evaluation and behaviour through stereotyping, resulting in biases that may have unintended negative consequences or may cause harm (Stolier & Freeman, 2016). Described negative consequences were broad, encompassing feeling quietened, not fitting in the group, feeling "othered", experiencing racism or judgement, being disempowered, not seeing similar people in the group, and not cohering with the group. For example,

Manaia as a wāhine Māori has experienced and witnessed bias in many ways. These have negative consequences for both her and whanau members, for example, in the healthcare system: “And I think it's just because she's a Māori girl, they're just assuming that she's had sex and she's pregnant.” Drawing on negative stereotypes, the healthcare worker made up their mind before engaging with the young woman. Across the narratives, I discerned that ‘harm’ was used to describe any negative consequences for individuals or groups as a result of privilege dynamics.

Whereas Jasmine’s experience of growing up in Scotland — often, but not universally, considered by the British to be inferior to the rest of the UK (Dunn, 2016) — differed. She detects that Māori consider her to be more of an ally than the coloniser, hinting at dualistic privileged and underprivileged positions. “When people hear I'm Scottish, like for instance, if I have Māori clients, when they find out I'm Scottish, we have quite a bond because they're like, "Oh, you got oppressed by the English too?”. National and cultural narratives inform Sam’s, Manaia’s, and Jasmine’s understandings of privilege, which bore imprints of the negative effects of privilege in the form of racism, disempowerment, and marginalisation. Dominant norms, values, and beliefs oppress non-dominant norms, values, and beliefs (Burr, 2015; Gitterman, 2019; Johnson, 2006). Sam, Jasmine, and Manaia’s accounts align well with literature that suggests that the effects of privilege are most noticeable to those who are negatively affected by it (Gitterman, 2019; Johnson, 2006). Each participants’ narrative reflected constructed understandings, woven through the historic social interactions that form the fabric of their past, resulting in time-bound knowledge that will inevitably evolve in the future. Social constructionist theory, set out in Chapter Two argues that knowledge is socially constructed, achieved through interactions with others (Berger & Luckmann, 2016; Burr, 2015).

Privilege is Contextual and Transmutable

The transmutability of privilege — i.e. moving between social groups — was suggested by the participants in the sense that individuals are only privileged because they are perceived to belong to a dominant social category in nuanced contexts (Atewologun &

Sealy, 2014; Johnson, 2006). To some extent, this is not in line with academic work that argues that therapeutic groups are social microcosms, replicating broader social conditions at a reduced scale (Kivlighan et al., 2021; Yalom & Leszcz, 2020). Several participants found that in some of their groups, who *actually* holds privilege in some contexts is at odds with who they *expected* to hold privilege. In short, they expected privilege dynamics to manifest as a replication of broader social conditions, anticipating Māori clients to be automatically marginalised by Pākehā. Contrastingly, Josh's account indicates that privilege manifests as a microcosm in therapeutic groups, reflecting broader social dynamics in Aotearoa, and aligning with microcosm theory (Yalom & Leszcz, 2020). This may be, in part, be because the literature he has learned from argues this. Alternatively it may also be because in his groups, privilege *does* manifest as a replication of broader society — Pākehā privilege leading to marginalisation of Māori, for instance. This disparity between participants suggests that each group is unique — a context in its own right.

A slim body of literature, and SC theory suggests that contextual conditions in which privilege manifests may consign privilege to groups that are not typically considered privileged (Case et al. (2012), Atewologun and Sealy (2014), and Berger and Luckmann (2016)). Atewologun and Sealy (2014, p. 1) argue that, "The fluidity of privilege is revealed through contextual, contested and conferred dimensions." The notion of privilege always replicating broad privilege dynamics per social microcosm theory did not bear out in the present study (Atewologun & Sealy, 2014; Kivlighan et al., 2021; Yalom & Leszcz, 2020). Participants overwhelmingly considered male Pākehā to be the most broadly privileged group in Aotearoa, a view borne out in the literature, see for example, Borell et al. (2009). But this often did not bear out in their groups. Several participants referred to witnessing what William termed "inversions" of privilege and as he recounted:

> So, in that [corrections based] therapeutic community, we sometimes have a lifer, that's a man who's guilty of murder almost certainly, who's served upwards of 20 years in prison ... He's called a lifer because he will never be free of the criminal justice system ... And people like that, they have status, because they have status in the

> prison. And so the people, the senior members of gangs, the people that have spent a lot of time in jail, the people that have committed the more horrific offenses tend to have a higher status and tend to have a social privilege [in prison]. So, it's a kind of almost an inversion of what you'd see in mainstream society as to who's privileged.

William's example above, and that of Frankie's suggestion that privilege can be "tipped on its head", suggests that the contextually specific social systems of each therapeutic group create different conditions for privilege to manifest. Thus privilege is transmuted to groups that may not align with those that are broadly socially dominant. This supported the emerging body of work referred to in Chapter One that positions context as a key component in determining who is privileged in any group (Atewologun & Sealy, 2014; Case et al., 2012).

Robin addressed reasons for variations in how people's subscription to social categories can be fluid with his comment: "So, I guess there's your perception, the person's perception of their status, and then the other people's perceptions, and that might not be equal in terms of that person's position in the power or privilege." This comment epitomises how perception makes a difference to how people are categorised into social locations, transmuting privilege (Johnson, 2006).

The aggregate of accounts in this study suggest that the therapeutic group context comprises of many factors including the focus of the group, the characteristics, culture and values of each individual, the therapists values and background, whether the group is compulsory (e.g. court mandated or voluntary), and whether the group is rolling or closed in nature. William argues that among prisoners, the social classification and values system that creates privilege, differs from the one he understands operates outside the prison system. Hierarchy inside prison, he argues, is determined by power derived from how terrible the individual's crime is, possibly leading to fear of an those who rank worst in terms of crime. This is a contextually specific representation of how starkly social systems can vary. This reinforces that privilege is not always held in the same way, by the same groups, in all contexts (Atewologun & Sealy, 2014).

Schwartz (2012) proposed that people may adjust their value ranking system that influences behaviour and attitudes in different contexts, which may be the case in correctional versus broad, or other nuanced, social contexts. For example, in a prison-specific environment, culture, values and norms can morph into a unique social system, with distinctive dominant values and domains creating a social system "largely autonomous from the outside world" (Crewe (2016, p. 80). Alternatively, a Pākehā male, might become disabled, causing his social location to change despite holding dominant characteristics. Able bodied privilege often leaves disabled people being considered abnormal (Cech, 2022). Such privilege is grounded in social values and expectations about who is able to participate, be employed, and live independently (Cech, 2022).

In several accounts, Māori holding privilege in a group caused surprise among participants, but when they unpacked the constellation of the group during their discussion, the group was, for example, dominantly Māori. This meant that the values and social norms in the group context were predominantly Māori rather than Pākehā, altering the contextual, social dynamics from those in broader Aotearoa society. While a Pākehā group member may indeed hold a more privileged position outside of the group, within the specific therapeutic group context they may not conform to dominant characteristics, normative, or value systems.

Frankie recounted experiences of both therapists and group members who typically occupy dominant positions in broader society becoming marginalised in some therapeutic groups. One example of this was a corrections focused group of men in which Frankie feels marginalised in comparison to her co-facilitator:

> I'm thinking of one group where my co-facilitator is a younger Pākehā male who's done his time and he's done his time in prison as well. And what I have to say just doesn't really count for too much in that group.

In this context she feels marginalised and "othered" compared to her co-facilitator whose lived experience seems to allow him to better relate to the therapeutic group

members. This experience suggests privilege can create intersubjective tension. Frankie perceives that both she and her colleague may feel disadvantaged for different reasons:

> And so, in a way, we're checking and on each other's nerves about co-facilitating with each other. His is seeing himself as somebody much more experienced. My nerves are about being the odd one out, the one that is othered.

Despite feeling marginalised, she acknowledges that her colleague may feel that her considerable clinical experience privileges her, revealing that privilege may transmute through comparisons with others. Perception of oneself may not be how one is viewed and experienced by others (Yalom & Leszcz, 2020).

Frankie also raised a different kind of categorical subscription to privilege that can stem from how organisations structure groups, concerning the length of time an individual has been in a group and whether the group is open or closed. "Maybe in open groups there's more opportunity for privilege each week, week on week on week, for privilege to be corrected somehow". She added, "If it was purely closed, everyone starts together and finishes together, I think ultimately there's going to be, I was going to say less problems." The kind of privilege referred here epitomises achieved status, reflecting how one absorbs knowledge and experience over time that provides us with status, and some level of power. For instance, status and the power to inform other group members, support new group members, or judge new group members who may know less (Shelby-Rosette & Thompson, 2005). Manaia also considers a longer duration in a group to be a privilege because she deems that these members will therefore have more knowledge, conferring them with power over other group members. However long standing, or repeat, group members may still be in a group because they have resisted change, prompting them to repeat the therapeutic processes (Yalom & Leszcz, 2020). They may therefore not hold more power, knowledge or a position of status in the group, perhaps feeling or being perceived as inferior.

Overall, the eight participants' narratives aligned with the five part definition proposed by Black and Stone (2005). All participants suggested that privilege is an entitlement, or an exemption, that confers special benefits that are not equally accessible to everyone. They identified a range of privilege-related advantages, including share of voice, access to resources, credibility, status, power, relatability, education, socioeconomic comfort, elite careers, identity representation, cultural representation, social acceptance, better health outcomes, positive justice related experiences, privileged domicile, and normativity. These are as a result of their categorial social location, for example, ethnicity, sexuality, gender, or socioeconomic status (DeLucia-Waack et al. (2014) Johnson, 2006). Less apparent in their accounts was the invisibility of privilege, the subversive nature it has and how it is largely obscured in society, contributing to its own perpetuation (Black & Stone, 2005; McIntosh, 2019). All accounts referenced to power as being corollary to privilege, and the findings in this regard substantively pointed to a blurring of the lines between the two phenomena.

Finding 2: Privilege and Power

A core finding in this study was the ways privilege and power were considered entangled, or synonymous phenomena, reinforcing once more the complex construction of privilege and its implication in broader social dynamics (Johnson, 2006). Entanglement of similar and/or related phenomena can create untidy complexity, leading to difficulty of understanding when concepts overlap and lack distinction (Gitterman, 2019; Johnson, 2006). For example, William's understanding conflates power and privilege as being the same thing. Robin also believes that "privilege is any kind of power, privilege, special things, unequal things." Whereas Goodman (2015), Johnson (2006) and Bergkamp, Olson, et al. (2022) argue that power and privilege are separate, but closely related phenomena, with power being corollary to privilege.

As described in Chapter one, *power* is defined as conferred ability to make decisions and influence others (Garrett, 2023; Johnson, 2006), whereas *privilege* is advantages or entitlements that benefit individuals who belong to certain social groups,

often to the disadvantage of others (Black & Stone, 2005; McIntosh, 2019). The participants recognised the inherent power that privilege confers in forms of advantages and dominance to both group therapists and group members depending on the conditions of the group (Johnson, 2006; McIntosh, 2019).

The privilege of having knowledge, and the power that it confers was a consistent theme throughout the accounts. The saying "*Knowledge itself is power*" has been attributed to Sir Francis Bacon in his 1597 work, *Meditationes Sacrae*, suggesting that holding and distributing knowledge garners reputation and influence, and as a result, power (Azamfirei, 2016). William fronted with his understanding of Foucauldian derived interpretation: "Knowledge and power are the same thing, they're just two sides of the same coin," suggesting that all achievements stem from the acquisition of knowledge, conferring an achieved level of privilege and power (Azamfirei, 2016).

Several participants viewed privilege and power as separate but inescapably related concepts, creating equity and fairness imbalances. India described the link: "we're managing just those different layers of power and privilege within the group and also us as facilitators and where we come from and how that influences", suggesting a recognition of the power resulting from her privilege affecting group members and placing her in position of power. One phenomenon leads back to the other. This aligns with the work of Johnson (2006), who suggests that privilege and power perform in a self-perpetuating dynamism, each begetting the other and potentially clouding therapists' abilities to distinguish the two phenomena from each other. This reinforces the complexities involved in understanding privilege and its relationship to power (Gitterman, 2019; Johnson, 2006).

The participants frequently reflected on their own position of power but less frequently on group member power. Manaia proposed that: "having that knowledge and experience means we [group therapists] can facilitate more effectively. So that's privilege," from which stems the power that group therapists are required to reflect on to avoid perpetuating patterns of social dominance, see for example Black and Huygens (2016) and New Zealand Psychological Society et al. (2012). This aligns with scholars who

posit that power is constituted through accepted habituated forms of experience, knowledge, 'truth' (for instance, see (Berger & Luckmann, 2016); Foucault and Gordon (1980)).

All participants described their privilege to exercise power in a gentle and positive manner in their groups to induce change in their clients without exercising 'power over' them. Robin reflected on how privilege, power, oppression and equity dynamics manifest in his groups, sometimes between group members, and sometimes between the therapist(s) and group members. He considered that dismantling privilege dynamics is challenging. He also suggested that group therapists are not responsible for eradicating privilege because groups will always have imbalances in them, regardless of any facilitated interventions to remove them. This, he opined, is because groups are influenced by complex social categories, dimensions, characteristics, worldviews, social politics, and experiences that construct a group-specific system of privilege and disadvantage (Anthias, 2013; Crewe, 2016; Johnson, 2006). Instead of attempting to eliminate privilege, Robin suggests group therapists should respect it as a phenomenon that can bring about challenges, conversations, and learning moments for group members and therapists.

In general, Josh reflected that he holds more power as the therapist and more generally as a male Pākehā but recounted the following:

> Kaupapa Māori service had outreaches and they'd all come together, at the time, including, I can particularly remember a moment where one of the Pākehā workers, who was quite a senior worker, had been, I think she'd call it mauled or something similar, by getting it wrong in that Māori and Pākehā space, and feeling like, actually, the power was Māori in that case, and she got done over.

Josh reflected on his experiences of how power dynamics can change, creating discomfort and tension among individuals who feel they are losing privilege-related benefits such as power, status, or share of voice, a dynamic that has been noted in the literature (Bergkamp, Martin, et al. (2022)). His interpretation of the female Pākehā in his

group was that she felt challenged, possibly out of place, uncomfortable at ceding privilege and power in the group as she was in the minority.

Josh also felt that his privilege as the therapist, and possibly also as a Pākehā male made him stand out in the group: "I was so much on display in the workshop where Māori didn't feel powerful." Māori did not, in Josh's opinion, feel powerful because he was not foregrounding Kaupapa Māori values. This was part of a broad reflection from Josh about the privilege and power he holds as the therapist, and how his choices about group structure that could privilege his own values over those of other group members. However, despite being aware that some group members felt disempowered, he prefers not to foreground any particular culture over others, allowing the group to "work out how they're going to be a social group at the same time, and then in so doing, fulfil their purpose for being there."

Sam, Josh, and Manaia suggested, that while group members are often unaware of their privilege, therapists can also be oblivious to their privilege and power. Sam was concerned at a colleague's lack of reflection on her own privilege when asked to work with a Māori focused model of health (Te Whare Tapa Wha), preferring instead to continue working with what may have been a more biopsychosocial model:

> No. I get it, but I think it's more about this, it's about power, it's about [the colleague saying] I'm not going to change what I'm doing. What I'm doing is okay, it's good enough, or it's the right way to do it.

Sam understood this act of resistance to be an invisible power bestowed on her colleague, something that appeared inconceivable for the colleague to do. Sam speculated that her colleague's preference would have been to use another model. Perhaps she had a biopsychosocial model in mind, which is more typically Eurocentric, assuming norms less favourable to indigenous, collective communities (Engel, 1977; Roberts, 2023). Alternatively, this may have been based on a more individualistic epistemological stance. Sam's experience hints at dominant, Eurocentric norms based on individualistic and

meritocratic ideologies (Borell et al., 2009). As highlighted in the review of literature, Pākehā often oppose structural change as it may result in a loss of privilege, suggesting that such a threat privileges Māori and disadvantages them (Borell et al., 2009; Sibley et al., 2010) in line with the argument that marginalised groups are unfit and undeserving of privileged social positions (Devellennes, 2024).

Josh acknowledged his privileged position empowered him to make decisions for or on behalf the group that had the potential to disadvantage some group members. On one occasion, some group members "felt uncomfortable that I hadn't provided something that the Māori wanted". Favouring his own values, privilege is inherently linked to imbalances in power, creating inequity (Garrett, 2023; Johnson, 2006). This power imbalance is particularly evident in settler colonies, such as Aotearoa, which Manaia has witnessed in the justice system in Aotearoa (Martin, 2023; Mutu, 2020).

Overall, therapists were aware of their privilege and power due to continuing professional development (CPD), supervision, and requirements in CoE that require them to reflect and locate themselves in social dynamics in their groups. However, there were very few participant reflections about the ways that privilege and power, and social justice more broadly are addressed in codes of ethics and other regulations imposed upon group therapists. Some did describe feeling a responsibility to address social injustices as part of their role as a group therapist.

Feeling responsible for addressing social injustice in therapeutic groups is a reasonable stance among some participants when considered against, for example, *The Code of Ethics for Psychologists Working in Aotearoa New Zealand* (Code of Ethics Review Group, 2012, p. 25), in which Principle 4 states:

> The principle of social justice is about acknowledging psychologists' position of power and influence in relation both to individuals and groups within communities where the psychologist is involved, and in the broader context. It is about addressing and

challenging unjust societal norms and behaviours that disempower people at all levels of interaction.

Group therapists are compelled, through codified efforts to address social inequities, to take on social justice roles, requiring them to be able to identify social norms they are often unfamiliar with. However, as discussed later, these codes require reflexive consideration of one's own situation in the professional relationship, or group in order to try to avoid therapist abuse of power (McCandless & Ronquillo, 2020). Overall, there was a sense that it was not a group therapist's responsibility to address social change, but rather contain management of privilege dynamics within the group.

India suggested that therapists can reproduce broader social and institutional privilege and power within the group, for example by assuming that therapeutic knowledge and tools represent the "norm". In doing so, their epistemological position assumes power to influence and confer normalcy, or abnormality (Coombes et al., 2016). Supporting clients in their growth is an inherent function of a group therapist, which generally requires tools anchored in evidence-based interventions (Prochaska & Norcross, 2018). It is the role of group therapist and their organisations to discern whether these tools and instruments are designed to meet the epistemological needs of *all clients*, rather than *some clients* (Williams et al., 2022). Manaia discussed institutionally driven risk-based labelling of some social groups to spotlight the effects of privilege and how dominant groups can define others to appear problematic, which has been noted in the literature (Coombes et al., 2016). Corey (2023) and Yalom and Leszcz (2020) propose that group therapists must be aware of the effect privilege and power has on all group members and how to foster equity in the group.

This finding reveals a collective heightened awareness of the links between privilege and power over, and the power to affect other people (Wrong, 2017), both between group therapists, between group therapists and group members, and between group members. India, among others, indicated that her training addressed issues of power, but not privilege, which may be one reason for this association. The therapeutic

disciplines are increasingly interested in social justice to better understand how hegemony works in order to counter its influence and to explore the role of therapist in dismantling inequity (McCandless & Ronquillo, 2020). Such power potentially results in the imposition of values, beliefs, and customs on people with less privilege and power, causing confusion, and potentially harm; the very reason scholars have called for research to understand privilege in therapeutic groups (Corey, 2023; DeLucia-Waack et al., 2014; Yalom & Leszcz, 2020).

As will be discussed later, all therapists in Aotearoa are at the behest of rules, regulations, and codes of ethics, some of which attend to social justice and equity, to which privilege can be a barrier (Code of Ethics Review Group, 2012; McCandless & Ronquillo, 2020). Discerning the difference between privilege and power in order to intervene effectively when privilege manifests is an important skill in group therapy (Gitterman, 2019).

Finding 3: Organisational Privilege

The participants all spoke of the ways organisational and institutional manifestations of privilege impact group members, group therapists, and their management of the group into their narratives. Jasmine reflected about how institutions set funding parameters for individuals to access therapy, leaving them at the mercy of decision-making policies that they have had no hand in designing. The link between privilege and access to state-funded services being controlled by hegemony is addressed in the literature, see for example: Borell et al. (2009). The irony that Jasmine's narrative reveals is that in Aotearoa, many institutions hold policies that honour Te Tiriti, apparently working to reduce privilege and inequities, yet they simultaneously make decisions that are embedded with bias and a lack of awareness (Borell et al., 2009). Jasmine observed that group therapists can find themselves caught, on the one hand required to challenge these biases, injustices and dominant norms, but also bound by institutional and organisational processes and rules that perpetuate marginalisation and the disadvantaging of some clients.

Jasmine's organisation provides government funded therapeutic services that attract means testing and she witnessed how such systemically embedded privilege can perpetuate inequities. For example, if an individual earns $5 more than the institutional cut off for funding, yet do not have the funds to afford to access therapy. Funded access to therapy is heavily controlled at an institutional and organisational level in Aotearoa, which creates inequities that often stem from systemically embedded bias relating to meritocratic ideals (Curtin, 2022; Johnson, 2006). Jasmine proposed that there may be socioeconomic groups who are missing out on accessing group therapy and, as a result, appropriate support, an observation that was present in the literature (Curtin (2022). However, this can present in other ways, Jasmine suggests. For example institutional profiling can occur, in which some identity characteristics or geographic locations beget privileges (Miller, 2004). In Aotearoa, Pākehā are typically privileged through institutional processes (Borell et al., 2009). Pākehā values tend to be reflected in the institutions and many organisations that structure society, such as the justice system (Borell et al., 2009). Such institutional bias perpetuates systems of privilege, advantaging some members of groups in society over others (Johnson, 2006). In short, sometimes, participants felt caught, unable to act because the power to create meaningful, broad change sits elsewhere, rather than with them.

Sam's organisation has a specific management process to detect privilege that begins in pre-screening interviews, team discussions, and carries on throughout the group sessions. This has the potential for her organisation to refuse therapy based on pre-assessment, offering dyadic alternatives instead. Sam elaborates:

> I did the pre-assessment for her, so I wasn't sure about it. So, I went to my manager to talk about this client in particular and she said, 'Okay, let's give it a go and we'll see in the session'". If they do refuse a person entry at the pre-assessment stage, they are alert to privilege being enacted in the group by the client and the effects it could have on other group members.

Sam realises this represents a level of privilege and power to dictate who and how clients receive support, but this is the organisation's prerogative as professionals in the FV field. Manaia raised concerns about the organisational privilege of developing risk-based approaches to predicting the risk of behaviours and mental distress, which positioned being Māori as being at increased risk. She countered this with: "Being Māori is not what the risk factor is. The culture is a strength. It's the discrimination and colonisation that comes with that, that's the risk factor". Manaia considers culture to be a protective factor, offering individuals culturally valid approaches in group therapy and everyday life, a view that is also well-supported by literature (Hoeta et al., 2020). Recent research suggests that the use of indigenous culture as both treatment and prevention improves health and wellness, and generates protective factors against negative outcomes (Napoleon et al., 2013), in keeping with the suggestion that oppression and marginalisation are symptomatic of privilege, rather than being the problem itself (Gitterman, 2019). However privilege is challenging to detect, making it challenging for those with it to detect and appreciate (Gitterman, 2019; Johnson, 2006).

Pākehā values are often prioritised institutionally through development of, for example, policies, tests, counselling materials, and procedures that govern the therapeutic group (Drayton & Prins, 2009). From this privilege comes oppression through inherent colonially constructed bias that Pākehā are superior, perpetuating the notion that being, for instance, Māori is inferior by virtue of simply not being Pākehā (Johnson, 2006; Webb, 2003). Discrimination has serious, negative impacts on Māori mental health because of the sustained effects of privilege that came about because of colonisation, whereas an ability to live by a strong cultural identity enhances mental health outcomes (Williams et al., 2018).

Manaia's experience of the negative consequences of organisational risk assessment exemplifies the ways in which hegemonic norms become institutionalised standards against which everyone is compared. Arrigo (2013), Coombes et al. (2016) and Luff and Newbold (2014) all indicate how risk profiling is heavily relied upon in assessment

processes across therapeutic disciplines, particularly in the corrections system. Porter (2018) points out that risk assessments are embedded in Aotearoa's criminal and family justice systems and is core to sentencing, parole, post-sentence procedures, and family legal decisions. Being aware of how dominant values and ideologies may be embedded in risk profiling tools is crucial to avoid the imposition of norms and beliefs on others who simply do not share them. The participants raised important points that affect how group therapists engage with privilege and facilitate the dynamics of the group. As suggested in Chapter one, eradicating particular forms of privilege from therapeutic groups is not possible without restructuring broader society, leaving therapeutic group facilitation susceptible to the dynamics of the phenomenon (Nixon, 2019).

Finding 4: Dichotomous Conflict Resolution Approaches

A key finding of this research are the dichotomous approaches to navigating the tension and conflict that can arise due to the unfairness and inequities that privilege generates; two very distinct approaches became apparent. Privilege was identified in Chapter One as a potential cause of tension and conflict, a threat to individuals who are or could become oppressed in the group, and to group coherence (Corey, 2023; DeLucia-Waack et al., 2014; Gitterman, 2019; Harpaz, 1994; Yalom & Leszcz, 2020). The majority of participants harness the interpersonal conflict that privilege can create between group members, using it to facilitate learning and development opportunities (see the work, for example, of Collens and Van Hout (2017) and Yalom and Leszcz (2020)). A minority of participants alternatively act to remove privileged people from their therapeutic groups, viewing such behaviours as a risk. The following sections will set out these two strategies.

Approach 1: Facilitated Intersubjective Learning

Privilege is a social phenomenon that leads to inequity, creating feelings of unfairness in those who are disadvantaged and marginalised (Gitterman, 2019; Johnson, 2006). Most of the eight participants considered privilege and the ensuing tension it

generates as an opportunity to aid individual group members' personal development and to strengthen group coherence. This supports a body of group therapy literature that pertains to managing tension and privilege (for example: Yalom and Leszcz (2020)). A potential benefit to this may be that individuals learn more about their own privilege, social locations, and that they begin to address the way they unwittingly contribute to social injustices. Yalom and Leszcz (2020, p. 58) believe that, "group interaction is so rich that each members' maladaptive transaction cycles are repeated many times, thus providing members with multiple opportunities for reflection and understanding." Group feedback can become problematic however, when "experienced as devaluing, coercive, or injurious" (Yalom & Leszcz, 2020, p. 58). The participants provided a collection of examples of behaviours that could devalue or cause harm to others, for example, talking over others, and making judgemental or racist statements. But they also discussed how they used broader therapeutic group-based skills and approaches to diffuse and manage the tension and harm.

Across all accounts, group therapists tend to approach the management of dynamics such as privilege into three parts that align with: collective treatment formats, social education, and accountability measures (Parker, 2014). Parker (2014, argues that social justice is best addressed in environments where collective healing and growth takes place, such as therapeutic groups. This is because a multitude of social education opportunities exist in such places as intersubjective learning takes place, raising critical consciousness (Kivlighan et al., 2021; Parker, 2014). Such milieux also engender natural opportunities for holding other group members to account for sustaining change (Parker, 2014). Parker's (2014) work addressed social justice efforts among professional helpers, the bounds of which are considerably broad. However, her work reinforces the use of intersubjective influence and allyship to negotiate and extend social understanding, also extoled broadly in the literature (Bergkamp, Olson, et al., 2022; Kivlighan et al., 2016; Yalom & Leszcz, 2020). All participants use intersubjective influence when privilege manifests to help group members see themselves and others differently. However, while

two participants deploy this approach as well, they have additional boundaries and processes in place that will be discussed in the next section.

Group therapy scholars, including Yalom and Leszcz (2020), Corey (2023) and DeLucia-Waack et al. (2014), identify the use of intersubjective tension as an important tool to explore new ways of thinking to promote group coherence and individual growth. Growth in the context of privilege-related tension might include, for example, learning about the effect that privilege has on others in the group, accepting difference, or that what is normal for one person is not normal for others. For example, Robin, William, Frankie, and Jasmine discussed practical ways to unpack privilege-related conflicts to ease tension, finding ways to move through conflict using communication and empathy to explore alternative ways of thinking and behaving (Corey, 2023). Frankie discussed how she honours her obligations to Te Tiriti, embedding Māori customs and practices in her groups, also using it as an opportunity to challenge privilege, educate, and moderate tension. In one of her groups, a non-Māori group member took issue with the introduction of karakia when there were no Māori in the group. Frankie used this opportunity to discuss her responsibility as a therapist to consider social inequities, honouring Aotearoa's bicultural status irrespective of whether Māori are present or not. In this way, she performed a micro-intervention, potentially sowing the seeds from which the group member may learn beyond her own cultural context.

Jasmine used intersubjective influence to explore and unpack different levels of privilege in therapeutic groups, noting privilege as a concomitant opportunity and threat to group members:

> I think groups have a huge potential. Again, I mean, that's why I love groups, is that people from different walks in life can get together and they're more opened up to different experiences, you know, so their minds can be more open, opened, they can learn to have more empathy for different people from different cultures or backgrounds or even just different family experiences.

She also suggests that group work exposes group members to alternative worldviews and values, promoting acceptance, which could lead to advances in equity. Such allyship opportunities for generating greater social acceptance are highlighted by Bergkamp, Olson, et al. (2022). Empathy is highlighted as a powerful tool, and a key part of a group therapist's tool-kit, used to defray privilege-related tension (Yalom & Lesczc (2020). Such praxis-grounded examples epitomise existing approaches that promote harnessing tension and conflict in a group, with privilege and its dynamics dovetailing well with this method (Corey, 2023; Yalom & Leszcz, 2020). Robin described how tension can become a "welcome", almost essential, ingredient in his groups, and a tool to challenge bias.

Jasmine does not consider it her role to "fix" or "resolve" privilege dynamics that result from, for example, gender differences. Rather she helps group members to negotiate the tension by unpacking the dynamic between the group members, exploring feelings and consequences. Learning from facilitated exploration of privilege-related tension is a form of social negotiation that promotes growth, understanding, tolerance, empathy, and an acceptance of differences (Collens & Van Hout, 2017; Collins, 2000; Kivlighan et al., 2021; Siregar & Zulkarnain, 2022; Yalom & Leszcz, 2020).

These instances shared by participants revealed concerted efforts by therapists to guide the group members to effectively negotiate social arrangements and group norms. Frankie recalled a racist comment that had potentially harmful consequences for a Māori group member, which she worked to unpack with the group to promote understanding and individual growth:

> And I just said, and I could see my Māori woman kind of like this ... I said, "Well, that ends up being a racist comment, Angus [name changed]." And he said, "Oh, I didn't mean it that way" ... And so, and then in the break I checked in with her... I didn't want to kind of bring any more light to it in the public ... How did it land? And she said, "I'm a bit angry. I can let it go." And then I had a conversation with him as well and said, "Oh, you know, you just gotta, you can't say stuff like that. That's

racist." And we have a Māori person in the group. And then he said, he said, "But isn't it a great thing that I didn't even notice that she was Māori?"

Angus was not only non-Māori, but also male, and acted from a privileged position to make and then dismiss a racially motivated comment. Frankie's act of facilitating learning and development in this way is also well supported by scholars who argue for relationally derived learning opportunities between privileged and less privileged groups (Berger & Luckmann, 2016; Bergkamp, Olson, et al., 2022; Corey, 2023; Siregar & Zulkarnain, 2022; Yalom & Leszcz, 2020). Jasmine provided further commentary on how this intersubjective unpacking of tensions of socio-cultural forces can work:

Well, in the psychodrama group, what we would do is we would get all the different forces that influence, you know, so if it's a sex male, female couple having difficulties, we would set out all the different influences on that. So, like the social forces and the cultural forces and the family influence. We would actually have all that out there on the so-called stage and actually explore that and work with it.

However, the use of intersubjective influence may not be appropriate in all contexts, potentially leading to harm to some group members if a group therapist's skills are insufficient to manage to complex dynamics in the group. For instance, pressure to conform to dominant views or approaches, or scapegoating a person who has been identified as privileged could become problematic (Roback, 2000; Yalom & Leszcz, 2020). I explore participant discussions about training and development focusing on these transferrable skills in relation to privilege later in this chapter.

Approach 2: Challenging or Excluding People with Privilege

The current study also revealed a contrasting approach to facilitated intersubjective learning, which is how the majority address privilege when it manifests. In this approach, group therapists and organisations actively seek to protect vulnerable, often marginalised groups by attempting to reduce the potential for privilege to be played out in therapeutic groups. They do this by challenging any behaviour they consider linked to

privilege (such as dominating conversations, or asserting educational stance) using their group therapeutic skills to negotiate the challenge. If a privileged person does not adapt their behaviour enough, these participants discussed excluding individuals from the group. Two of the eight participants (Sam and Manaia) discussed this organisational and individual approach.

Sam had witnessed people who dominate conversation during therapeutic sessions, and perceived that their education gave them privilege and power over other group members. Both privilege and the power it confers, Sam felt, can lead to other group members potentially being silenced or their views minimised. She described her approach, underpinned by a formal organisational, team process, to make decisions to exclude a client from a group. This process included team discussions about how her privilege might — and did — disrupt the group. The client was not asked to leave during the group, rather afterwards and she was offered dyadic support. In Sam's experience, this approach balances the safety needs of the broader FV-focused group against giving the privileged client the chance to be in the group.

Reading Sam's overall account of this and other examples she gave, her organisation seems to have aligned levels of perceived arrogance with privilege. This may be accurate in some cases because privileged people's worldviews have been normalised in society (Johnson, 2006). Perceived arrogance may also denote confidence in, for example, opinions or knowledge which they may not realise other people in the group do not have, or would differ from, or find problematic to the other group members.

Encouraged by equity focused policies, to which she recognised privilege may be a barrier (Bergkamp, Martin, et al., 2022; Minow, 2021), Manaia also discussed how this gave her leverage to exclude a member who does not fit well into the group because they are privileged in comparison the other group members. She recalled a client who was removed from the group, but provided with dyadic therapy. In a group setting, if a privileged person is for example, more confident and has knowledge or experience that pertains to a topical discussion, they may feel more capable of sharing than other group members. When

considered from the excluded client's perspective, it may have felt like being punished for something that feels normal to them. This speaks to the complexity and invisibility of privilege (Johnson, 2006). Individuals are typically not aware of their own privilege, making challenges to it difficult and contested (Black & Stone, 2005). In this example, the client was seemingly unable to see her privilege, and was removed as a result, which ultimately may have reduced opportunities for her to be exposed to difference and to learn about her privilege.

In both Sam's and Manaia's accounts, exclusion is a last resort, rather than pre-emptive. However in Sam's case, some clients' privilege may be discussed and flagged as a potential problem following a screening interview, but prior to the first group session. Sometimes they trial a client in a group — without letting the client know they are under observation for being privileged — assessing how they engage with other group members before making a decision to exclude them. However, if clients are removed, they are not left without support, being referred instead to a dyadic therapist instead of continuing with the group. Manaia remarked:

> We've got to carefully, if we pick up on that, try and manage it and not let that continue. This would be, say, the one is like judgmental kind of responses to another whānau not really kind of understanding their situation and that kind of statements like, "Well, everyone, you know, we all start out the same. Everyone has the same opportunities."

Sam is aware of her own privilege in making these decisions, while also being very clear that she is working with vulnerable group members who have been victims of FV: "And all these women have in common, have been the imbalance in power and they were the victim in that situation, even when there's more complex than that, the dynamics." She sees it as her responsibility to shield her clients from the effects of privilege and to consider how to best help raise awareness among privileged group members by educating them about it. Although each group member has experienced FV, Sam and her organisation identify privilege-related hierarchies in each group, seeing the most privileged

as potentially problematic, despite their own FV-related vulnerability. While all clients in therapy experience various levels of vulnerability, Sam considers the vulnerability of women experiencing FV to be more extreme, "And all these women have in common, have been the imbalance in power and they were the victim in that situation." Yet Sam's account reveals the intersectional nature of privilege; one can be a victim and vulnerable, while also being considered empowered and privileged. Sam and her colleagues are faced with a challenging dilemma in discerning which aspect of a client is most important in the context of each group and where negative consequences are the greater.

In the context in which Manaia and Sam work, there may be increased degrees of vulnerability that create additional situational conditions when privilege manifests, affecting processes and facilitation approaches (Berg, 2014). A body of academic work argues the importance of considering privilege as a strategy for advancing work focused on the treatment of female victims of FV, see, for example, Berg (2014). Berg's (2014) work considers the juxtaposition of being both a systemically privileged, white, heterosexual, middle class, female *and* the victim of FV. In short, privilege does not necessary always act as a protective factor for these women (Berg, 2014). This work suggests the importance of identifying how a client/group member is situated in and affected by systems of privilege and oppression as part of assessment processes and accounting for this in the group processes (Berg, 2014). Privilege manifestations within some therapeutic groups, such as those focused on FV, may then carry additional situational factors that need to be accounted for that have an impact on how privilege is worked with. This safety consideration may contribute to the reasons that Sam and her organisation address and attempt to eliminate, or at least eliminate the risks attached to privilege throughout their group processes.

Therapist codes of ethics and conduct require that practitioners "do no harm" (see, for example, New Zealand Psychological Society et al. (2012, p. 13)), calling for reflexive, safe approaches to managing social inequities and injustices. In short, the privilege and power dynamics at play in a therapeutic group could harm any member based on the ways

that the group therapist manages it. There is an illusory sense that harm has been avoided by eliminating the privileged person, yet because the privileged person is not given the opportunity to learn about the effect of their behaviour they may feel harmed through what they may perceive as an unjustified expulsion (Bergkamp et al., 2022). While privileged persons removed from Sam's groups are offered individual therapy, it is contested as to whether dyadic alternatives can offer the same intersubjective opportunities as group therapy (Yalom & Leszcz, 2020). Privilege is complex to detect and understand, let alone unpack and process during times of particular vulnerability (Johnson, 2006).

The review of the literature revealed a wealth of scholarly writing about the use of tension in therapeutic groups to help individual growth used to manage tension in a therapeutic group (for example: Yalom and Leszcz (2020), and Corey (2023)). However, there was a dearth of literature supporting the risk-based, removal alternative to managing privilege in therapeutic groups. Rather, in *The Theory and Practice of Group Psychotherapy*, Yalom and Leszcz (2020, p. 308) include a section about exclusion from groups, stating "it is important that the therapist screen out clients who are likely to become marked deviants in the group for which they are being considered". However, firstly the term 'deviant' is linked to interpersonal behaviour in the group sessions, rather than deviant lifestyle or history, and secondly this pertains to exclusion prior to the group members coming together. While this interpersonal deviance could potentially be linked to privilege, the text is unclear about this, requiring further research to clarify whether privilege could cause interpersonal deviance.

Although Sam revealed an active selection process for their group, Yalom and Leszcz (2020) suggest that the majority of group therapists do not select clients, rather they are assigned to their groups. The participants in this study are not typically empowered to choose the individuals who attend their groups. However, Jasmine runs private groups and could select if she chose to. Sam is subject to an organisational process in which clients are pre-screened for reasons that might make them unable to participate,

or harmful to other group members. Sam's organisation will refuse access to groups, or remove clients who they consider unsuitable for group work, suggesting that clients will may unwittingly cause trouble in the group to an aspect themselves. This approach aligns with the work of Yalom and Leszcz (2020), which labours the unsuitability of some candidates for group therapy, for example, those with significant brain injury, who are addicted to drugs and alcohol, are acutely psychotic, paranoid, somatising, or antisocial (Yalom & Leszcz, 2020). While interpersonal reasons and antisociality are mentioned, privilege is not listed as a challenge that would make a client unsuitable (Johnson, 2006).

Sam's account suggests that group members who have experienced FV may be overwhelmed and unable to tolerate any further tension in addition to that which they have experienced in their family relationships. In her response to my question regarding excluding group members she replied "Yeah, and I think there's been situation where we have done that because after conversations, they continue to behave in that way [after being asked to cease a privileged behaviour]." Manaia employs this approach some of the time, whereas Sam appears to follow an active organisational process, aimed at detecting and eliminating the negative effects of privilege in her groups. Manaia and Sam find that the act of a group member privileging their own values, or being overly confident and outspoken can overwhelm other group members. Manaia explained that despite some organisational support and processes focused on reducing the effects of privilege, working with the phenomenon can be challenging for group therapists. She finds that people tend to assume that their values and beliefs make the most sense or are "normal" resulting in levels of dismay when they are challenged.

Finding 5: A Lack of Specific Training

Most research participants suggested they have observed a lack of adequate training and transferrable skills among some group therapists they have worked with. This affects their ability to facilitate groups and manage the intersubjective tension that social phenomenon such as privilege can create. Jasmine revealed her thoughts on group-specific therapist training: "because groups can also go so badly wrong, you know, so I think we

actually, there's definitely a need for more, like, really experienced, qualified people to be running really good groups". India and her contemporaneous therapists received limited group training, with only one paper in her tertiary and professional training focusing on group work.

Robin and Jasmine strongly argued that group therapists not only lack specific training to facilitate groups but in particular receive little to no training on how to address privilege in therapeutic groups. The majority of the participants expressed that any training about privilege had typically focused on power dynamics and, in particular, the power of the therapist in the relationship. However, equity was raised through institutional diversity targets, meaning that privilege was tacitly raised in organisation policies and workplace conversations.

One such forum for these conversations was professional supervision, which provides an opportunity to discuss privilege and related issues that arise in the context of therapeutic groups. While Sam unpacked white privilege with her supervisor, Jasmine suggested that "I'll probably be doing a lot more [discussing privilege in supervision] after today, to be honest". A book entitled White Fragility (DiAngelo, 2018) was the impetus for India and her colleagues to discuss privilege:

> There were some conversations because a few people had kind of found that book and gone to, someone did a presentation on it. And so it started this conversation about why, you know, our privilege as white, you know. And so bits of conversation around the organization, but I don't think it's an area that's given a lot of focus or energy and supervision, even in competencies for practitioners.

Such informal conversations are useful and often ongoing to unpack and further reflect on the topic. All participants discussed an awareness of their own privilege as the therapist and how this put them in a position of power over other group members due to their training and knowledge. They were concerned with ensuring they did not impose their norms, biases and beliefs on group members. Each gave examples of how privilege

has manifested in their everyday lives. For example, Jasmine considered that her Scottish heritage both privileged her in Aotearoa and disadvantaged her when she visits England. Likewise, Sam recounted being privileged and in a dominant social location in her nation of origin, but marginalised in Aotearoa. The participants also spoke of self-reflection practices, often grounded in supervision sessions, aiming to consider their own norms, biases, and social location in their interactions. Manaia also takes supervision as an opportunity to educate other therapists about privilege, which, in turn, empowers her:

> And so I'm with my supervisees always exploring around culture and difference and how that's managed. So just having those conversations, I challenge things, you know, if things come up and it seems like there might be a bit discrimination there.

Overall, there was a feeling that privilege should be more explicitly discussed and reflected upon in training and in supervision. Several noted at the conclusion of their interview for this research that this project has compelled them to actively consider privilege as part of their supervision agenda in the future. In doing so, this suggests that discussions about the effects privilege can have on group members could have been more fulsome.

Chapter Summary

In this chapter I discussed group therapists' understandings and experiences of privilege in their groups, weaving in the complexity of the phenomenon of privilege throughout. Relationships and intersubjectivity underpin these understandings, with critical links to the tension that can emerge from intolerance of individual and social difference. Privilege is, the participants argued, a hierarchical social force resulting from society constructing and conferring advantages on those aligned with certain social groups. The interviews however, revealed that privilege is noticed by those without it, generating feelings of unfairness, and tension when this unfairness is enacted. However, it presented as a conundrum because while the governing structure behind privilege generation appears to replicate as one cause of marginalisation, who holds it is transmutable, shapeshifting

depending on the context in which it emerges. This complements and yet also challenges existing social microcosm theory (Atewologun & Sealy, 2014; Kivlighan et al., 2021).

In group therapy, this context is constituted by, for example, the constellation of individual group members characteristics and values, the group focus, the therapist's values and characteristics, institutional and organisational influence. Simply, privilege in therapeutic groups is not fixed to any particular characteristics, dimensions (such as ethnicity), rather relying on the group itself to trigger it (Atewologun & Sealy, 2014). More nuanced insights into privilege in different contexts are necessary to understand it as the complex phenomenon that it is (Johnson, 2006).

Privilege and power were presented by participants as very closely connected phenomena, sometimes understood as being the same. This can manifest via the group therapist, or through a group member, though the data revealed more awareness of therapist privilege and power from most participants. For example, therapists were keen to consider the ways they might impose their values and practices on group members who were enacting or experiencing the effects of privilege. The key point is that privilege and power are *not* the same phenomena, rather power is corollary to privilege, see for example, Johnson (2006) and Garrett (2023).

While participants predominantly perceived the importance of their role to manage the tension that privilege brings about relating to unfairness, they felt that institutional and organisational policies and processes that guide and restrain their practice are riddled with privilege that perpetuates inequity (Minow, 2021). In this way, the majority suggested that privilege is a broad social phenomenon that is entrenched and unsolvable in therapeutic groups. They did, however, act as one point of intervention to plant seeds of thought and development among their group members through intersubjective influence. This offers potential for individual development towards greater social understanding (Bergkamp, Olson, et al., 2022). However, a minority felt that removing members who were unreflectively exercising privilege was part of their role.

They utilise institutionally and organisationally derived policies and processes to manage privilege.

Participants employed broad group-based and broader therapeutic skills and strategies they have acquired to navigate privilege-related tension, but all felt that more group work-specific training would benefit the therapeutic professions (Hoover, 2015; Ohrt et al., 2014). Privilege-specific training is minimal, with education more typically about corollary effects such as power and equity. In the following chapter, I draw my analysis and discussion together, highlighting research limitations, future study directions and provide my concluding thoughts.

CHAPTER FIVE: Conclusion

Group therapy is an efficient and cost-effective approach to address personal problems, mental health issues, and to develop coping strategies and initiate healing. People from diverse backgrounds are brought together in therapeutic group sessions to discuss and achieve common goals. Each new group represents a unique context due to the group's constellation (Atewologun & Sealy, 2014). Each group's diverse membership has the potential to result in tension and conflict, including the perception or enactment of privilege by a group member or the therapist. For this study I interviewed eight professionals who facilitate therapeutic groups to explore their understandings and experiences of privilege in group therapy.

Privilege is a complex, often invisible (McIntosh, 2019), slippery, hard to define concept, which when enacted can marginalise, and oppress people and communities and cause inequity (Johnson, 2006). Privilege in therapeutic groups can be imbued with broad social *and* contextually bound norms, values, beliefs, and practices, dependent on the presentation of individuals in each group (Atewologun & Sealy, 2014; Black & Stone, 2005). Thus, privilege is a relational phenomenon that needs to be understood and examined contextually. Contextual analysis of group member characteristics may assist group therapists to keep an open mind about who holds privilege in each group they facilitate (Atewologun & Sealy, 2014; Corey, 2023; Johnson, 2006; Mayerhoffer & Schulz, 2022; McIntosh, 2019; Yalom & Leszcz, 2020).

Engaging with SC and IPA enabled me to consider participant understandings as part of ever-evolving pathways of learning and development. This situates privilege comprehensions in the context and moment under study, providing glimpses of how each participant arrived at and constructed their understanding through social engagement and practices (Berger & Luckmann, 2016; Smith, 2011). Several participants remarked that the process of engaging with me, the researcher, enabled a preliminary level of focus, consideration and unpacking of what privilege is and how they have encountered and managed it (Berger & Luckmann, 2016; Biggerstaff & Thompson, 2008). As suggested in

the literature, I found that my position as the researcher enabled me to compare and contrast the multiple realities of the participants (Schutz, 1972), revealing different possibilities based on the different interpretations of privilege in therapeutic groups.

Making sense of participants' understandings, experiences, and management of privilege preceded the articulation, translation into academic writing, and structuring the nuances and complexities of this project. In this way, I developed an orientation to privilege that is structured around its relational assembly that transmutes it through history and across contexts, morphing who holds privilege in a therapeutic group (Atewologun & Sealy, 2014; Burr, 2015). However, these interpretations are open to further interpretation because they are dialectical, multiple, and accordingly there is no singular 'correct' interpretation (Larkin et al., 2022). I reflected on how often I found myself considering participant interpretations of their group members thoughts and experiences during my everyday tasks (Smith, 2011). The findings in this thesis were therefore co-constructed via interactions *with* research participants, my field notes, contrasted with scholarly literature through which to interpret and develop deeper, nuanced understandings of participants' experiences (Liamputtong, 2020).

Based on professionally and personally derived experiences, participants presented understandings of privilege that indicated complexity and context; they identified many types of privilege with each requiring a different approach to address it in group therapy. They noted a relationship between privilege and power, privilege and oppression, and privilege and social equity. The invisibility of privilege was not often addressed. In short, privilege was most often discussed as conferred and not earned; entitlements that are relative to social location; special benefits that come from privilege; privilege disadvantaging those with no privilege; and often invisible to the privileged but visible to the marginalised. These findings are in line with Black and Stone's (2005) conceptualisation. Participants observed and identified privilege in group members while at the same time being acutely aware that their position as therapists also entailed privilege. Some research participants identified both marginalised and privileged aspects

in relation to themselves, which speaks to the transmutable and situational nature of privilege. Privilege and power were often conflated, which is not in line with some academic literature that identifies privilege and power as separate (Gitterman, 2019; Johnson, 2006), while other research demonstrated that power cannot be unshackled from privilege (Johnson, 2006).

Once research participants identified that privilege manifested in their therapeutic group and became a potential threat to individual group members or to the group's coherence, they acted to reduce harm. This is understandable because across the therapeutic disciplines, therapists, working under professional codes of ethics are required to "do no harm", see, for example, New Zealand Psychological Society et al. (2012, p. 13). This study identified strategies for managing and dealing with the negative, potentially harmful effects of privilege: to exclude the group member or to use privilege as a tool for learning and growth, or a combination of both, which included the acceptance of privilege as an occurrence of everyday life.

Yet to effectively and skilfully facilitate therapeutic groups and to manage privilege well in this context, adequate training is essential. All eight participants identified a general ack of appropriate formal group therapy training with most participants having been trained in dyadic therapies only, thus potentially lacking skills to competently and effectively facilitate groups. To gauge group training opportunities at a tertiary institutional and professional development level in Aotearoa, I conducted an internet search and found a dearth of group-specific training courses, with only one counselling, single-semester paper of note. However, I note that this does not mean that there are no significant academic courses that address group work, simply that the available online course synopses have not revealed group work content. Further, many courses and papers address inequities, oppression and disadvantage, but few, according to advertised course syllabi, seem to explicitly address privilege. There also appears to be a dearth of professional post-registration courses and professional development with a focus on privilege-based issues in the context of group therapy in Aotearoa (Appanna & Goundar,

2011; Handa, 2018). The participants expressed a desire to focus more extensively on privilege and its consequences in future supervision and training.

The strong influence that privilege and power have in constructing and perpetuating inequity and injustice (Minow, 2021) was evident from the research participants' accounts. This manifested via intersubjective tension in the group, which potentially harms group members — or has negative consequences — or disrupts group cohesion. During my analysis, I considered participants' own demographics, which are primarily WEIRD (White, Educated, Industrialized, Rich, and Democratic; Heinrich et al., 2010), typically positioning most in broadly privileged groups in Aotearoa. Bringing this lens of privilege to the fore during my analysis was a constant tension for me, even when participants spoke of the areas of their lives in which they experience marginalisation or oppression. It was not for me to challenge their narratives, rather to interpret them and the impact their social locations and experiences have on their understanding and experiences of privilege.

This study was specific to Aotearoa and therefore particular to this country's context. Overall, awareness, understandings and management of privilege by group therapists remains understudied. This study has been conducted with therapists who facilitate groups. A next step in terms of research could be to engage with clients of therapeutic groups to gauge the level of harm that is caused due to privileged group members, as well as to talk to people who 'have' privilege to explore their position and experience. Future studies could also consider group therapist training programmes in general, and specifically to determine whether issues of privilege in the context of group therapy are considered.

My key finding is that privilege can create tension and conflict between group members. It is this tension and conflict that can cause challenges for therapeutic group coherence, as well as posing challenges for some group members to integrate into the group. Such tension and poor cohesion can result in higher attrition rates from therapeutic groups (Burlingame et al., 2011). However, this tension can also offer opportunities for

learning and growth, allowing individuals to increase their emotional and social toolkit, improving interpersonal communication and behaviour in everyday life (Kivlighan et al., 2021). In order for this to be the case, group therapists need to understand the context-specific dynamics of the source of tension. Assumptions that every therapeutic group is a microcosm of broader social conditions (Kivlighan et al., 2021; Yalom & Leszcz, 2020) warrants further investigation to avoid suppositional approaches to facilitation that may not suit every group. Participant surprise when they reflected on occasions in which privilege was held by a group that typically would not more broadly — such as Māori, rather than Pākehā — suggests that they expect microcosmic replication, but do not always experience it in their groups.

But the question remains: are group therapists responsible for challenging and resolving *privilege* dynamics, or facilitating the group through the *tension and conflict* it causes, towards resolution? Or both? Privilege is an embedded, institutionalised, social phenomenon that would require broad social change to begin reduce its hold on society, including in nuanced contexts. The literature suggests that privilege cannot be eradicated (Nixon, 2019). Rather, it tends to be treated as natural and is thus rendered invisible - so the goal should be to make it visible (Case et al., 2012; Johnson, 2006; Nixon, 2019; Young, 2010). Yet, if group therapists lean into social justice attempts too heavily, they may detract from the core focus of a group. To detract too much from that could result in individuals leaving the group, feeling they have not had their needs met (Burlingame et al., 2011; Yalom & Leszcz, 2020). At the same time, by working through such issues, they may gain insight into and develop their interpersonal dynamics which often lie at the heart of the problems they present with.

The imbalances in equity that privilege generates were often framed as 'harm' by the participants. I noted a considerable spectrum of what 'harm' meant to the participants and those considered in the literature: from a lack of voice in the group (Yalom & Leszcz, 2020), to racist comments, to structurally derived bias among group therapists (Harpaz, 1994), to socioeconomic imbalances between clients (DeLucia-Waack et al., 2014). Some

of these 'harms' can be affected by a group therapist — such as share of voice and managing racism — less so others, such as socioeconomics. It was apparent that for most of the participants, all things led back to skilful, therapist-facilitated pathways through conflict and tension (Yalom & Leszcz, 2020).

It was clear that some participants and their organisations associated behaviours, attitudes, and language with being privileged — for example, dominating conversation, being racist, or using language that suggested higher educational status. When they distinguished these, they required adjustments in the group. I wondered whether privilege is always exemplified though behaviour. A therapist might detect that a group member is wealthy and therefore privileged, but they cannot change this in a therapeutic group as no adjustment can be made to wealth in the group. Rather a group therapist might moderate the expression of attitudes linked to being wealthy, for example that everyone must be able to afford good medical care, or holidays. So, while some forms of privilege cannot be teased out of such groups, the attitudes related to privilege that can generate tension and conflict become the focus.

The therapeutic regulatory bodies, such as the New Zealand Psychology Board and the New Zealand Association of Psychotherapists require practitioners to adhere to guidelines that address social justice and equity. However, the various CoE are unclear on the extent and depth to which therapists must go to combat social inequities. Therapists typically undergo rigorous, lengthy training, however confidence levels in attending to social justice and equity principles in CoE could be explored in future research.

My engagement with the participants in this study and analysis of their collective of narratives has left me with an overwhelming sense that social privilege is often confused with earned privilege and the advantages each confers, certainly the line is blurred in terms of discerning each (Shelby-Rosette & Thompson, 2005). This underscores the complex nature of privilege and its obfuscated nature. Those who have committed themselves to working for a qualification such as psychologist, psychotherapist, or counsellor have undoubtedly worked hard and met standards many could not achieve. Yet some of these

therapeutic disciplines are left with socioeconomic advantages, all typically with greater social acceptance and respect. More broadly, further work is required to tease out the distinctions between earned privileges and social privileges, and how they constitute a wider social dynamic.

All of the participants in this study suggested that their education and professional standing places them in a position of social privilege. I pondered what this means in relation to academic understandings of privilege. Group therapy clients are attending with an expectation of professionally guided therapy, and as such expect the therapist to be highly educated and skilled. This is the therapists' purpose in this context. Attending such a group inevitably means ceding a certain level of individual power or autonomy and leaning into the therapists expertise. Is this expertise a privilege? Rather it seems that the social phenomenon that requires attention is power, stemming from privilege; power to — often unreflectively — impose one's own norms, biases, and beliefs on group members. One would only seek medical advice, for instance, from a doctor, knowing they had been commensurately trained and registered.

However, the privilege of being able to access such education to become a therapist or doctor in the first place may be bound up in privilege dynamics. Some groups and individuals may be excluded from such opportunities as a result of not conforming to dominant norms, characteristics, dimensions, values, or beliefs (Johnson, 2006). Some group therapists however, may have pushed past barriers to enter their professions, dismantling aspects of privilege. Thus it is hard to say that all therapists are, by default, privileged as a result of their profession. All of the participants in this study may be disadvantaged in other aspects of life; I cannot say from one short interview at a specific point in time. Rather, how they comport themselves in their groups is important, taking care not to impose their cosmology on others, also facilitating group members to be mindful of the same (Black & Huygens, 2016).

As I analysed participant narratives and detected the contextual and transmutable nature of the phenomenon of privilege, it means to an individual to move between social

locations — at one end being protected by the effects of privilege and the other end becoming disadvantaged in some way. How does it feel? I reflected on how some of the participant accounts and understandings appear to come from marginalisation, whereas in others they came from privileged perceptions, sometimes both. No doubt each reader of this thesis will perceive and relate to each participants account slightly differently. Each was an encapsulation of a fleeting, yet deeply meaningful interaction, a potted summary, an exploration of what privilege has meant to each participant at that point in time — a mutual sense-making journey. I can speak from personal experience about how privilege has affected my life, leaving me feeling frustrated and angry at what I perceive to be social injustices (see Appendix 6 for one example). Therapists should not ignore social injustices, or accept them. However, ensuring therapists are trained and supported to move through challenging situations that arise because of imbalances caused by privilege may provide better points of intervention. This may enable the privileged to reflect outside of groups, in their everyday lives, creating micro-changes in society that one can hope would extrapolate.

This contextual, transmutable privilege pendulum led me next to consider how it might feel to be excluded from a group as a person deemed privileged. As you will read in Appendix 6, I have had some personal experience of this, which I describe and reflect on to further contextualise the impetus for this research. To be excluded is to be dismissed from that context. When dismissal from a group because one is privileged, the consequences may be problematic for the individual who is removed. For example, the dismissed person may become depressed or feel isolated and rejected. The literature reveals that many are unaware of their privilege, perhaps making the removal a shock, even when dyadic therapy is offered as an alternative, see for example: Gitterman (2019).

I also considered whether the finding that privilege transmutes based on contextual nuances and constellational factors in groups could actually be linked to who holds power in a therapeutic group. Because the participants closely linked privilege and power further research could tease out the nuances between privilege and power. Such research could

explore, in the first instance, the relationship between power and privilege in therapeutic groups, and the manifestations of *power* as distinct to *privilege* in the same context.

I acknowledge that although the narratives in this study provided rich, experiential narratives, the knowledge generated by each is only partial (Braidotti, 2019). For example, while three approaches to working with privilege emerged from this study, there may be alternative methods that are utilised by group therapists in Aotearoa and internationally. This study has captured aspects of privilege and therapeutic groups in Aotearoa that may be relevant in other territories. Further studies that examine and compare how the phenomenon under study manifests in other countries would be benefit the group therapy context and privilege studies more broadly.

As I have argued throughout, privilege is a challenging concept to understand, let alone encapsulate in a thesis of limited words. It is complex, nuanced, never still, never the same, a social force, yet individually enacted, invisible yet emerging, even when understood not necessarily grasped, and finally, accepted by some, and contested and resisted by others. Finding the right thesis structure to report these findings took some time, foregrounding the voices of the participants to demonstrate this contextual, transmutable complexity of privilege. I have spent much of this project considering the ways that most individuals may be shielded by privilege in some aspects of their lives and contexts, and exposed to disadvantage in others. This leaves the explication of privilege exposed to fluidity and ongoing contest as societies and groups evolve (Collins, 2000).

Finally, and crucially, in Aotearoa, Māori, in particular, have suffered as a result of insidious privilege dynamics, imposed as a result of colonisation, that continue to this day. This research has revealed that more work is required to understand its effects in nuanced contexts to promote more impactful work to address the broader effects and tensions of privilege in both expected and unexpected spaces.

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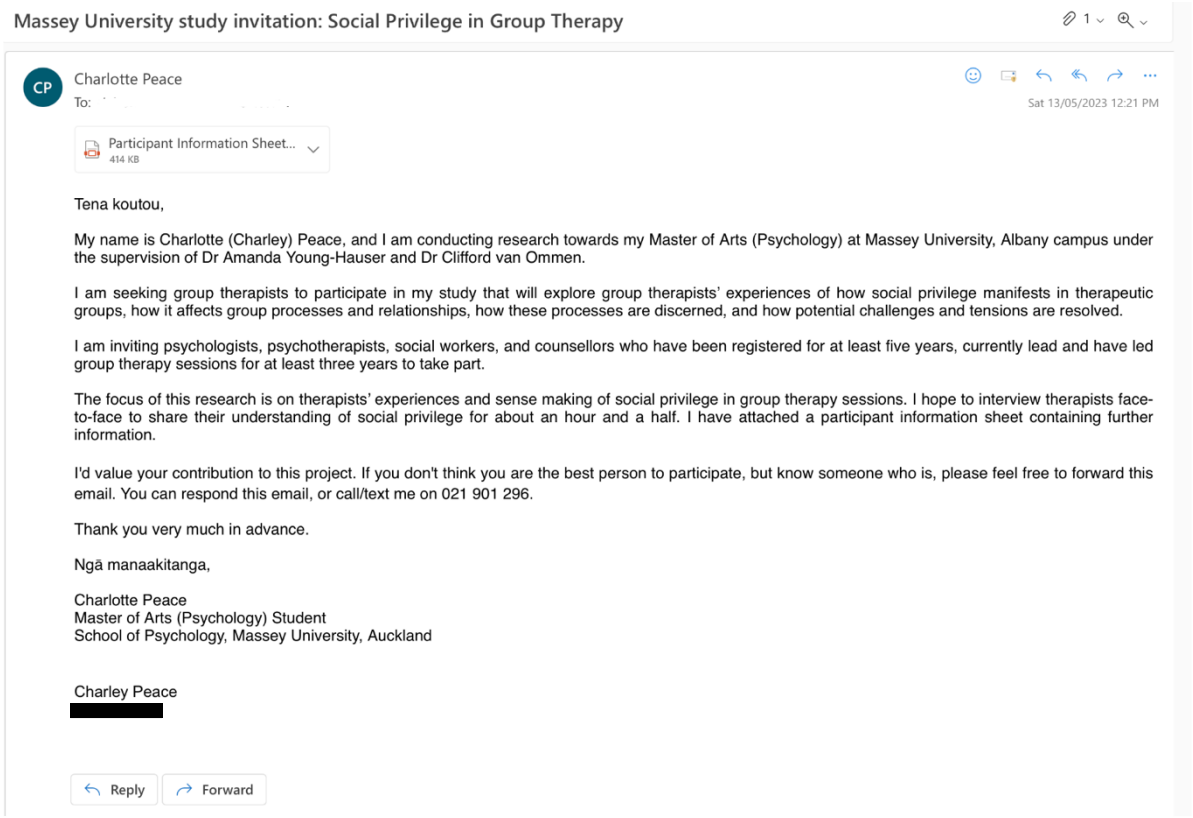
Appendices

Appendix 1: Recruitment Email



Massey University study invitation: Social Privilege in Group Therapy

CP

Charlotte Peace

To: [redacted]

Sat 13/05/2023 12:21 PM

Participant Information Sheet...
414 KB

Tena koutou,

My name is Charlotte (Charley) Peace, and I am conducting research towards my Master of Arts (Psychology) at Massey University, Albany campus under the supervision of Dr Amanda Young-Hauser and Dr Clifford van Ommen.

I am seeking group therapists to participate in my study that will explore group therapists' experiences of how social privilege manifests in therapeutic groups, how it affects group processes and relationships, how these processes are discerned, and how potential challenges and tensions are resolved.

I am inviting psychologists, psychotherapists, social workers, and counsellors who have been registered for at least five years, currently lead and have led group therapy sessions for at least three years to take part.

The focus of this research is on therapists' experiences and sense making of social privilege in group therapy sessions. I hope to interview therapists face-to-face to share their understanding of social privilege for about an hour and a half. I have attached a participant information sheet containing further information.

I'd value your contribution to this project. If you don't think you are the best person to participate, but know someone who is, please feel free to forward this email. You can respond this email, or call/text me on 021 901 296.

Thank you very much in advance.

Ngā manaakitanga,

Charlotte Peace
Master of Arts (Psychology) Student
School of Psychology, Massey University, Auckland

Charley Peace
[redacted]

Reply Forward

Appendix 2 – Participant Study Information Sheet

Massey University
COLLEGE OF HUMANITIES AND SOCIAL SCIENCES
Te Kura Pūkenga Tangata

School of Psychology
Massey University
Private Bag 102-904
North Shore
Auckland 0745

Study Information Sheet

He aha te kaupapa ō tēnei rangahau? - What is this research about?

Exploring social privilege in group therapy: Therapist insights

Who is conducting this research?

Kia Ora. My name is Charlotte Peace. I am undertaking this research project in partial fulfilment of a Master of Arts (Psychology), at Massey University's School of Psychology, Albany, Auckland. This research project will be completed under the supervision of Dr Amanda Young-Hauser and Dr Clifford van Ommen from the School of Psychology, Albany, Massey University.

What is this research about?

Literature on the enactment of privilege in group therapy sessions is scant. In this research I am exploring group therapists' experiences of how social privilege manifests in groups, how it affects group processes and relationships, how these processes are discerned, and how potential challenges and tensions are resolved.

Who can take part?

I am inviting psychologists, psychotherapists, social workers, and counsellors who have been registered for at least five years and currently lead and have led group therapy sessions for at least three years to take part.

What will participants be asked to do?

The focus of this research is on therapists' experiences of social privilege in group therapy sessions. During an interview (1 to 1.5 hours), I invite therapists to share their understanding of social privilege, how it impacts therapeutic relationships and how potential tensions are resolved. The interview will take place at a mutually agreed location and time. I will ask your permission to audio record the interview. A $50.00 grocery voucher is offered as a token of appreciation.

How are participants' identities and information, as well as that of their clients protected?

To ensure your anonymity, I will use pseudonyms, not name your organisation, or identify the location. The recordings and transcripts will be stored on a password protected device with direct access to this data only available to the researcher and secondary access to my supervisors, Dr Amanda Young-Hauser, and Dr Clifford

van Ommen. I welcome the use of valuable examples from your practice and will work with you to protect your client's identities as you describe any examples, or incidents. This includes changing names and other identifying characteristics of your clients as you describe the examples.

What will happen to the information given in the interview?

The interview transcripts will be the basis for my master's thesis with the possibility of also writing and publishing a journal article. Recordings will be stored by me, Charlotte Peace, the primary researcher during the period of developing and finalising my research thesis. They will be secured in password protected files, in a digital storage space that is secured with two-factor authentication. When the research is complete, the recordings will be stored by my primary supervisor, Amanda Young-Hauser secured in password protected files, in a digital storage space that is secured with two-factor authentication. In line with Massey University Ethics requirements, transcripts will be destroyed five years after the completion of the study. A summary of the research findings can be provided.

What are participants' rights?

If you decide to participate, you have the right to:

- decline to answer any question;
- withdraw from the study at any point until six weeks after your interview without reason or penalty;
- ask any questions about the study at any time during participation;
- provide information on the understanding that your name will not be used;
- be given access to a summary of the project findings when it is concluded;
- ask for the recorder to be turned off at any time during the interview.

Project Contacts

I, Charlotte Peace, am the primary researcher for this study. I am a 46-year-old Pākehā female. I grew up in the UK and New Zealand, in Wellington. I spent a lot of my adult life in London and have lived in Auckland for the past twelve years. Before returning to study in 2021, I worked as a communications and then corporate responsibility manager for large financial services providers, designing and managing their communications and then ethical and sustainability programmes. More recently I realised I wanted to serve people, not profits and I focused on psychology, where I see great potential for improving the lives of New Zealanders. I currently practice as a health coach, supporting lifestyle behaviour changes to protect and restore health through primary care.

You may contact me or my supervisor at any point if you have any questions about this project, or to discuss concerns, or give feedback. Contact details are provided below:

Primary researcher:	Charlotte Peace, Postgraduate Student at Massey University	Phone: [redacted] Email: [redacted]

Primary Supervisor:	Dr Amanda Young-Hauser, Lecturer, Massey University	Phone: 6492127010 Email: A.Young-hauser@massey.ac.nz
Secondary Supervisor:	Dr Clifford Van Ommen, Senior Lecturer, Massey University	Phone: +6492136114, Email: C.VanOmmen@massey.ac.nz

We invite participants to contact the researcher and/or supervisor(s) if they have any questions about the project.

LOW RISK NOTIFICATIONS

This project has been evaluated by peer review and judged to be low risk. Consequently, it has not been reviewed by one of the University's Human Ethics Committees. The researchers named above are responsible for the ethical conduct of this research. If you have any concerns about the conduct of this research that you wish to raise with someone other than the researcher(s), please contact Prof Craig Johnson, Director, Research Ethics, telephone 06 356 9099 x 85271, email humanethics@massey.ac.nz.

Appendix 3: Participant Consent Form

Massey University
COLLEGE OF HUMANITIES AND SOCIAL SCIENCES
Te Kura Pūkenga Tangata

School of Psychology
Massey University
Private Bag 102-904
North Shore
Auckland 0745

PARTICIPANT CONSENT FORM – INDIVIDUAL

I have read or have had read to me the contents of the information sheet and I understand the Information Sheet attached. I have had the details of the study explained to me, any questions I had have been answered to my satisfaction, and I understand that I may ask further questions at any time. I have been given sufficient time to consider whether to participate in this study and I understand participation is voluntary and that I may withdraw from the study at any time.

1. I agree/do not agree to the interview being sound recorded.
2. I wish/do not wish to have my recordings returned to me.
3. I understand that I have the right to withdraw from the study until six weeks after my interview without reason or penalty.
4. I agree to participate in this study under the conditions set out in the Information Sheet.

Declaration by Participant:

I _____ [print full name]

hereby consent to take part in this study.

Signature: _____ Date: _____

Appendix 4: Topic Areas and Interview Format

Topic Areas and Interview Format

- Introductions, drink (coffee, tea, water), kai, general chat
- Information sheet, consent forms, answer questions
- Outline topics etc.

This is an interview to get to know you a little, and to learn about your experiences of social privilege in therapeutic groups you run, and to get some general background information. I have four topics I'd like to cover with you, although some may be covered as you discuss your thoughts so this is a fluid process – there may be some others you might want to address. If you don't want to answer any that I ask, that's okay. Just let me know if you'd like to move on at any point.

Part 1
Introductory chat and establish interest in this study

Part 2
I have a list of topics that I would like to discuss with you, but everything is relevant. Please feel free to go down rabbit holes that you trigger in yourself.

Topic 1 - Manifestations of social privilege in group therapy
Topic 2 – Social Justice: organisational values and social privilege
Topic 3 –Identities in group therapy (e.g. ethnicity, gender, sexuality etc.)
Topic 4 – Responding to Social privilege in group therapy

Is there anything else that comes to mind when you think social privilege in / and group therapy?

Appendix 5: Initial Interview Script

Initial Interview Script

- Introductions, drink (coffee, tea, water), kai, general chat
- Information sheet, consent forms, answer questions
- Outline topics etc.

This is an interview to get to know you a little, and to learn about your experiences of social privilege in therapeutic groups you run, and to get some general background information. I have five topics I'd like to cover with you, although some may be covered as you discuss your thoughts so this is a fluid process – there may be some others you might want to address. If you don't want to answer any that I ask, that's okay. Just let me know if you'd like to move on at any point.

Part 1
Why were you interested in this study?
Are the groups you work with funded privately, or by the state?

Part 2
I have a list of topics that I would like to discuss with you, but everything is relevant, s feel free to go down rabbit holes that you trigger in yourself. Firstly...

a) What led you to become a group therapist?
b) Can you tell me about how you select group therapy participants for each group?
c) Can you talk me through the structure, duration and modalities used in your groups?
    a. Tensions?
d) Which formal instruments do you use to track participant progress and outcomes?
    a. Tensions
e) Can you tell me about the values that are core to group therapy practice for you?

Topic 1 - Manifestations of social privilege in group therapy

a) I'm keen for you to describe your understanding of social privilege to me and then let lose and tell me how it shows up in groups

b) Any experiences, tensions, or incidents that highlight social privilege in one of you groups

Topic 2 – Social Justice: organisational values and social privilege

a) Are you required to focus on targeted support for any groups to address power differentials?
b) Does this cause any tension or ethical dilemmas for you?
c) **Definition to read out**: Social justice can be considered to be the terms of the distribution of wealth, opportunities, and privileges within a society.
    a. How have you seen privilege in group therapy impact social justice in your groups?

Topic 3 –Identities in group therapy (e.g. ethnicity, gender, sexuality etc.)

a) What are the most common dimensions of identity you see in your groups?

b) Thinking about the different identity characteristics, who decides which part of the client's identity is the most salient to work with in group therapy?

Topic 4 – Responding to Social privilege in group therapy

a) What approaches do you use to manage social privilege when it disrupts the group?
b) Have you ever removed a person from a group for any reason related to privilege
c) Finally, can tell me about supervision/CPD you engage with to challenge your own social privilege

Is there anything else that comes to mind when you think social privilege in / and group therapy?

Appendix 6: The Incident That Led To This Research

I will briefly detail the impetus for this research how I locate myself in this study, and provide a summary of reflections from the research process. I deliberately left this until last and kept it separate from the body of the thesis in an attempt to bracket my own experiences, biases, norms and values from the research processes.

During my first (and only) session in an open FV therapy group for women, I felt that there was tension between me and the therapist who initially welcomed me into the group while also remarking that my privileges of education, work, and whiteness would be a better fit for a group in a more affluent area of the city. Already feeling vulnerable, at that point the experience was a jarring, humiliating, emotionally distressing, and occurred at a time of personal hardship. The therapist judged my appearance ("very well dressed") and somehow wrongly concluded that I was a lawyer (I suspect because of my knowledge of the family legal system). I am not a lawyer. Upon questioning her, she said that she was protecting her other (mostly) Māori and Pacific clients from my privilege, which was something I had not had cause to examine until that point. I had felt welcomed by the other women, but singled out by the therapist.

This experience stayed with me and piqued my curiosity to explore the constellation of and dynamics in therapeutic spaces. In the first instance, I had never been challenged to consider my own social location before. This was an uncomfortable experience, as has been suggested in the literature (McIntosh, 2019), but I am grateful to the therapist for propelling me into a process that I might otherwise have never begun without her challenge. While this experience provided the impetus for me to explore social privilege during my studies, it was a review of literature about privilege in group therapy that revealed the paucity of situational research about privilege in group therapy and the need for this to be addressed (Cherry, 2010; Murray, 2015).

I ensured that my supervisors were aware of the incident and how it made me feel and I reflected and consulted them heavily throughout this research. In depth discussions

took place about how I would channel a personal incident into a quality piece of academic research. Firstly, over five years have passed since this incident, and I have undergone a great deal of personal discussion (some therapeutic) and professional supervision (in my health coaching capacity) and now am able to view the incident through a different lens. I has forced me to confront my multiple social locations, many privileged and some much less so.

My experience grants me an insider perspective. However, as the researcher, using a qualitative, IPA research methodology, I also positioned myself as part of the research process. Any concerns I had that my position as an outsider, a non-registered, non-therapist researcher would put me at a disadvantage were allayed by the warmth and openness of the therapists and their treatment of me as a professional equal. After initial nerves in the first interview, I noticed myself minimising my own directive input and clarifying questions, while still working to keep the interview on track to ensure it covered the necessary elements set out in the interview script (Appendix 5). I became more practiced as the interviews progressed.

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