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**Middlesex University and Metanoia Institute**

**Psychotherapists' experience of power in the  
psychotherapy relationship**

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**Research Thesis**

**Andrew Day**

submitted in partial fulfillment of the degree of

**Doctorate in Counselling Psychology and  
Psychotherapy by Professional Studies  
(DCPsych)**

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## 1. Abstract

This research study investigated how psychotherapists experience power in the psychotherapy relationship. The intention of the research was to provide a rich description as to how power shapes, informs and presents itself in the psychotherapy relationship. I have used phenomenology as a philosophy and methodology in undertaking this research, drawing upon Giorgi's (1989) and Wertz's (2005) adaptation of the phenomenological method for psychological research. In total, nine experienced integrative psychotherapists, working in private practice, participated in an in-depth open – ended interview about their experience of power in the psychotherapy relationship. Each interview explored their experience with two clients with whom they were currently working and with whom they had been working for over six months.

I identified four subordinate themes from across my participants' accounts. These were: the therapist's experience of both the client's and their role power, power as a dynamic and emerging relational and social process, different forms of power dynamics in the psychotherapy relationship and the therapist's ambivalent feelings of power. The findings highlight that power is experienced as being an inescapable phenomenon of the psychotherapy relationship, complex, constantly shifting and, at times, paradoxical. For much of the time, the power dynamic is pre-reflective and largely out of conscious awareness. Therapists experienced power to be implicit to the structure of the psychotherapy relationship and the therapeutic context.

The power dynamic of the therapeutic relationship is established in the opening interactions of the therapy. This usually involves the therapist being constructed by the client as the powerful figure in the relationship. As the work continues the form of the dynamic re-configures into different forms. These include power struggles, the client experiencing the therapist as the 'abuser', the therapist experiencing powerlessness or a relationship of shared power. Participants' accounts indicate that their subjective experience of both their's and the client's vulnerability, the mutual construction of their respective social identities and status and the wider social relations of the profession of psychotherapy all influence the power dynamic of the psychotherapy relationship.

This research study highlights the importance of power in the practice of psychotherapy. It demonstrated the need for the therapist to tolerate the client's need to construct them as a figure of power, to be dependent upon them and to express their anger, hate, rage and envy of their power. Participants' accounts revealed that the exploration and re-negotiation of the form of the power relationship between therapist and client is pivotal to the process of therapeutic change for specific clients. Therapists described how this facilitated the establishment a collaborative relationship in which power was shared between them and the client. Therapists reported that such as re-configuration of the power dynamic

facilitated the client experimenting with their power in the therapeutic relationships and their relationships with others.

What is evident from the findings from this study is that the phenomenon of power is central to the therapeutic relationship. It suggests that practitioners can enhance their practice by observing, exploring and negotiating the power dynamic of their relationship with their clients. Power in the therapeutic relationship therefore needs to enter the mainstream discourse and debate in the counselling psychology and psychotherapy communities.



## **2. Introduction**

This research is a phenomenological explication of psychotherapists' subjective experience of power in the psychotherapy relationship. My intention has been to describe how power dynamics form and emerge between the psychotherapist and the client; and to explore how psychotherapists' perceive they impact upon the therapeutic process. As such, it addresses an absence of research in the field of psychotherapy and counselling psychology into the impact of power on the process of psychotherapy. My aims have been to understand how integrative psychotherapists, working in private practice, experience and work with power with their clients. This study provides a description for practitioners as to how power shapes, informs and presents itself in the psychotherapy relationship. From a theoretical perspective, it provides an account of how power relations are present in the psychotherapy relationship and offers an account of how power can be seen to be at the centre of the process of therapeutic change in the psychotherapy.

### **2.1 Overview of the thesis**

In the introduction, I provide an account of my interest and attraction to the subject of power in psychotherapy and present my critique of the literature on power in psychotherapy. As far as possible, I have attempted to set out for the reader my personal agenda and motives which have no doubt coloured and shaped my interpretation and arguments throughout this thesis. My central argument in my critique of the literature is that the field of psychotherapy holds competing and contradictory beliefs about the role of power in the psychotherapy relationship. These different views reflect different ideological positions on the presence of power in psychotherapy which, in itself, can be understood as reflecting a process of power within the professions of psychotherapy and psychology and wider society. The role and function of power is implicit in much of the literature on the practice of psychotherapy, yet its role and function in the practice of psychotherapy has not been researched and until the last two decades been given little critical consideration. My introduction concludes with a rationale for grounding this research in a phenomenological philosophy and methodology.

The section on methodology sets out how I have undertaken this research project. It provides a description of my participants and lays out the process I have undertaken for analysing their accounts of their experiences. In the findings section, I provide a statement on the structure of the phenomenon of power in the psychotherapy relationship. It is a narrative description of the accounts of my participants' experience of power. In the discussion section, I have outlined the theoretical and practical implications of my findings for the practice of counselling psychology and psychotherapy. In the appendices, I include extracts from my analyses to provide transparency as to how my findings were derived.

## **2.2 My relationship to the subject of power: interests, motives and personal process**

My interest in the subject of power in psychotherapy was ignited when I researched an essay on the subject of power and inequality in psychotherapy during my first year of study on the Doctoral programme. As I read the literature on difference, identity and power in psychotherapy I noticed how much of it appeared in the margins of the academic and practitioner communities (i.e. Feminist literature and the literature on discrimination and oppression). When I looked up 'power' in the indexes of many books on psychotherapy I found only sparing references to the concept and its significance to the practice of psychotherapy. This shocked and surprised me given that for me power is central to the practice of psychotherapy. I concluded that the role of power in psychotherapy has been avoided and denied within the mainstream discourse on psychotherapy.

At the time of writing this introduction, I have been inquiring into the subject of power for over four years. In this period, I have become aware of my ambivalent feelings about being powerful in relationships and relating to individuals who I experience as holding power. When I experience myself as being powerful, I am aware of anxieties about how I might impact others and the envy people feel towards my power and authority. When confronted with individuals who I experience as powerful, I have become aware of my desires for them to protect me and satisfy my wishes and desires. At the same time, I experience fears of being controlled or made to do something against my own wishes. I am aware that situations that leave me feeling powerless evoke feelings of vulnerability and anger. I have noticed how I strive to feel powerful in my relationship with the world.

When in the position of a client in psychotherapy, I experience my therapist to be a powerful figure, particularly when I am feeling vulnerable. When in the position of therapist, I have noticed how many of my clients perceive me to be a figure of power and authority. One client repeatedly asked me if I thought 'there was something wrong with her'. This question left me feeling 'as if' I possessed an authority to define her. Another client challenged every boundary and rule that I established in our first session. This left me feeling powerless, vulnerable, exposed and angry. My reaction to the client seemed to me to be a response to his fears and envy of my power. These experiences have led me to conclude that a power dynamic is always present, moving in and out of view, with a client.

My own therapy has helped me to link my ambivalence around power to my developmental history in my family and my private school education. I have a wish for stronger authority figures but resist feeling dependent or controlled by them. I have experienced this process in the transference with my therapist. I believe this reflects my own self doubts about my authority and fears about the impact of asserting my own needs and desires. At the same time, I feel I have a need to question authority and explore what is being offered and not

accept doctrines or ideologies. I am aware that I have chosen to become an integrative therapist because I want to have the freedom to make my own choice about what I feel is important as a therapist. I have started to view this research as a process of exploring how I relate to my authority both personally and professionally.

Unlike many writers on the subject of power, I do not come from an oppressed background or identify with a minority group in society. In contrast, I come from a background of privilege and social power. I am white, British, middle class, male and professionally educated, although, my parents are from a working class background. I had a private school education where I experienced pressure to conform and play by the rules. In my childhood, I struggled to integrate my family's working class identity with the middle class one of my education and community. I am conscious that my experiences are not of being oppressed, marginalised or discriminated against. I see this as neither an advantage nor a disadvantage for this research, but believe it gives me a different vantage point to other commentators who have tended to come from minority groups in society. In contrast, my identification is more with the powerful than the powerless in society.

My developmental and social history has therefore shaped my beliefs and ambivalence about power. It will have influenced my relationship with the research participants and my interpretation of their account of their experience. It has no doubt influenced my choice of research question. I have endeavoured to set out my beliefs and reactions throughout this thesis in an attempt to be transparent and enable the reader to draw their own conclusions on the validity and relevance of my findings.

### **2.3. A review of the literature on power in psychotherapy**

In reviewing the literature on power, I have outlined how the sociological and psychological literature has conceptualised power. This leads onto an exploration of how the professional field of counselling psychology and psychotherapy views power relations within the psychotherapy relationship.

#### **2.3.1 What is power? Philosophical positions on power**

Power is one of the most central and contentious concepts in the social sciences. The concept of 'power' is complex and difficult. It remains ambiguous, abstract and elusive (Eriksen, 2001). Some writers, such as the French sociologist Bruno Latour (1999), have even argued for the concept of power to be abandoned. Not surprisingly, *it* has multiple meanings in the social sciences, being employed differently by different writers inside and outside of psychotherapy (McCloud, 2003). This is a significant challenge for any research into the phenomenon. If we cannot agree on its nature then how can *it* be investigated?

One of the purposes of this introduction is to deconstruct the meaning of power to different writers and theorists.

Power is a concept that is commonly used in language and discourse. Most people would agree that it is a central characteristic of social relationships. Websters' dictionary defines power as 'the capacity to produce an effect' and 'the possession of control, authority or influence over others'. Power incorporates a wide range of complex relational experiences including oppression, domination and submission, empowerment, control, liberation, autonomy, authoritarianism, conformity, compliance, coercion, influence, force, and resistance.

Sociological, psychological and philosophical theories on power have developed from structural theories, in which power is seen to be embedded in social structures within society, to post-modern theories that view power to be a relational process which is a characteristic of all relationships and forms of relating. These two positions on power reflect very different epistemological positions.

### **2.3.2 Structural theories of power**

Structural theories of power take a unitary stance, reifying power and assuming it is a possession of an individual. They assume that power is a simple quantity phenomenon – a capacity (Hindess, 1996). This can take the form of physical (i.e. strength), economic (i.e. wealth), social (i.e. status) or psychological (i.e. confidence etc.) capacity. For instance, Robert Dahal (1957) states that: "A has the power over B to the extent that he can get B to do something that B would not otherwise do". Winter (1988), a psychologist, likewise defined it as "the ability or capacity of one person to produce consciously or unconsciously intended effects on the behaviour or feelings of another (p.510)".

Lukes (1979) has critiqued this view of power as being related to the study of *concrete, observable behaviour*. From this angle, what matters is the analysis of observable conflicts between organized interests over concrete political issues. Bachrach and Baratz (1970) identified a second form of power which involves a person or a group, consciously or unconsciously, creating or reinforcing barriers to the public airing of conflicts of interest (referenced in Lukes, 1979). Power in this form represents the capacity to ensure decisions are not made or discussions over interests do not take place. Lukes (2005) observes that in order to grasp this second dimension of power "it is crucially important to identify potential issues which non decision-making prevents from being actual" (p. 23).

Karl Marx argued that power differences are embedded in the fabric of society and are constitutive of every social relationship. From this perspective, different groups in society are assigned relative positions within it. They possess differing degrees of power within it.

We therefore find that some groups are dominant (i.e. white, upper class, men) whilst others (i.e. women, ethnic minorities, the working class) experience oppression and a lack of power. Capra (1982) and Freire (1981) state that hierarchical, authoritarian values are entrenched in society and have been through most of history. The social stratification of groups within societies is reflected in unequal distribution of power, social status, privilege and materials on a systematic basis (Crompton, 1993). From the perspective of structural theories, power is inextricably linked to socio-political identity groups including class, gender, race, sexual orientation and disability (DeVaris, 1994).

Structural theories have emphasised the oppressive, controlling and negative aspects of power. For instance, early feminist theories of power see power as a possession of men who use it to control women. Dallos and Dallos (1997) demonstrate how both Marxist and Feminist positions on power emphasise “that real inequalities exist and ideologies are constructed to deny these because they maintain the interests of the ruling class of men” (p.17).

The Structural view of power has been criticised because it assumes that power is always about ‘power over’ another. Lukes (1974) argued that this view of power is understood as the ability of one person or agent to get another to do something that he or she might not otherwise do. This position, he argued, assumes that power is a product of conflicts between actors to determine who wins and who loses. In other words, power is a ‘zero-sum’ game. Lukes (1974) observes that “the most effective and insidious use of power is to prevent such conflict from arising in the first place (p. 24)”. It equally assumes power to be repressive, with power being a resource to be gained, held and wielded (Gaventa and Cornwall, 2001). There are some exceptions. Arendt (1963) conceptualised power to be related to people coming together and making binding promises. She made the distinction between ‘power’ within relationships and ‘authority’ that is attributed to an individual by virtue of their role. This perspective sees power being bound in relationships. It moves towards power as a relational process and residing on the consent of others (Hindess, 1996).

### **2.3.3 Post - Modern Theories of Power: power as a relationship**

Post-modern theories of power argue that it is not something that a person possesses but rather a characteristic of all human relating (Elias, 1978). Power appears as a *process*, an aspect of an ongoing social relationship, not as a fixed part of social structure. Power relations revolve around processes of inclusion and exclusion in social relations.

Lukes (1974) stressed that power is not a property, but a relationship. Elias (1978) observes that power relations are ongoing relational patterns that paradoxically both form and are formed by the processes of relating between people. He observes that it is an inevitable

outcome of living together and interdependence. The phenomenon of power is like an elastic band: how much pull one has compared to the other. Similarly, Foucault (1986) argued that power relations always work through the actions of an acting subject upon another acting subject. He sees a power relationship as not acting immediately and directly on others; but upon their actions. It is therefore an action upon an action. This relational view of power argues that power is inherent in all relationships and enabling and limiting action thereby enabling individuals to broaden their boundaries and not only de-limit those of others (Hayward, 1998).

From this perspective, "Power is everywhere...because it comes from everywhere" (Foucault, 1980). All social interaction involves power because ideas operate behind all language and action (Lukes, 1974). Thus, power can be seen as various forms of constraint on human action, but also as that which makes action possible, although in a limited scope. Foucault (1980) emphasized the 'ever present' existence of power to relationships when he wrote:

*"I do not think a society could exist without power relations. If by that one means the strategies by which individuals try to direct and control the conduct of others. The problem, then, is not to try and dissolve them in the utopia of completely transparent communication but to acquire the rules of law, the management techniques, and also the morality, the ethos, the practices of the self, that will allow us to play these games of power with as little domination as possible (p. 298)."*

Foucault (1977) focused on how power was exercised within specific domains of society, for instance Madness (Foucault, 1967), Sexuality (1976) or Criminality (1977). He was interested in actors' political aims and the tactics they employed to meet those aims and the counter tactics or responses of others. In his deconstruction of the power relations associated with these institutions, he defines 'disciplinary power' which he sees as: "comprising a whole set of instruments, techniques, procedures, levels of application, targets" (Foucault, 1977, p.215). He emphasised the 'struggle' that is played out between individuals and groups in a specific domain as resistance is taken up in response to the tactics of others. From this perspective, power operates systematically within a society not from above. He argues that disciplinary power utilises 'simple' instruments of hierarchical observation, normalizing judgments, and the examination (Foucault, 1977, p.170). All of these instruments have the potential to appear within the psychotherapy relationship (Keenan, 2001).

For Foucault, knowledge, language and power are inseparable in shaping people's identities. He believed much of this struggle takes place outside of conscious awareness of the actors involved. He saw systems evolving that take on a normalising function whereby the network of power relations holds itself together. In his eyes knowledge is power: "power and

knowledge directly imply one another ... there is no power relation without the correlative constitution of a field of knowledge, nor any knowledge that does not presuppose and constitute at the same time power relations" (1977: 27). Our participation in power relations is unconsciously implicated because we are not aware of the consequences of our ignorance (Lukes, 2005).

Political ideologies are linked to power in a given context and act as a means of legitimising existing social relations and differences of power, through the recurrence of ordinary, familiar ways of behaving which takes these relations and power differences for granted (Fairclough, 1989). Elias's and Scotson's (1994) research showed how powerful groups maintain power differentials with other groups through the processes of ideology and gossip about 'us' and 'them' which establish and maintain beliefs of inferiority – superiority and notions of 'good' and 'bad'. Ideology then becomes: "a means of preserving the current social order by making it seem natural, unquestionable, by convincing all that participants that it is so" (Dalal, 1998: 116). Thus people do not just gather or form because of similarity; they group around the vortices of power, but use their similarity to hide the vortices from view and deny their existence (Dalal, 1998). Difference is therefore used to maintain a power differential (Elias and Scotson, 1994).

Habermas (1977) argued that power is exercised through language and communication. Communication is seen as achieving certain ends or results. Discourse is therefore seen to play an important role in shaping power relations. Foucault (1972) argued that professions operate a system of power – knowledge through particular discursive practices. In his view, professions wield power once they have established a base of knowledge. Foucault claims belief systems gain momentum (and hence power) as more people come to accept the particular views associated with that belief system as *common knowledge*. Within such a system of discourse, ideas crystallize as to what is *right* and what is *wrong*, what is *normal* and what is *deviant*. Within a particular discourse certain views, thoughts or actions become unthinkable. These ideas, being considered undeniable "truths", come to define a particular way of seeing the world, and the particular way of life associated with such "truths" becomes normalised.

Foucault observed how professional institutions, including medicine and mental health professions, make use of claims of possessing 'knowledge' to exercise influence and power within specific domains of society. He introduced the notion of 'politics of health'. We can argue therefore that psychologists, psychotherapists and psychoanalysts make claim to specific bodies of 'knowledge' within society about what is psychological health (i.e. what is *normal*).



### **2.3.4 Reconciling structural and process perspectives on power**

Structural and process theories account for power in fundamentally different ways. Structural theories help us to account for and explain social stratification, differences of opportunity, resources, influence and status which are present in society. The relational view of power highlights how power is formed in the micro interactions between people. I would argue that these micro interactions when repeated on the level of society are likely to support and give rise to structural forms of power. Likewise, micro interactions between individuals are themselves shaped and formed by structural differences at the societal level. Structural power differences and power relations therefore intertwined in complex ways. They both form and are formed by the other in an iterative and recursive process.

Therapists and clients alike are affected by structural differences in power, particularly when the client and therapist are from different positions in society. Likewise, the therapist's role can be conceptualised as a structural form of power. The process perspective draws our attention to how power relations are formed between the therapist and client, albeit within a social context. Arguably, therefore, both perspectives can help us understand power in the psychotherapist – client relationship.

### **2.3.5 Social identity, social structures and psychological health**

To a large extent, psychotherapy and counselling has overemphasised psychological processes in the development and psychological health of individuals and placed less emphasis on social relations. This reduces psychological phenomena and individual experiences to the level of the individual and their intra psychic process. Accounting for social relations requires consideration of social positioning of people relative to each other, social hierarchies and power relations between people and groups (Dalal, 1998). Writers such as Samuels (1993), Frosh (1987), Brown (1978), Foulkes (1973), Elias (1994), and arguably Freud (1930), have theorised that social relations become internalised establishing an individual's internal psychological structures. This by implication suggests that the form and content of the internal object relational world will be partly dependent on where an individual is positioned in the socio-cultural context.

Individuals that encountered abuses of power in their early life experience can develop an internal oppressor (Batts, 1998) or internal aggressor (A. Freud, 1936) which involves the incorporation of negative messages regarding themselves and seeing themselves as inferior in comparison to others (Adler, 1927). Such early experiences can manifest themselves in later life as anger and rage at others, a sense of helplessness and passivity, unassertiveness and avoidance of conflict, turning anger against the self or attacking other groups as inferior (Batts, 1998). A person's formative experience of power relations in their family and wider social environment therefore shapes their personality and their psychological



experience. Power in this sense provides a conceptual link between the person and the group, or the individual and society (Mack, 1994).

Structural differences in power influence psychological health (Gomm 1996; Pilgrim, 1997; Warner, 1994). Social psychological research has demonstrated that power, status and self-esteem are connected - the higher an individual's status in their social context, the higher their perceived power and equally the higher their self-esteem (Natiello, 1990). Identity characteristics, for instance race, gender, disability etc., influence how a person is accustomed to fitting in the social hierarchy, the role they are expected to fill, and aspects of the person's social milieu (DeVaris, 1994). Those with power define and limit how individuals see themselves hierarchically with reference to an opposing group (Keenan, 2001). Processes of projection and introjections operate at a social level, resulting in negative emotions and anxieties being disowned by groups and taken on by others (Altman, 2010). Less powerful groups in society are likely to experience discrimination, prejudice and abuse from the dominant group (or groups). These forms of social prejudice (i.e. sexism, racism, homophobia etc.) are effectively extreme and unconscious splitting and projection (Kovel, 1988).

How we understand power in our lives and those of our clients will influence how we choose to work with our clients. We need to understand how power is a social phenomenon, tied up with issues of status and privilege, which shapes and influences the psyche of the individual; and furthermore, that these differences in status inflict many of the emotional wounds which people bring to therapy (Totton; 2008). Clients and psychotherapists tend to be from different positions in the social hierarchy. We can equally expect therefore for power relations to be re-enacted and reinforced in the therapeutic relationship (Totton, 2008).

## **2.6 Perspectives on power in the psychotherapy relationship:**

In my search of the literature, I found no published research which directly explores how power presents itself in the psychotherapeutic relationship. Where I have uncovered references or discussions on power in psychotherapy, these have been either theoretical and philosophical perspectives on the subject; or individual practitioner's accounts of their professional and personal experience (e.g. Spinelli, 1994; Tudor and Tudor, 1994, McLeod, 2003; Mearns and Thorne, 1988, Proctor, 2002; Tuckwell, 2006, Pope and Vasquez, 2007, etc); or observations from studies into the impact of social differences on the therapeutic relationship (e.g. Dhillon – Stevens, 2005; Tuckwell, 2006).

### 2.6.1. Four ideological positions on power in the psychotherapy relationship

The perspective taken by different commentators on power varies considerably in the field. I identified four broad philosophical positions regarding power in the psychotherapy relationship. With each position, the implicit assumptions about what is power reflect either structural or post modern conceptualisation. These assumptions are by no means explicit and I would argue that they cannot be considered outside of the historical and socio-political context in which they originate. Furthermore, each model of therapy has a unique conceptualisation of power with significant implications for the treatment process and therefore assigns a unique distribution of power to the patient and the therapist in the therapeutic relationship (DeVaris, 1994).

Tudor and Tudor (1994) state that power “.. is something about which we are all highly ambivalent – with consequent implications for the psychotherapy relationship (p.388)”. It is perhaps because of this ambivalence that we see such variation in the literature on power in psychotherapy. Much of the writing is based on the writer's personal and ideological positions on power with little or no account of their influences or biases on the subject. Each perspective on power, therefore, must be considered within the existing dynamics of power within the profession and society. It seems to me that it is impossible to escape ideology of one form or another. My ideological position is that power is central to human relationships (and the therapeutic relationship), therefore unavoidable and something which we all struggle with, in our lives.

Therapists' understanding of power is therefore part of a complex process of socially constructed arguments that emerge within the professional field and society at points in history. I experienced encounters with these processes when I participated in a conference on power in psychotherapy and a workshop on power in the psychotherapy relationship. At both events, participants expressed feelings of anger at what they perceived to be others, most often from other groups or identities (i.e. school of psychotherapy or different professions), abuse of power. My observation was that discussions of power surfaced images of oppression, mistreatment and unfairness. This seemed to result in a polarised desire to create a world of equality and the creation of a world where power was used only for 'good' (and not 'bad'). In both groups, individuals took up moral and ideological positions that were defined in opposition to others.

The four philosophical positions that I can see in the literature on the psychotherapy relationship are:

1. The denial of the existence of power in the psychotherapy relationship;
2. Power as a destructive and oppressive force in the psychotherapy relationship;

3. The psychotherapy relationship as a process of liberation and empowerment of the client; and
4. Power as a relational, inter-subjective process in the psychotherapy relationship.

I have outlined my perspective on the theoretical and philosophical arguments behind each of these positions. For each, I focused on exploring the following questions:

- How is power described and understood within the psychotherapy relationship?
- What are the underlying ideological beliefs and assumptions that are reflected in these perspectives on power?
- How is the power of the therapist and client constructed? and
- What are the implications for the practice of psychotherapy, the role of the therapist and its aims?

### **2.6.2 The denial of the existence of power in the psychotherapy relationship**

Tudor and Tudor (1994) argue that within many psychotherapeutic circles there is an ideological context which rejects or denies the presence of power within the practice of psychotherapy. There are few references, and no research, on the role of the client's power in the psychotherapy relationship.

Some commentators have argued however that the relationship between therapist and client is, on the whole, unequal (Tuckwell, 2006). McLeod (2003) states that:

*"Most of the time, counselling takes place within a therapeutic space defined and dominated by the counsellor: the therapist is the one who know the rules of the game [p. 238]"*.

Where references are made to power, the assumption is that it is the therapist who possesses 'it'. For instance, Kirkwood (1990) sees the client to be essentially a 'passive object'.

Frosh (1987) observes that psychoanalysis denies that it imposes any system of values on the individual client. Cognitive Therapists have historically paid little attention to issues of social power (Spong and Hollanders, 2003). Proctor (2002) in her systematic review of how power is conceptualised in the different schools of psychotherapy concludes that cognitive therapy fails to analyse and problematise the position of the therapist as the expert and 'objective scientist'. This obscures the therapist's powerful position.

Smail (2008) is damning in his evaluation of psychology's relationship with power in society. From his position: "Power and interest may have played a highly significant role in shaping the development of our discipline, but they have featured hardly at all in the conceptual systems we have constructed to account for the behaviour of others (p. 131)". Foucault's (1967) study of the institutions of mental health in societies revealed the relationship between knowledge, power and social control. He would no doubt therefore be unsurprised by psychology's and psychotherapy's failure to critically examine their relationship with power.

### Therapist neutrality and objectivity: claims of expertise and knowledge

In 'classical' psychoanalytical thinking and mainstream cognitive – behavioural approaches (and to a less degree humanistic schools) the therapist is seen as being able to stand outside of the psychotherapeutic relationship and make use of his or her expertise and knowledge to assess the client. Orange, Atwood and Stolorow (1997) and Hoffman (1992) observe that traditional views of psychoanalysis claim that the neutrality of the therapist is presumed to offer pure interpretation, without suggestion. Such a positivist epistemological position makes claims about how knowledge and expertise can be used to find the 'truth' about the person whilst not acknowledging how this constructs the therapist as powerful relative to the client. The British Psychological Society's Division In Counselling Psychology emerged as a reaction against notions of the psychologist being 'the expert' and as a challenge to the hierarchical relationship of the medical professional and a positivist epistemology (Orlans and Van Scoyoc, 2009).

### **2.6.3 Power as a destructive and oppressive force in the psychotherapy relationship**

Discourse as to the presence and nature of power in the psychotherapy started to emerge towards the end of the 1980's. Around this period, the central discourse centred on how the imbalance of power between therapist and client can result in destructive and oppressive outcomes for clients. The emerging debates covered the prevalence of abuse of sexual boundaries and forms of prejudice and discrimination against minority groups (see Masson, 1989; Smail, 1995; Bates, 2006; Lago, 2006). The power structure between therapist and client means that abusive possibilities are inherent in the therapeutic dialogue (Spinelli, 1994). This line of discourse reflects a structural position on power (i.e. someone, the therapist, possesses power and another, the client, is powerless and therefore vulnerable).

The destructive forms of power that have been described in the literature include therapy being a form of abuse (Masson, 1988; 1989); violation of sexual boundaries by therapists (e.g. Chesler, 1972; Sonne and Pope, 1991; Gabbard, 1996); discrimination, prejudice and oppression in the therapy (e.g. Lago, 2006; Thomas, 1992; Brown, 1994, Altman, 2010);

therapists enacting needs for domination and control; clients' experiencing pressure to comply and conform to the therapist's implicit and explicit expectations (Frosch, 1999); and the enactment of sadistic – masochistic relationships between the therapist and their client (e.g. Searles, 1965).

Guggenbuhl-Craig (1971) in his exposition of the role of power in the helping professions observes that the therapist's 'ideals' leave them prey to their unconscious shadow. The shadow he argues is constellated in the unconscious out of its opposite – an ideal which we strive to attain. When in the grip of their shadow the therapist can use their power unconsciously in destructive ways by rejecting parts of themselves and then attempting to subjugate them in the client. He observes this can result in a form of charlatanism whereby the therapist "at best fool their patients and themselves or, at worst, their patients alone" (p. 21). This shadow relationship arises from the therapist ideal to selflessly help the sick and the suffering. The other 'ideal' that he observes leaves the therapist vulnerable to his shadow is that of the 'priest' who places 'true faith' in his religion and beliefs. He sees the dark side of this 'noble image' is 'the man who preaches not because he believes but in order to gain influence and power' (p.23). He believes this arises from the therapist's suppression of their doubts. Guggenbuhl-Craig (1971) observes that attempts to be conscious of our shadow often result in 'tragic failure'. He argues that it is crucial that therapists are capable of admitting when we have been caught by our professional shadow, no matter how painful it may be for them.

These destructive dynamics between therapist and client are most often seen to operate at an unconscious level; replicating the client's past relationships with authority figures leaving them vulnerable to the therapist's power. Herman (1992), along similar lines to Guggenbuhl-Craig (1971), believes it is important that the therapist abstains from using their power over the patient to gratify their own personal needs or try to direct the patient's life decisions.

All professional bodies within psychology and psychotherapy have established codes of ethics and disciplinary structures to help protect clients from being abused by their therapists. All forms of therapy stress the importance of the therapist maintaining clear boundaries with their clients to protect them from the possible abuses and damaging boundary violations. Such movements within the field can be understood as reactions to the potential for professionals to abuse or misuse their power with vulnerable clients.

The implicit assumption from this perspective is that power is destructive, dangerous and damaging to those without power. The exploration of power is often made from the perspective of moral values and ethics with a strong sense of what is 'right' and what is 'wrong'. Put simplistically power is either 'good' or 'bad' (Furggeri, 1992). This is in essence a structural perspective on power, assuming that it is a possession that is in limited

supply. The therapist is seen to possess power and the client is considered to lack power. It embraces an extreme vision of power as a form of repression and domination. It views power primarily as unitary, monolithic and unidirectional (Proctor, 2002).

#### **2.6.4 The psychotherapy relationship as a process of liberation and empowerment of the client**

In contrast to the destructive perspective on power, an alternative line of discourse focuses on the therapist's power being a source of positive energy and 'good'. Psychotherapy is understood to be a process which empowers the client and liberates them from oppressive forces in their lives. This line of argument is more commonly found in the Humanistic literature, Feminist literature (Brown, 1994) and, from a somewhat different perspective, some of the Psychoanalytic literature. Equally, in the field of counselling psychology we find similar beliefs. The professional practice guidelines of the British Psychological Society's (BPS, 2005) Division of Counselling Psychology states explicitly that it works to 'always empower the client' (quoted in Orlans and Van Scoyoc, 2009).

One of the first proponents of this position was Carl Rogers (1978). He argued:

*"The politics of the client centred approach is a conscious renunciation and avoidance by the therapist of all control over, or decision making for, the client. It is the facilitation of ownership by the client and the strategies by which this can be achieved. The placing of the locus of decision making and the responsibility for the effects of the decisions are politically centred in the client."*

Rogers' position therefore sees the locus of decision making and responsibility as always resting with the client. Bozarth (1998) argues that the revolutionary crux of Roger's theory is that the therapist does not intervene nor has an intention of intervening. Natiello (1990) says of the person centred approach that it "...offers a morality of power as well as a methodology for arriving at that morality (p.268)". She asserts that the person centred approach offers the opportunity to the client to claim his or her personal power rather than relying on the power of another.

In my opinion, this position on power is pejorative and idealises the therapist's stance in relation to the client. It assumes that power is a possession, a finite commodity. It is therefore rooted in a structural, one person psychology. It strikes me that it is somewhat paradoxical if the client does not want, for whatever reason, complete autonomy and equally the therapist's position makes an assumption about how the therapist and client will work together without involving the client in this decision. Furthermore, it offers a romantic vision of the therapist as a source of 'good'. Heller (1975) observes that the client centred vision is of the therapist as a tireless and unambivalent dispenser of positive regard.

Along similar lines, Freud's theories of psychoanalysis argue for the analyst to use their power of rational authority to liberate the mind of the patient. Fromm (1956) argued that over the course of therapy the patient frees and cures themselves from an attachment to irrational authority. Benjamin (1995) challenged Freud's position. She observed: "Already idealized for his knowledge and power – his power to know her – the analyst is now internalised in the relationship of knowledge as power over self, a practice in the domination of self whose meaning Foucault (1980) has made unforgettably problematic (p.154)". Frosh (1987) observes that object relations, like psychoanalysis, sets itself up as a project in the liberation of the individual's psyche. He argues that its goals are to free the individual from fixations created by 'bad' relationship experiences and to encourage internalisation of the more nurturant and supportive possibilities experienced in the relationship with the therapist.

The implicit assumption behind this position is that clients are vulnerable and powerless and the therapist possesses a power to empower them. Clients are therefore assumed to be powerless and therefore a homogenous group. From this position, power is constructed as an 'either – or' phenomenon with the therapist being either a force for 'good' or 'bad'. This represents a structural, one - dimensional position whereby power is seen as a possession that one either has or not. A 'moral' position is often taken which argues that one form of power is 'right' and others are 'wrong'. Reiff (1966) dubs the ecstatic vision of religious salvation underlying such forms of psychotherapy whereby the client discovers a new meaningfulness in the deliverance from distress by the priestly psychotherapist. In practice, however, power is likely to be a far more complex phenomenon.

### **2.6.5 Power as a relational, inter-subjective process in the psychotherapy relationship**

The relational 'turn' in psychoanalysis and psychotherapy has embraced a post-modern view of the psychotherapy relationship. From this position, power relations are seen to be fundamental to the relationship between the therapist and client. This post-structural position, encourages power to be conceptualised as being present in the relationship rather than being a possession of one party (Proctor, 2002) and therefore inescapable and potentially positive and negative.

#### The inherent power struggle of the therapeutic relationship

A relational philosophy of psychotherapy places power relations at its centre (Orbach, 2008). Every moment of the therapeutic encounter is shaped by the interaction between two unconscious minds, operating within power relations that are both symmetrical and asymmetric (Aron, 1996). Aron (1992) argues that therapist neutrality is unachievable and consequently the therapist needs to act with care so as not to use their power to discount

the client's subjective reality. He positions the therapist as a subject participant – observer in the analytic field. Any act of involvement, or relationship, excludes neutrality; relationship is power and flux (Spinelli, 1994: 121). The therapeutic relationship is therefore conceptualised as a constant struggle and negotiation for the definition of reality (Totton, 2000).

From an inter-subjective perspective, the clash of two wills is inherent in subject – subject relations of the therapeutic encounter, an ineluctable moment that every self has to confront (Benjamin, 1995: 45). A paradox of recognition is inherent to all forms of relating between two subjectivities. It cannot be resolved but remains as a tension between self – assertion and recognition (Benjamin, 1995). The power of the therapist, therefore, comes from their capacity to give or withhold recognition, who can see what is hidden, who can reach, conceivably even violate, the 'core' of the self (Benjamin, 1995). Benjamin (1995) observes that the upshot of failures of recognition is domination, that the constitution of subjectivity and the self-other relationship is a necessary internal basis for non coercive inter-subjectivity. To be known or recognised is immediately to experience the other's power.

#### A relationship of mutuality

Under these principles, the psychotherapy relationship is seen to be one of mutuality. Aron (1996) sees this as involving mutual regulation of the relationship, mutual generation of data, mutual recognition of the other's autonomy and openness on the part of the therapist as to their client's impact upon them. Whilst introducing the notion of mutuality, Aron argues that power is a dynamic that is constantly struggled with in therapy and therefore needs 'to be continually examined, articulated and worked through' (1996: p. 151). As well as challenging therapists to question their domination and authority in the relationship, he argues that therapists need to question their decisions with regards to ethics (referenced in Proctor, 2002: p. 133).

From this philosophical stance, Frosh (1987) believes a goal for therapy may be to allow the patient to explore the power relations as they emerge in therapy and as they mimic internalised relations from the formative periods of his or her life. He argues for a politicised therapeutic approach which recognises the reality of social structures. Part of the struggle for change is to enable people to recognise, re-experience and remodel internalised structures of power that they carry around and to help them to reposition themselves with respect to the hidden forces of social life from which these structures derive (Frosh, 1987). Totton (2000) argues that the therapist's role is to help the client find a 'viable and authentic psycho-political position'.



The relational position therefore sees power relations as being central to the psychotherapeutic relationships. Power is inherently linked to knowledge and the belief that neither the client nor therapist is in a privileged position to 'know' or 'decide'. Implicitly power is seen as neither 'good' nor 'bad' but central to the process of recognition of the self and other. It is conceptualised as being present in the relationship rather than being a possession of either the therapist or the client. It is therefore inescapable and potentially positive and negative (Proctor, 2002). It could be argued that this perspective may play down the role of structural differences in power in society reducing it to an inter-subjective process. Bottellicelli (2004) argued that relational psychoanalysis presents a dyadic utopianism in which social context is presented in limited form (referenced by Altman, 2010).

#### **2.6.7. Concluding thoughts on the literature on power in psychotherapy**

The emergence of interest in the role of power in psychotherapy has grown out of the embracing of a post – modern philosophy by groups, initially on the periphery, in the professional and academic community. Relational perspectives on psychotherapy have started to conceptualise power as dynamic, relational and inevitable (see Proctor, 2002) in psychotherapy. However, despite the growing recognition of the centrality of power, the discourse on the power dynamics in psychotherapy has remained at an abstract and philosophical level. Much of this literature can be understood as either a critique of other forms of psychological therapy or an attempt to highlight how practitioners can (or do) misuse the power differential with their clients. It remains unclear how psychotherapists understand and interpret either power relations with their clients or how they work with such dynamics. The question therefore remains as to how do psychotherapists experience the phenomenon of power with their clients. The purpose of this research is therefore to understand the complexities and variations in how power emerges in the psychotherapy relationship. It is hoped that through developing a rich understanding of psychotherapists' experience of power in therapeutic process this study will provide insights into how power can be understood and worked with in clinical practice. For this reason, the current study adopts a phenomenological philosophy and methodology.

#### **2.7. A phenomenological orientation to understanding power in the therapeutic relationship**

Phenomenology's epistemological priority, as initially advocated by Husserl (1931), is to uncover the essence of a phenomenon, the 'what', and 'how' it comes about (Zayed, 2008). I have chosen a phenomenological orientation because I want to understand the meaning of power to therapist's in their practice so that the phenomenon can be understood.

The intention of phenomenological psychology, through uncovering a rich description of participants' lived experience, is to let human experience speak for itself. For Van Manen (1990), the purpose of phenomenology is "... to study the world as we immediately experience it rather than as we conceptualize, categorize or theorize it" (p.3). In contrast, to the epistemological position of positivist research, in both psychology and the natural sciences, which is intended to uncover the reason, the 'why', a phenomenon exists, phenomenology asks: "What is this kind of experience like?", "What does the experience mean?", "How does the lived world present itself to me (or to my participant)?" (Finlay, 2008). Giorgi (1975) states that: "Phenomenology is the study of the structure, and the variations of structure, of the consciousness to which any thing, event or person appears in order to elucidate both that which appears precisely as it presents itself (p. 80)". It aims to uncover the *essence* of a person's experience of a phenomenon. By essence, I mean the most essential meaning for a particular context (Giorgi, 1997) rather than Husserl's (1931) perspective of a universal truth or laws. Van Manen (1990) states that *essence*: "is probably best understood as a description of a Phenomenon. A good description that constitutes the essence of something is construed so that the structure of the lived experience is revealed to us in such a fashion that we are now able to grasp the nature and the significance of this experience in a hitherto unseen way" (p.41 – 42).

In using the phenomenological method, I wanted to uncover a deep experiential understanding of how psychotherapists experience power in their work. I have followed Giorgi's (1975; 1985) and Wertz's (2005) adaptation of the phenomenological method for psychological research. The intention being that this will allow the psychological meaning of power in the psychotherapy relationship for psychotherapists to be uncovered.

## **2.8. The context of this study: Integrative psychotherapists working in private practice**

I chose to explore the experience of psychotherapists working in private practice because this limited the presence of institutional processes and procedures. Most private practitioners work relatively independently of larger institutions, with the exception of professional bodies. This is not the case with larger institutions, particularly the NHS where practitioners are expected to comply with policies and procedures regarding choosing clients, the form and length of treatment offered, the welfare of the client and the management of the client within a wider health care system. All of these factors shape the power of the therapist relative to the client. I wanted to understand how power can be understood from the perspective of the relationship between the therapist and the client without having to account for a wide range of contextual processes.

I chose to explore the experience of integrative psychotherapists because I expected the content of a practitioners training to include their views on power and the therapeutic process. Given the constraints on the size of this study I decided to investigate the

experience of one group. I believe it could equally be argued that integrative psychotherapists are representative of the majority of psychotherapists because they draw on theories and approaches from all major schools.

## **2.9 The aim of this research study**

The aim of this research study is therefore to investigate the research question:

How do psychotherapists experience *power* in the psychotherapy relationship?

### 3. METHODOLOGY

#### 3.1. My epistemological position

I locate myself in the participatory worldview (Heron and Reason, 1997). This is based on a subjective-objective ontology. It argues that any reality articulated by any one person is done so within an intersubjective field, a context of both linguistic – cultural and experiential shared meanings. In this sense, I see research to be a subjective process, an exploration of multiple realities about a phenomenon (Denzin and Lincoln, 2000). I take the position that we all act to interpret our realities, imposing meaning upon our experience. The closest that we can get to a view of the truth is a 'deep' and reflective exploration of our and others' subjectivity on a phenomenon. Advocates of participatory research have critiqued conventional research strategies on the grounds that they are maintained by monopolies of knowledge (Gaventa and Cornwall, 2001). Participatory forms of research recognise that knowledge is socially constructed and embedded in social relations.

The intention of phenomenological psychology, through uncovering a rich description of participants' lived experience, is to let human experience speak for itself. The phenomenological researcher asks four fundamental questions about a phenomenon (Sanders, 1983):

- How may the phenomenon or experience under investigation be described?
- What are the invariants or themes emergent in those descriptions?
- What are the subjective reflections of those themes?
- What are the essences present in those themes and subjective reflections?

In this way, it aims to distance oneself from hidden assumptions and unquestioned interpretations of phenomena to obtain findings that uncover the richness of an experience. A phenomenological approach includes a stance of collaboration, a respect for multiple realities, and a position of curiosity and openness in exploring another's meaning (Crotty, 1996).

#### 3.2. The phenomenological method

I have used Giorgi's (1989) and Wertz's (2005) adaptation of the phenomenological method for psychological research for this study. I chose this approach because its procedures are designed for the analysis of psychological data (rather than philosophical). Giorgi (1989) stated that four core characteristics hold across all variations of phenomenological research: the research is rigorously *descriptive*, uses the phenomenological *reductions*, explores the *intentional* relationship between persons and situations and discloses the *essences* or

structures of meaning immanent in human experiences through the use of imaginative variation. The ultimate aim of the phenomenological method is to go beyond and underneath conventional patterns or structures of thought and action in order to locate their common ground.

While all phenomenology is descriptive in the sense of aiming to describe rather than explain, a continuum exists within the practice of phenomenological research according to the extent to which the research aims to be purely descriptive or interpretative (hermeneutic) of the participants' experience (Finlay, 2008). The extent to which phenomenological research should be descriptive or interpretative is debated by scholars. In this research, my intention is to start from a basis of thorough description of participants' experience and from this position make use of interpretation where I believe it deepens my understanding of the meaning of the experience for my participants and where interpretation challenges the surface accounts of participants (Ricoeur, 1970). In this sense, I align myself with Wertz (2005) who argues that: "Interpretation may be used, and may be called for, in order to contextually grasp parts within larger wholes, as long as it remains descriptively grounded". My position here is a departure from Giorgi's (1975) position which emphasises pure description over interpretation.

### **3.3. A reflexive position: Insider – outsider dynamics and the researcher – participant relationship**

My position and subjectivity will inevitably distort my findings (Kvale, 1995). I see my relationship to this research topic to be of central importance to this study. Throughout this study, my aim has been to engage in the process of reflexivity. This process requires "an awareness of the researcher's contribution to the construction of meanings throughout the research process, and an acknowledgment of the impossibility of remaining 'outside of' one's subject matter while conducting research" (Nightingale and Cromby, 1999, p. 228). My intention is to question and explore my own assumptions about the presence of power in the psychotherapy relationship and be open in this exploration with the reader.

When the researcher has a direct connection with the research setting this relationship is likely to influence the research process (Robson, 2002). Rooney (2005) raises a number of important questions about the researcher's insider status, including: what effect does the researcher's insider status have on the research process? Is the validity of the research compromised? Can a researcher maintain objectivity? She observes the researcher will inevitably draw from their social, cultural and historical background at all stages of the research process.

My position in the research is multidimensional and complex. I experience myself being 'on the inside but towards the outside'. I have highlighted in the introduction my position to

the power structures within UK society. I am male, middle class and able bodied which places me in a position of power in society. In the field of psychotherapy I am a trainee who is in the process of establishing himself within a professional field. I have found that my trainee position places me in a position of feeling I have lower status than the participants in the research. I have been a client in psychotherapy throughout the research and can therefore identify with this role in the process. Of central importance, I believe in the process of psychotherapy and its efficacy and ethics. I am therefore a supporter of it which places me in a position relative to this research (unlike, for instance, Masson (1989) see above).

I was aware during the research that I was in the position of the researcher which placed me in a position of power relative to my participants because I asked the questions in the interview and revealed little of myself and I was in a position of analysing their transcripts and writing up the research. Gaventa and Cornwall (2001) state that: "Power can exist in the micro – politics of the relationship of the researcher to the researched, as well as in broader social and political relationships (p.72)". I have therefore held in mind during this research a number of questions:

- How is my relationship with the participants having an impact on the research interview?
- What tacit knowledge influences my interpretation of the data? What assumptions do I hold that might misrepresent participants' accounts of their experiences?
- How do my politics, loyalties and agendas influence my analysis of the data?
- How does my position in society and personal history prevent me from seeing and hearing significant aspects of participant's experience of power in the therapy relationship?

Throughout the research process, my intention has been to involve my participants in the research process. I have sent each participant my analysis of their interview for comment and feedback. I have also met with a five of my nine participants as a group to discuss my findings from the research (see below).

### **3.4. Procedures for gathering data**

#### **3.4.1 The research interview**

The inquiry process was based on an in-depth, open ended interview with each participant. It explored participants' experience of power in their work with two clients. Each interview was open-ended, containing minimal structure. All but one of the interviews was conducted at the participants' place of practice.

Each interview explored:

- The participant's background and identity including their age, gender, therapeutic orientation, years of practice as a therapist;
- A detailed outline of their experience with two clients where they experienced power to be central to the therapeutic process; and
- The participant's conclusions as to how power influences the psychotherapeutic process.

An interview protocol is given in the appendix. The central question for each interview invited participants to describe their experience with two clients with whom they were currently working. This was worded in the following way:

**"Please can you choose a client with whom you are currently working and with whom you have worked for over 6 months.**

- **Briefly describe the context in which you see this client?**

**Please try and give a description of your own experiences and where possible to describe specific instances of how you have experienced 'power' in relation to this client."**

My intention was to open a dialogue with each participant to help them to describe their experience of power when working as a psychotherapist. I chose to work dialogically with my participants, believing that in the context of dialogue, presence and intimacy become possible which facilitates the process of the participant arriving at a deeper and self-reflective understanding of important aspects of their experience (Halling, 2005; Zayed, 2008). I therefore focused on reflecting back empathetically my understanding of the participant's experience and questioning their experience with the intention of helping them describe their experience of power with their clients.

Each interview lasted between 70 – 80 minutes. This allowed a deep exploration of the participant's experience. Each interview was recorded through an electronic audio device. The recording was then transcribed to produce a verbatim transcript. Each participant's transcription was sent to them for their comments and reactions. A short extract from a transcript is given in the appendices (p.106).

### Interview pilot

I conducted a pilot of the interview with an experienced psychotherapist. At the end of the interview, I debriefed their experience of the interview process. This pilot largely confirmed that the interview elicited a rich description of the therapist's experience of power in their practice. Their primary recommendation for improvement was not to put limits on the length of time they had been working with the client because she had a new client whom she felt would have been a rich case for her to describe. In the event, I chose to keep this criterion in the research interview because I wanted to explore how the experience of power was experienced over time.

### **3.4.3 Participants (co-researchers)**

Phenomenology makes use of purposive homogeneous sampling, using small numbers of participants selected for their capacity to illuminate the research question (Smith and Osborn, 2003). I therefore chose to interview a specific group of practitioners. I set the following criteria for including participants in my study:

- I. A qualified and experienced psychotherapist or counselling psychologist;
- II. An adherence to an integrative framework or an allegiance to more than a single framework of psychotherapy;
- III. Currently working in private practice; and
- IV. A motivation to explore their experience of power in the psychotherapy relationship.

I also attempted to involve both male and female therapists. Other aspects of a psychotherapist's identity are likely to influence their experience of power. These include their allegiance to a particular school of psychotherapy, race, age, social class, disability and sexuality (Lago, 2006). For practical reasons, participants were not selected on the basis of these criteria. Their influence on participants' experience of power was explored, if and when, they emerged during the research interview. I recorded the social identity of all the clients described in the research (see below).

My intention was to interview ten psychotherapists. This is above the typical sample size of five to six participants for descriptive phenomenological analysis reported by Langdridge (2007). In the event I interviewed nine psychotherapists who met these criteria. These interviews were conducted between late May and October 2009.

Participants were invited to participate in the research through an email invitation (see appendix). The invitation was sent to practitioners on the Metanoia Institute's list of Integrative supervisors working in North, Central and West London. This consisted of



approximately 50 people. I also asked psychotherapists in my professional network to send my invitation to psychotherapists in their networks.

Participants described their clients as being primarily functioning individuals suffering from neurotic symptoms who were able to pay for their treatment. This meant that clients tended to be in employment. Most participants stated that they did not work with severely disturbed or mentally ill individuals.

#### 3.4.4. Characteristics of the participants

There are a number of important similarities in the participants' social identities. These are given in table 1 below. Firstly, all the participants were white and middle class / professional in their self reported social class. We could therefore argue that they were in a position of structural power at a societal level. Secondly, participants' ages ranged from 49 to 72 years. All the participants described themselves as integrative in orientation although their original trainings varied. Seven of the participants had a relationship with the Metanoia Institute, either having trained at the Institute or teaching at it. All of these participants emphasised that they practiced from a 'relational' orientation which reflected a common underlying theoretical orientation. This philosophical stance is clearly reflected in participants' accounts of their experience of power. Finally, all participants were in private practice. With respect to gender, six of the participants were female and three were male.

**Table 1: Participant characteristics**

Therapist	Gender	Age	Racial identity	Class	Disability	Training	Qualification	Practice
A	Female	49	White	Professional	None	Integrative	Diploma	Private EAP <sup>1</sup>
B	Female	50	White	Middle	Disability	Integrative	Masters	Private
C	Female	51	White	Middle	None	Integrative	PhD	Private
D	Male	72	White	Middle	None	Integrative	Certificates	Private
E	Female	60	White	Middle	None	Integrative	Masters	Private
F	Female	61	White	Middle / Working	Disability	Integrative	Masters	Private
G	Male	51	White	Professional	None	Integrative	Certificate	Private
H	Female	61	White	Middle	None	Integrative	Masters	Private
I	Male	51	White	Middle	None	Integrative	Masters	Private EAP

<sup>1</sup> Employee Assistance Programme

Each participant was asked to describe their experience with two clients with whom they were currently working. In total, eighteen clients were described in detail. The participants also made shorter references to other clients to illustrate similarities and differences in their experiences. The length of time the therapists had been working with the client varied from 6 months to over 10 years. At the time of the interview all clients were working with the therapist. Eleven of the clients were female and seven were male. Seventeen of the clients were Caucasian and one was of Pakistani descent.

### **3.4.5 A research diary: my experiences of the research – participant relationship**

In undertaking the analysis of the data, my intention was to pay close attention to my own evolving thinking, assumptions and beliefs. Gadamer (1975) believes it is important for the researcher to keep a reflective diary, which included their emotional responses throughout the research process. I recorded my emotional reactions, thoughts and feelings in response to each interview and throughout my analysis. Halling (2005) emphasises the importance of the researcher's own feelings being reflective of the phenomena under study. He believes this is akin to the psychoanalytic notion of countertransference where one acknowledges that one's responses and reactions are reflective not just of oneself as an individual but of one's relationship with and experience of the other person in the room.

## **3.5 Analysis of the data**

Analysis is the process of bringing order to the data, organising what is there into patterns and providing useful, credible and meaningful answers to the research question (Patton, 1980). At the heart of the analytical process is phenomenological reduction. Giorgi (2006) argues that this involves (i) the researcher bracketing personal past knowledge and all theoretical knowledge so full attention can be given to the instance of the phenomenon that is being presented; and (ii) the researcher withholding the positing of existence or reality of the object or state of affairs that he or she is beholding. A claim is not made that the object or event really exists in the way that it is appearing. It is seen to be a phenomenon (Giorgi, 2006).

I have strived to be aware of my assumptions and biases throughout the research and my analysis of the transcripts. Throughout my analysis of the participants' transcripts I have endeavoured to hold in mind the question: If this person has said this, what does this suggest of their experience of power in the context of the psychotherapy relationship.

Wertz (1983) describes the basic analytical attitude of the phenomenological researcher. These are:

1. *Empathic immersion in the world of description.* The researcher uses the description as a point of access from which to make the subject's living situations his own. He describes this as an essential basis for reflection.
2. *Slowing down and dwelling.* Wertz (1983) encourages the researcher not to pass over the details of the description as if they are already understood, passing through and beyond it as the subject did.
3. *Magnification and amplification of the situation.* The researcher's role is to transcend the mundanity of the subject's situation.
4. *Suspension of belief and employment of intense interest.* In conjunction with immersion, the researcher steps back and wonders about each particular way of living the situation. The researcher must extricate himself from the subject's immediate experience to see its genesis, relations and overall individual structure (Wertz, 1983).
5. *The turn from objects to their meanings.* Wertz (1983) observes that the psychological researcher is concerned with the way the situation appears to the co-researcher, the meaning of objects and events for him and the participation in terms of which such meanings arise.

Giorgi's (1975; 1985) approach outlines four essential steps for qualitatively analysing transcripts. The four steps are:

### **1. *General Sense of the Whole***

The researcher starts by developing a ***general sense of the whole***. The researcher performs this process by reading an entire transcript several times until s/he has a good understanding of what has been expressed in the inquiry process by the participant.

### **2. *Discriminating Meaning Units within a Psychological Perspective Focused on the Phenomenon Being Researched***

The second step involves the researcher ***discriminating meaning units*** within a psychological perspective focused on the phenomenon being researched. Each transcript is broken down into *meaning units*, which are chosen based on a focus upon the psychological phenomena. These meaning units are chosen based upon meaningful shifts in the participant's account. Giorgi (1985) writes: "The meaning units that emerge as a consequence of the analysis are spontaneously perceived discriminations within the subject's description arrived at when the researcher assumes a psychological attitude

toward the concrete description, and ... becomes aware of a change of meaning of the situation for the subject that appears to be psychologically sensitive (p.11)".

Spinelli (2005) argues that this involves extracting phrases or significant statements. It includes eliminating other levels of description including descriptions of the context, which are useful in understanding the unfolding experience but does not give information on the lived experience of the phenomenon; and commentaries, judgments, or beliefs about the experience 'in general'; or theoretical knowledge about the phenomenon (Petitmengin – Peugeot, 1999).

I analysed each participant's transcript to identify meaning units. In undertaking the identification of meaning units I eliminated a significant proportion of participants' statements which related to conceptual beliefs about power rather than descriptions of their experience. In the early stages of my analysis, I ran a two hour session with my training group where we discussed one small piece of transcript to identify meaning units. Each member of the group had, prior to the meeting, read the transcript to identify meaning units. We then discussed and compared as a group line by line what individuals felt were significant meaning units. This process helped me to develop the richness of my thinking and highlighted for me different ways I could describe my data.

### ***3. Transformation of Subject's Expressions into Psychological Language with Emphasis on the Phenomenon Being Investigated***

The third step is the transformation of subject's expressions into psychological language with emphasis on the phenomenon being investigated. The researcher performs this stage of the analysis by elucidating the essential aspects of the meaning unit in light of the themes of interest, namely the psychological meaning and relevance of the phenomenon (Zayed, 2008). The aim is to capture the meaning and significance of each participant's experience by moving from the everyday meaning to the psychological meaning of the phenomenon (Wertz, 1983, p. 228). My central question at this stage was: "How am I understanding how psychotherapists experience power such that this statement reveals it?"

Wertz (1983) argues that the researcher "... takes a step back and wonders what this particular way of living the situation is all about. Breaking his original fusion with the subject, he readies himself to reflect, to think interestedly about where his subject is, how he got there, what it means to be there (p. 205)". This process of psychological reflection produces an individual, idiographic, psychological structure for each participant (Wertz, 1985). The purpose of this stage is to eliminate repetitions and redundancies, while maintaining the essential meaning and its context. This process is performed using a *disciplined process of reflection* that involves trying to 'bracket' one's theoretical and personal preconceptions in order to allow one self to be open to the essential meaning of

participant's experience. Zayed (2008) argues that the researcher engages in a dialogic process with the text, going into them then reflecting upon them to grasp their essential meaning. This analysis for one of the participants is presented in the appendices.

Giorgi (1975) states that: "After the natural [meaning] units have been delineated, one tries to state as simply as possible the theme that dominates the natural unit within the same attitude that defined the units (p. 87)". Each meaning unit was subjected to the process of imaginative variation; to determine which of them is essential for a fixed identity of the phenomenon. I used this device to subject an experience to every imaginable variation among its meaning units to see how far it can be stretched before it loses its identity. What is gained by this process is an understanding of what an experience must have and what it must not have in order to be a perception.

For Spinelli (2005), the process involves the construction of *descriptive meaning statements* which represents a movement from 'what is said' (e.g. "Before I began [therapy], I felt that everyone except me was running my life, now I feel in charge") to 'what is meant' (e.g. "The psychotherapeutic experience allows the client to see him / herself as the source of his / her life – experience").

I provide a short extract on my analysis of one transcript below to illustrate my approach. For each meaning unit I translated it into psychological language in a table. These psychological descriptions of the phenomenon were then assembled to create a statement of the phenomenon of power for each participant.

Transcript	Meaning unit and psychological description
<p>Participant: So kind of the former she's able to reflect on her own experience and recognise this is her experience from a kind of observing ego position.</p> <p>And owning it. This is it</p> <p>Interviewer: And the latter feels more of an accusation around at some level there's an awful experience for her but the failing has been through someone else's presence</p> <p>Participant: Yes. Look what you've done to me or not done</p> <p>Interviewer: Yes</p>	<p><b><i>The client's ability to reflect on her experience</i></b> The client is now more able to reflect on her own experience from an observing ego position.</p> <p><b><i>The therapist sees the client owning her experience.</i></b></p>

<p>Participant: Yes, exactly</p> <p>Interviewer: Implicit attacking</p> <p>Participant: Implicit attacking. If you'd...look I'm miserable which makes you a bad parent you know that sort of thing. So it's a difference between ... this is my experience and putting it on you</p> <p>Interviewer: How do you experience your power in these two contrasting states...?</p> <p>Participant: Well with the victim-y one I feel completely powerless because the only way...in those moments when I just sit there thinking what am I going to say to this the only moment I could rescue and say oh poor you and I sometimes have done I can't think of any way of responding that isn't persecutory and then I would feel powerful if I was persecutory and said stop whining. I mean obviously I wouldn't say that but you know I could say something persecutory or pretend adult that was actually persecutory which of course I've done too accidentally sometimes. So that's powerful but it's powerful in the same way...it's you know the drama triangle is a brilliant way of mapping the dance of power as people take it and pass it on and so on and it's not a power I want to have so I don't wan...I'm trying to stay out of persecutor, I'm trying to stay out of rescuer. I don't know what to do. It feels as though she has all the power.</p> <p>Interviewer: So in that moment you're thrown into a position of not knowing what to do and feeling powerless</p> <p>Participant: Yes, yes. So in one way I have all the power. I have the power to allow her in and to turn her out and so on and so forth and in those moments I feel as if I have no power and she has all the power although she doesn't feel as though she does have the power.</p> <p>Interviewer: So you either feel you have all the power or feel powerless</p> <p>Participant: None of the power ...and sometimes on the contrary it's a shared power</p>	<p><b><i>An implicit attack on the therapist</i></b> The therapist experiences an implicit attack and being responded to as the 'bad' parent. The therapist experiences the client 'putting her experience onto her'.</p> <p><b><i>The therapist's feelings of powerlessness when the client takes up the position of the victim</i></b></p> <p><b><i>A powerless state: a feeling of not knowing how to respond</i></b> The therapist feels does not know what to do in such situations with the client. She feels the client has all the power. The therapist feels caught in a dilemma whereby she is left feeling powerless or has to claim a form of power she does not want.</p> <p><b><i>A feeling of contradiction around power (Either – Or power)</i></b> The therapist feels she has the power to allow her in and to turn her out. Yet in moments she experiences the client as having the power although she is aware that the client does not feel she has power. This reveals that the therapist experiences a form of power with the client whether either she has the power or the client does.</p> <p><b><i>An experience of shared power</i></b> In recent years the therapist has experience a</p>
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of shared endeavour, a shared discussion more and more in recent years	relationship of shared power with the client. This takes the form of a shared discussion. The current relationship does not feel like it centres around a question of power. The relationship is one of a 'shared endeavour'. This indicates that the client and therapist hold similar interests and agendas.
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For each participant, I wrote an individual description of the structure of the experience of power in the psychotherapy relationship. This was couched in psychological descriptions of their experience with two clients. I provide an example of the description of the structure of the phenomenon for one participant in the appendices. An extract for one participant is provided below.

### **Extract from a participant's description of the phenomenon of power in the psychotherapy relationship**

#### **The construction of images of power in the relationship**

##### **The client's power to construct their image of the therapist**

For three or four years, the client wanted the therapist to see how dreadful she was and how she was not good enough. She understood the client as being borderline. In the past, She observed the client as taking up a position of being the victim who sees no way out. She experienced a strong and constant pull to either rescue or persecute. For the therapist the victim always has the power.

##### **The therapist's perception of the client as a 'victim' creates a power position in the relationship**

She sees 'the victim' has a particular form of psychological power. The client can turn the therapist into a persecutor by saying 'you abused me'. At the start of the work, she felt that when the client first came to see her constantly in child ego state - she was a victim, felt herself to be a victim. She hated herself and persecuted herself for being a victim. The therapist felt she had to work hard not to step into rescuing or persecuting.

The client would say things like: "I feel a fool saying this but when I leave here and have to say goodbye to you I feel absolutely gutted, I feel sad, I just want to be back here. I know it's barmy but I want to be back here and I feel embarrassed telling you this but that which seems to me to be so true and last week I got into my car and I just burst into tears and I sobbed all the way home and just I was absolutely gutted. I can't take it. I thought I can't do it, I can't do it". The therapist experiences a light accusatory, a slight hating of myself and life. She picks up an implicit message of 'we're all no good and you required to do something but you haven't done something'. An accusation around at some level of 'there's an awful experience for her' but the failing has been through someone else's presence.

### **A transferential relationship of power**

A transferential drama triangle places the therapist in the position of being powerful or powerless persecutor, rescuer or victim.

### **The therapist's feelings of powerlessness when the client takes up the position of the victim**

"I just sit there thinking what am I going to say to this ... I could rescue and say oh poor you and I sometimes have done. I can't think of any way of responding that isn't persecutory and then I would feel powerful if I was persecutory and said stop whining". "the drama triangle is a brilliant way of mapping the dance of power as people take it and pass it on and so on and it's not a power I want to have so I don't want...I'm trying to stay out of persecutor, I'm trying to stay out of rescuer".

### **An implicit attack on the therapist**

The therapist experiences an implicit attack and being responded to as the 'bad' parent. The therapist experiences the client 'putting her experience onto her'.

### **A powerless state: a feeling of not knowing how to respond**

The therapist feels does not know what to do in such situations with the client. She feels the client has all the power. The therapist feels caught in a dilemma whereby she is left feeling powerless or has to claim a form of power she does not want.

I sent each participant their description of power based on my analysis of their interview. I asked each of them for their reactions and reflections to the analysis, particularly around any themes that stood out for them or any surprises. I also asked them to provide any updates on their experience with the two clients they described in the interview and inform me of any changes or shifts since the interview. In total, eight of the nine participants responded to my email. Their comments tended to be limited to minor corrections in language. Only two participants updated me on their clients.

## **4. *Synthesis of Transformed Meaning Units into a Consistent Statement of the Structure of the Phenomenon***

The final, and fourth, stage of the analysis involves the synthesis of transformed meaning units into a consistent **statement of the structure of the phenomenon**. The synthetic statement is an intuitive grasp of the meaning of the phenomenon drawing together the meaning units and their interrelationships. This stage moves beyond the individual, the idiographic, to the general essential, the nomothetic, psychological structure of the phenomenon (Wertz, 1985). I have nevertheless in my analysis attempted to describe the universal and particular aspects of participants' experience of power in the psychotherapy



relationship (i.e. what is common across participants and what aspects of the experience are unique to individuals?).

Zayed (2008) proposes that the researcher returns to the original untransformed data to further verify the transformed meaning units at this stage. The researcher develops a *Synthetic Statement for Each Participant's Account* and then a final *Description of the General Structure of the Phenomenon* by analysing the synthetic statements of each participant. Spinelli (2005) proposes that this process is supported by first extracting clusters of themes of meaning across statements. Finally, the researcher returns to each participant to verify the description of the general structure of the phenomenon with the participants.

Wertz (1983) describes the general psychological structure as a formulation of "the essential, that is, both the necessary and sufficient conditions, constituents, and structural relations which constitute the phenomenon in general, that is, in all instances of the phenomenon under consideration (p. 235)". Wertz (1983) describes several critical procedures in the creation of the General Psychological Structure. These are not exclusive but include:

- i. Seeing general insights in individual structures.
- ii. Comparison of individual descriptions. The researcher compares each individual's psychology to the others' and establishes convergence and divergences. Wertz(1983) encourages the research to explore questions across all the cases such as: "what are the most obvious similarities between each full case analysis?"
- iii. Imaginative Variation. At this level, imaginative variation is used to gain insight into the generally essential. This process helps the researcher clarify the limits within which he aims his general statements that is if he does not want his finding to reflect universality but rather a specific realm of generality.
- iv. Explicit formulation of generality. The researcher must language the general truths he sees. He must formulate the essential, that is, both the necessary and the sufficient conditions, constituents, and structural relations which constitute the phenomenon in general, that is, in all instances of the phenomenon under consideration.

Van Manen (1990) proposes writing and re-writing as a step in the process of (hermeneutic) phenomenology. I experienced the writing of the general statement of the phenomenon as

a process of analysis in and of itself. During this process, I found myself cycling back through my participants' accounts, my analysis of participants' statements of the structure of power and my general statement.

After writing my first attempt of the statement of the structure of the power in the psychotherapy relationship, I re-read all of my transcripts and then listened to each interview. The purpose of this final stage in the analysis was to validate my findings against participants' descriptions of their experience and to refine my statement. I then re-read all of my transcripts for a final time after writing my discussion. This enabled me to check that the arguments I had put forward in the discussion could be supported by the experiences of my participants. I identified major themes and sub-themes from across each individual statement of the phenomenon. I then listed all of meaning units translated into psychological language under each sub-theme. I check and re-check this list for consistency. This process resulted in the re-labelling of themes and sub-themes and the combining of different sub-themes and the breaking out of others. I include in the appendices my statement of the structure of power in the psychotherapy relationship.

### **3.6 Evaluation criteria and Validity Checks**

Concepts of validity in any research are complex and dependent on ontological and epistemological assumptions about the nature of reality and truth (Rooney, 2005). Deem and Brehony (1994) state that: "...validity is best regarded as something which is to be worked towards rather than fully achieved (pp. 165)". Denzin and Lincoln (2000: 21) argue that qualitative research rigor needs to be judged according to the axioms of 'credibility, transferability, dependability and confirmability'. Cohen et al (2000) recommend that by making the research process transparent and honest, the reader can construct their own perspectives. From the perspective of practitioner research I would add to this list the notion of 'usefulness' (see Heron and Reason, 1997). Does the research make a contribution to practice and the world?

Respondent validity was attempted by presenting the findings from each stage of the study to participants, although it is a debated issue in phenomenological research. Giorgi (1997) questions the usefulness of the procedure as participants will not have immersed themselves in the data to the same level as the researcher. Along similar lines, Ashworth (1993) supports it on moral – political grounds but warns against taking participants' evaluations too seriously: it may be in their interests to protect their 'socially presented selves'.

After I had completed my analysis and written up a draft of my findings, I met with a group of 8 experienced psychotherapists, which included six of my participants, to present and

explore my findings from the research. The meeting lasted for an hour and a half during which I asked for their reactions to the key themes. Overall, the group was supportive of the findings. The key points of discussion that I recorded from the discussion about my findings were:

- Power relations are complex and subtle;
- Power relations are established in the early interactions between therapist and client;
- Power relations for the most part, but not always, operate at an unconscious level in the psychotherapy relationship;
- Clients will often test the therapist's power;
- Social context shapes the therapist's power;
- Therapists do experience themselves to be 'like' an abuser with some clients;
- Therapists experience their role power to be a big responsibility;
- Therapists and clients often do not talk about their experience of power in their relationship; and
- Helping client's to talk about their experience of power in the therapeutic relationship can be therapeutic.

### **3.7. Ethical considerations**

I operated according to the principle of informed consent throughout my research I informed all of my participants of the purpose of my research and the confidentiality of their accounts in my invitation to the research. I informed each participant that I would protect their confidentiality and anonymity. I reiterated the purpose of the research at the opening of the research and checked that all participants were willing to participate with the interview.

My primary concern throughout my interviews was to ensure that the anonymity of my participants' clients was maintained throughout the interview. I explained to each participant that I was interested in their experience of working with the client and not the content of the material that the client had disclosed to them. I was careful to ask for only basic identity information on each client as it emerged during the interview process. I had one participant who declined to be interviewed because of her concerns about disclosing confidential material about her clients.

At the end of each interview, I again checked to ensure that participants were willing for me to use all of their account or whether there were any aspects of it that they wanted to withdraw. Following my analysis of each participant's transcript, I sent them a transcript of their interview and my statement of their experience of power in the psychotherapy

relationship. My intention throughout the research process was to be transparent with all participants as to how I was using their accounts and my analysis of their accounts.

## **4. FINDINGS SECTION**

### **4.1 Overview of findings**

In this section, I present a summary of the statement of the structure of psychotherapists' experience of power in the psychotherapy relationship. The summary is based on the core themes that emerged from my analysis of each participant's experience. These core themes and the corresponding psychological meaning units are given in the appendices.

I found four superordinate themes to be present across my participants' accounts. These were: The context of the psychotherapist's role power, the power dynamic as an emerging relational and social process, forms of power relations in the psychotherapy relationship and psychotherapists' ambivalent feelings of being powerful. I have presented the findings under each of these headings. The superordinate themes and subthemes are provided in table 2 below.

I provide a brief integrating statement of my findings, followed by a reflection on my experience of the researcher – participant relationship and then move onto providing a detailed description of the central themes from the research.

**Table 2: Table of themes from the analysis**

**Superordinate Theme 1: The social context of the psychotherapist's role power**

Subthemes

- The psychotherapist's role power
- Social context shapes the therapist's experience of their role power
- The client's role power

**Superordinate Theme 1: The power dynamic as an emerging relational and social process**

Subthemes

- The opening interactions shape the power dynamic
- The therapist's attunement and sensitivity to the client's social power
- Reconfigurations of the power dynamic
- Re-negotiations of the power dynamic
- The process of ending

**Superordinate Theme 3: Forms of power relations in the psychotherapy relationship**

Subthemes

- The therapist experiencing themselves as powerful in relation to the client
- The client experiences the therapist to be the 'abuser'
- A struggle for power between the therapist and the client
- The therapist experiences a state of powerlessness
- A collaborative relationship in which power is shared and moves fluidly between therapist and client

**Superordinate Theme 4: Psychotherapists' ambivalent feelings of being powerful**

Subthemes

- Ambivalence around the therapist's role power
- The therapist's ambivalence of being powerful in the relationship
- The therapist's ideological position about power

### 3.1.1 Overview of participants' experience of power

Participants' accounts revealed the experience of power to be both an affective state and an emerging interactive process shaped by the therapist's and the client's social identity. For much of the work, the power relationship is pre-reflective and largely out of conscious awareness. It entered participants' awareness during moments of disturbance in the relationship or when reflecting on the therapeutic relationship during the interview. The therapist's vulnerability with the client and their experience of the client's vulnerabilities influenced the form of the power dynamic.

The structure and social context of the psychotherapy relationship establishes the therapist as a powerful figure for the client from the beginning of the work. Therapists' assumptions and experiences of the relative difference in the social and professional status with their client shaped how they related to them. Participants experienced ambivalent feelings about being powerful in relation to their clients and asserting their power.

Looking back on their work with a client, most therapists observed that the opening interactions between them and the client immediately established a form or pattern. This early power dynamic took a consistent and stable form. For most clients, the form centred on the client's constructions of the therapist as possessing the power in the relationship. When the process of psychotherapy comes to an end, the psychotherapist experiences their power diminishing as the client withdraws from the relationship.

Participants' accounts revealed that power relations in the psychotherapeutic relationship take different forms. The different forms of power relations were:

- i. The therapist experiencing themselves as powerful in relation to the client;
- ii. The client experiences the therapist to be the 'abuser';
- iii. A struggle for power between the therapist and the client;
- iv. The therapist experiences a state of powerlessness; and
- v. A collaborative relationship in which power is shared and moves fluidly between therapist and client.

Therapists understood the client's structuring of the power as a repetition of their early life experience with powerful figures, usually their parents, and their experience in society. Their accounts also highlight more subtle and out of awareness influences including the therapist's ideals about power and authority, their ambivalence towards feeling powerful in a relationship and their fears and anxieties about being powerless in relation to another.

Changes in the form of the power relationship occur, either abruptly or over time. A process takes place between therapist and client whereby the power dynamic is

reconfigured. This process can be conscious or unconscious. When conscious, it involves a re-negotiation of the power dynamic between therapist and client. Re-negotiations led to a shared power relationship. This shift in the dynamic was in all cases experienced as central to the therapeutic work with the client. Therapists observed that the shift was associated with clients starting to experiment with their power inside the therapeutic relationship and outside of it. The change in the power relations between therapist and client were associated with the client changing how they related to people outside of the therapeutic space.

#### **4.1.2. Reflections on the research process and the power relations of the researcher – participant relationship**

##### **Recruiting participants for the study**

At the start of each interview I inquired into my participants' motives for participating in the research. Most participants' felt it was an 'interesting' topic or important question which challenged them to think about their work. Participants' responses included:

*"I guess the idea of that ... fed straight into my thinking about whose's in charge of the experience not that any one particular person is in charge ... who is powerful here? Am I really powerful or am I not? Do I think I am or do I like to think I am but I'm not really?"*

*"You know the email came round ... I ... thought I know something about that".*

*"I thought I can get interested in that discussion, on a personal level".*

*"I was quite interested in power and .. since I did my own piece of primary research I just got more interested in research really".*

*"I don't think there's any issue that interests me more than power not just in the therapeutic relationship but absolutely everywhere".*

I had some evidence that therapists were choosing not to participate in the research. I had only one acceptance from the Metanoia Institute's Integrative Supervisors to whom I sent the original invitation. I had no other responses from this group either to decline my invitation or make any other comment. I had some feedback from a Psychiatry Department of a hospital where a professional contact invited the psychotherapists to participate in my research. I was informed by this person that the group 'was not very interested and could not see the relevance of the research topic to their practice'. Another psychotherapist



responded to me saying she wanted to participate and then withdrew when she realised that the research would require her to talk about her experience with clients.

I felt that the above comments raise the possibility that practitioners were anxious about exploring their professional practice around the subject of power or did not see the practical significance of the subject. These would not be the only factors that influenced decisions to participate but they do stand out to me as ones that might be linked to the subject of power in psychotherapy.

#### **4.1.3. Reflections on my process during the interview process**

At the outset of the early interviews several participants expressed anxieties about being interviewed about their practice. One explicitly acknowledged her vulnerability of being judged by me. Another expressed repeated concerns about being identified in the research. This individual checked with me on multiple occasions about the confidentiality of their interview. As I started to reflect on my experience with this participant, I became aware they felt exposed and vulnerable about their disclosures of their professional practice. The transcript for this participant revealed that they attempted to control our conversation when we were close to their vulnerability and painful emotions about an intense encounter with a client. When the material approached strong emotional content around their feelings towards their client, they put limits on the conversation.

I noticed that some therapists were less revealing of their emotional vulnerabilities in the interviews. I recorded the following entry in my research diary:

*“What I’m asking people to do is to talk about their practice which requires them or gives them a choice about how vulnerable they’re prepared to be when talking about it and how much of themselves they show. It’s more of a felt sense at the end of the interview, with two participants I’ve interviewed, of feeling something was missing. I could not make sense of it but after going through their transcripts I realised there’s an absence of their vulnerabilities within their account. Their transcripts contain much more of a description of what the client’s done and what they did. It’s not without a struggle or difficulty but there is an absence of emotional vulnerability”.*

I noticed that participants would vary as to the extent to which they expressed doubts and concerns about their work versus talking with clarity and certainty about it. The later participants tended to talk at more of a conceptual level and their self experience tended to be less central to their account. With these participants I felt anxious and somewhat self conscious about myself as a researcher and conscious that I was a trainee psychotherapist. I noticed for much of the interview I did not experience contact with them. What seemed to

make the difference was whether the participant had been referred to me through a professional contact or was unknown to me.

With participants who were more revealing of their doubts and struggles, I noticed that in the opening exchanges, either I or the participant made a reference to the referrer. This was always a person whom we both knew professionally. I felt more relaxed with these participants from the opening moments. Individuals with whom I had no prior relationship placed greater emphasis on their observations of the client rather than their subject experience of their self. I concluded that talking at a conceptual level was used by participants as a mechanism of not revealing more about their vulnerabilities than they were willing to share. On reflection, I felt vulnerable in these interviews and protected myself by remaining a little detached by presenting a professional self rather than a personal self.

### **My struggle to stay with my participants' experience**

In the interviews, I noticed that I made judgements of my participants' practice with their clients, either feeling critical of them or being impressed by their skill and sensitivity to their clients. I noticed that my critical feelings were strongest with participants that I felt were concerned about how I perceived their practice. I noticed with all the participants that I was being careful to not be perceived as judgement or critical. When participants talked about their 'difficult' experiences with their clients I sensed their discomfort and hesitancy about revealing their 'more difficult' emotions.

In the midst of my first interview, my participant noticed that she was censoring her account ('shying away from being completely honest'). In my research diary I recorded how I had started to make a judgement of her practice. The therapist had chosen to flex a boundary to accommodate her client. She was aware that with other clients this would represent a clear boundary that she would not cross. Another participant said in the midst of her interview: *"I would give you an example but you would probably tear it apart"*. I only picked this comment up when reading her transcript at the end of writing my findings. I think it revealed her anxieties about making herself vulnerable in the research interview and possibly her sense that I had opinions about her practice.

As the research progressed, I became aware of how the participants and I constructed my power as a researcher in the research process. In make sensing of my experience throughout the interview process I made links between my power as a researcher and how this evoked feelings of vulnerability for my participants. The process required participants to take risks in disclosing their experience whereas I listened and asked questions. A power imbalance was established in the research interview which is not dissimilar to the psychotherapy interview. At the same time, I was aware of constructing myself and being

constructed as a student and a trainee psychotherapist. I noticed feeling vulnerable entering the physical space of the participant and being judged by them in my conduct of the research interview. These feelings were heightened with participants who were outside my professional network. The level of intimacy between me and the participant appeared to regulate the extent to which they revealed vulnerabilities in the research interview. The question of who has the power to judge whom seems to be connected to power relationships.

#### **4.1.3. The interview process: bringing what is out of awareness into view**

In every interview, participants commented that at one or more points during it, they had become aware, in the moment, of an aspect of the power relationship with the client of which they were not previously conscious. They found these moments valuable. Their reflections included:

*"I hadn't really thought about it in that context until you and I started talking this morning and thinking yes there's a different way of seeing that".*

*"I haven't really connected power with my experience of effectiveness before".*

*"I mean I've seen some aspects, particularly with these clients, in a slightly different way. It will be interesting seeing them next week".*

*"ok, I don't think I'd realised this before".*

*"I think, and you can hear my hesitation because this is a bit new to me now. You know it's a bit revelatory".*

*"I have not thought about that, but I think it could possibly be. .".*

The emergence during the interview process of new levels of awareness of the dynamics with the client reveals how the power relationship is enacted both consciously and out of conscious awareness for the therapist. These moments of awareness evoked shame for the participant when they contradicted the images they held of themselves as a therapist.

## **4.2. The social context of the psychotherapist's role power**

### **4.2.1. The psychotherapist's role power**

Therapists experienced power to be implicit to the structure of the psychotherapy relationship and the therapeutic context. It is an inescapable presence for the therapist. Therapists were aware they are in a position of power when client's first entered therapy and take up a position of vulnerability. Their accounts equally revealed that they experienced vulnerabilities when they take up the psychotherapist role.

The implicit role power of the psychotherapy relationship included: their ability to manipulate the physical space of the therapy relationship and setting, their familiarity with the setting, their understanding of implicit and explicit rules, their ability to refuse to see a client, the ability to set the boundaries of the relationship and institutional procedures and policy (for the participants who also practiced in an institutional setting). The therapist makes decisions about what is significant, what comments or observations to withhold, and what interventions to make in the direction of the therapy.

Their role power is not held in the therapist's conscious awareness but emerges into consciousness when the client challenges boundaries or challenges the implicit rules of psychotherapy. Many participants became aware of their role power during the interview and two went on to comment that they discounted their role power. Therapists are most aware of their role power at the start of the psychotherapy relationship. They felt their role power was important for setting and holding boundaries with their clients.

#### **4.2.1. Social context shapes the therapist's experience of their role power**

The social context or situation shaped therapist's experience of their role power. Important social cues for the therapist included: their membership of a professional group, their qualifications and social beliefs about their expertise. All of the participants worked in private practice and saw their clients in their homes. Therapists observed how the physical setting gave them power in the relationship.

Professional norms and expectations shape the therapist's experience of their power. This came into awareness when clients were trainee psychotherapists. Psychotherapists experience ethical dilemmas where they wonder what they 'are expected to do' or 'should do' or they were concerned a client may make a complaint to a professional body about something they said or did. These forces of power remained un-discussed between therapist and client, only entering the therapist's awareness when thinking about the power relationship with the client. For instance, one therapist was aware her trainee experienced

pressure to be in psychotherapy ('she is obliged to have therapy as part of her course') and that this provoked ambivalence for the client about being in therapy.

#### **4.2.3 The client's role power**

Despite, their experience of holding a powerful position, therapists were aware of the client's role power. Therapists in private practice are aware that their clients' positions in society gives them power in their relationship. This comes in the form of the ability to withhold payment, to complain to professional bodies, to choose to withhold feelings and information, or to withdraw from the relationship. Of these the most prevalent was the client's power to reject the therapist by ending the work or not coming to sessions. Their clients were able to function in society and many (but not all) had the funds to pay for their own psychotherapy. This gave them a sense of power as they had the capacity to walk away from the therapist (compared with clients that have fewer resources). Participants who worked in institutional settings compared how institutional pressures (on which clients to take on and how to work with them) are absent in private practice.

#### **4.3. The power dynamic as an emerging relational and social process**

The power dynamic is established in the opening encounters with the client. The dynamic was shaped by how the client related to them and by their construction of the client's social power. As the relationship developed, the power dynamic took on a form which remained relatively stable until moments of disturbance or gradual shifts emerged which resulted in reconfiguration of and a qualitative change in the power dynamic. Participants' experienced a loss of power as the psychotherapeutic relationship came to an end.

##### **4.3.1 The opening interactions shape the power dynamic**

Client's beliefs about their therapist's power were formed in a period before the start of the therapy either through the referral process or through the client's hopes and beliefs about the therapist and their work. One therapist was aware that a previous client had referred the client to her with the reference that she was a "really good, expert, knowing what she was doing" and "had done incredible work around trauma". The client's interactions, often in hindsight, were understood as a checking out and testing the nature of the power relationship and a testing of the therapist's sense of their power.

Looking back on the relationship with their clients, therapists became aware of how the power dynamic was formed in the opening interactions of the therapy. They described the client's reaction to them in the first moments as communicating the client's construction of their power or as an attempt by the client to claim power in the relationship. With some clients, participants were aware of the power dynamic in the first interaction. They did not

understand these interactions but experienced them as significant interactions which informed them about how the client positioned themselves in the relationship.

In the opening interactions, therapists experience clients immediately communicating to them their expectations of their power. Clients often made references to previous therapists to convey their expectations and dissatisfaction with them and in doing so their expectations of the therapist in front of them. Therapist B recalled a client who described how a previous therapist was 'embarrassing and difficult' and how she felt 'very stuck' with her. The therapist recalled this statement as a communication of how the client wanted her to relate to her.

One therapist felt that a client 'came ready to create' the dynamic. As she walked through the door in the first session, she experienced the client testing her boundaries. The client said: "I could never go to the loo in my previous therapist's house but would it be alright if I do here?" The therapist recognised this as a significant moment in defining how they were going to interact and how rigidly the boundaries would be set. She experienced the moment as *"a very powerful thing for the client to say"*. Another therapist recalled how in the fourth week the client called him an hour before the session stating he could not make the session and could he agree another time. The therapist accommodated the request to see him the next day, a Saturday. This set up a process of flexing boundaries that was repeated in the therapy.

Therapists noticed their clients' vulnerability at the start of the relationship. They understood the client's vulnerability as a response to how the client constructed the power of the therapist. A therapist described his client as being vulnerable whilst he was not vulnerable at the start of the work. He experienced this as creating a 'big power difference' between him and the client. He experienced this position 'as very usual for him'.

#### **4.3.2 The therapist's attunement and sensitivity to the client's social power**

All the participants observed how the client's social identity and status influenced how they experienced their client's power and how they related to others in their lives. The characteristics that they used as indicators of their client's power included: physical appearance, particularly physical attractiveness, age, disability, race, gender and social class, including their professional status.

Therapists noticed visual cues, symbols and the client's descriptions of their life experiences to interpret the client's relative social standing. These included: where the client lived, their wealth, the car they drove, their profession, what the client wore (i.e. fur coats, etc.) and the client's social background. Therapists engaged in this process in the first contact they had with the client. They shaped the therapist's beliefs about the extent to which the client

would be able to change their life. Specific therapists were attuned to different dimensions of societal power and how different aspects of their client's social identity shaped how they related to the client.

All the participants commented on the client's relative social class in comparison to themselves as influencing how they perceived the client's power. The dominant and shared assumption was that social status is hierarchical. Clients from working class backgrounds were understood as experiencing individuals from other social classes as being more powerful, and vice versa. Participants found some clients who were successful and powerful to be 'exciting' and 'attractive.' Where therapists shared a social background and identity then they tended to report a 'liking' for the client. One therapist described how her shared identity with the client around power, politics and 'inequality' in the world led to her 'respecting and liking' the client. Middle class therapists reported 'fears' and 'horrors' about working class clients' social environments.

Therapists' accounts indicated discomfort and anxiety when they perceived the clients' social status to be higher than their own. For instance, a therapist who described herself as coming from working class roots and who was now in her language 'professional class', experienced a 'credibility issue' in a first meeting with a 'really upper class lady' because she was not 'the same sort of social class'. She chose to disclose to the client, that like the client, she was also a magistrate to balance the client's perceptions of her social status. In this interaction, the therapist's account reveals that she was responding not just to the client's reaction to her office (in her home) and how she presented herself but also to her anxieties about the establishment of a power imbalance between her and the client, with the client assuming higher status and power in her mind.

Therapists were surprised by clients, who they perceived to have higher social status than them, perceived them (the therapist) to be of higher status. They observed their experience of the client was not congruent with their beliefs about the client's social status. For instance, one middle class therapist described a client who constructed her as being 'powerful' in their relationship, observed that: *"this client ... would not fit at all because, he is a white, Jewish male, highly successful businessman, about 50 and in every other sense powerful. So there is no power imbalance or if anything it would be the other way"*.

A disabled therapist was attuned to how her client's physical attractiveness resulted in people not seeing her which she felt she was able to tune into because of her life experience of 'not being seen' because of her disability. The same therapist felt she had learnt to observe power differences between the classes because as a disabled person you are placed outside of the class structures of society. Another therapist's early life experience was of being on the outside of the power structures. He made frequent references to class, wealth and power in his description of his experience with his clients. He expressed anger at

structural inequalities in society and was aware that he 'struggled' between his values and those of society. His intention as a therapist was to 'liberate' his clients. He judged one of his clients to be living a 'power lifestyle' that he 'had rejected'.

#### 4.3.3 Re-configurations of the power dynamic

Therapists described how the power dynamic reconfigured or abruptly switched in the psychotherapy relationship. This process involved a qualitative change in the form of the power relationship. The most common reconfigurations involved a change from the client constructing the therapist as holding the power in the relationship to another form, specifically a power struggle, a construction of the therapist as the abuser or a shared power relationship. Other reconfigurations involved the switch from the therapist being idealised to being denigrated, from the therapist being constructed as the 'abuser' towards shared power or from an ongoing power struggle towards a relationship of shared power. A qualitative change takes place unconsciously between therapist and client or through a conscious process of re-negotiation. When the process involved a re-negotiation the shift typically involved a movement towards a shared power relationship.

Reconfigurations occurred dramatically in an immediate interaction within a session or gradually over the course of many months or years. In some intense sessions, therapists' accounts indicated that the power dynamic reconfigured several times in a session. Switches in the power dynamic which were sudden or intense encounters arose at different points during the work. They were associated with intense and strong emotional responses on the part of both the therapist and client. They equally could be a point of relief for a therapist when what they feared was possible happened taking away the uncertainty. Therapist C described the following experience with a client:

*"it was a tight rope walk and it felt like quite high risk therapy because I was also aware that I was setting myself up to be the good guy and of course that never works. Sooner or later I was going to become the bad guy and I didn't have a clue what was going to happen. So it's like the first time she came in and said: 'I was very cross'. It was also tremendously relief. She could have disappeared or she could have brought a complaint to UKCP after all I mean anything. I just didn't know what was going to happen."*

#### 4.3.4 Re-negotiations of the power dynamic

Therapists described how they and the client re-negotiated their relationship to create a more equalised form of power relationship. Through this process, both client and therapist moved away from their positions in the existing power dynamic as it became reconstructed



from an 'either – or' form of power to a mutual agreement about how they relate to each other. Both parties participated in this process.

Therapists linked the process of re-negotiating the power dynamic to a new awareness on the part of the client as to how they related to them in the therapeutic relationship. This was often brought about by a joint exploration of the dynamics of the therapeutic relationship. The therapist's interventions engage the client in a joint reflection on the therapeutic relationship. This process offers the client a different experience of a power relationship. Clients may equally initiate a re-negotiation of the power dynamic by giving the therapist feedback on how their behaviour impacted them. For instance, Therapist A observed that through the exploration of their relationship, her client became more aware that she ignored her vulnerabilities in other relationships but therapy was a place where she could express this aspect of herself. The therapist observed that the client was becoming more adult in their relationship. Another therapist recalled how she re-negotiated the relationship with the client by exploring it with her. She did this cautiously at first and the client responded with interest.

The process of re-negotiating the power dynamic can feel paradoxical to the therapist as both the client and therapist experience conflicting feelings about the changing dynamic, including excitement, relief, discomfort, a fear of what is happening and apprehension. The client has to grapple with their fears and discomfort of being powerful in the relationship. The client's fears include having an impact on another, fear of the therapist's reactions or anxieties about expressing their needs. They are anxious that when they become more powerful in the relationship they show their self and become visible to the therapist. One therapist talked about how she had worked with the client on her negative feelings towards her power including hate, envy and her fears of whether the therapist would survive her being powerful and her fear of the therapist's envy of her.

These moments often occur after the client's dependency on the therapist or idealisation of them 'peaks'. The client started to give up their false images, expectations and constructions of the therapist's power. They began to assert themselves with the therapist and express themselves. They made themselves vulnerable in this process of change with the therapist. This represents a risk for the client and requires them to be courageous in the encounter. For instance, therapist B recalled when her client said to her: *"I didn't like what you said last time and I was quite cross with you"*. Therapist I recalled a moment when his client told him that she felt told off by him. He acknowledged he was frustrated with her, apologised and said *"you picked up how I felt"*. He observed this was a turning point in how they related to each other.

In these interactions, the therapist feels seen by the client and observes that the client feels seen by them. Therapists observe and experience significant energetic shifts and a

deepening of contact with their clients. They notice that the client's construction of them changes. The client is experienced as taking up a different position or role in relation to the therapist. They become more present – keeping eye contact with the therapist and making contact. Both therapist and client are connected but experience themselves as separate persons. Rather than acting out their vulnerabilities, clients are experienced as observing their interaction with the therapist. Therapists observe that their clients developed a new awareness of how they relate to others. The client starts to demonstrate a sense of their authority in the relationship. The power dynamic is freed up. Therapists often linked these shifts with a deepening of the relationship and a movement to a more fluid power dynamic which felt more collaborative.

#### **4.3.5 The process of ending**

As clients started to express a desire for the psychotherapy relationship to come to an end, therapists experienced a loss or decline in their power in relation to the client. With some clients they made attempts to persuade them to continue however they noticed that they often felt powerless in this process. Therapists also noticed that for some clients their need to be dependent on the therapist returns as they approach the ending of their relationship.

#### **4.4 Forms of power relations in the psychotherapy relationship**

Therapists experienced different forms of power dynamics with their clients. Their descriptions of the power relationship included the interaction between themselves and the client, how their client positioned themselves in the relationship and their emotional reactions to the client. Their accounts revealed how they experienced their clients to be very influential in the process of defining the power dynamic. The different forms of power relations were:

- i. The therapist experiencing themselves as powerful in relation to the client;
- ii. The client experiences the therapist to be the 'abuser';
- iii. A struggle for power between the therapist and the client;
- iv. The therapist experiences a state of powerlessness; and
- v. A collaborative relationship in which power is shared and moves fluidly between therapist and client.

Therapists' accounts indicated a dialectic, paradoxical relationship between the experience of being powerful and powerlessness. Both states can co-exist. At times, therapists experienced themselves being powerful in the relationship and yet powerless to change the dynamic. In other dynamics, the client fought against the therapist's power, as if they were a powerful figure, and yet the therapist experienced powerlessness and helplessness in the relationship.

#### 4.4.1 The therapist experiences themselves as powerful in relation to the client

When therapists experienced their clients constructing them as powerful, they experienced power to be a commodity whereby a 'zero – sum' relationship existed between them and the client. If the therapist was powerful then their client acted powerless. The client was dependent on the therapist and placed themselves in a position of emotional vulnerability. Both the therapist and client performed complimentary roles to each other, namely the powerful and the powerless. Therapists reported that clients entered therapy with an image of them as being powerful and that this image tended to grow in the early stages of the relationship.

##### The therapist experiences the client as constructing them as a powerful figure

Therapists experienced themselves to be constructed to be powerful by some clients. The client attributed others in the world as having power in relation to them. They believed they had little or no power over events. Therapists were aware that the client held an image of them as being an 'authority', 'strong' and an 'expert'. They were seen as a 'parent like figure'. They experienced their clients adapting to their expectations, looking for their approval or hiding their vulnerabilities from them.

Therapist D observed that at the end of a session his client *"looks 'as if' he is 10 and I am of parental age, so to speak, so it is like having the authority of a parent and a 10 year old. He assumes that I know things."* In this form, the client believes the therapist knows things about them that they could never know. This can pull a therapist into being an expert or authoritative with a client. With this form of power relationship, the therapist does not experience the client as challenging or questioning their authority. This process can contradict the therapist's expectations of how the client relates to them when the client's behaviour is inconsistent with their experience of power relations in society.

Therapists recognised this process through picking up the client's expectations of what they could do and the knowledge that they possessed. Clients communicated their images of their therapist through asking their opinions, looking to them for answers to their questions and assuming their therapist's superior knowledge. Therapists experienced these clients as looking to them for answers or to do something to them. Their actions and interventions would often inadvertently reinforce the client's image of them. One client believed his therapist could make him 'go back to normal'. With this client the therapist felt the client attributed change to her actions. For instance, the client said to her: *"things really change when you do those things that I don't understand"*. The therapist was experienced as the only person with agency in the relationship. The experience of being powerful was experienced as creating a 'distance' between the therapist and the client.

### **The experience of power as being 'given power'**

Therapists often had the experience of the client 'giving them their power' and 'of being pulled into a role by the client'. The therapist often felt powerless in this process. The client takes up a passive role in the therapeutic relationship. Their position in the relationship implies that they locate responsibility for finding a 'cure' or 'answers' with the therapist. Therapist D described how one of his clients, who had worked with a previous therapist for more than ten years, had started the work with him from a position of: *"what difference is this therapy going to make?"* Therapist B observed that one of her clients: *"gives me her power, she's perfectly clever and competent and manages her life perfectly well but when she's with me and obviously in other situations as well it's a very childlike kind of looking at me to see if I approve of what she says"*.

Therapists experienced the client as lacking a sense of self agency. The client did not take responsibility for themselves. The therapist found themselves pulled into taking charge of sessions. This leaves them feeling that they 'hold' the power in the relationship. The client takes up a 'fixed' position which contributes to a sense of repetitiveness in the dynamic. Therapists' accounts revealed that power is experienced as a 'commodity' that is passed between therapist and client. They experienced clients who give them their power as 'fragile' and 'vulnerable' in the relationship.

### **The experience of being idealised**

Five of the nine therapists described an experience of being idealised by a client. The experience of being idealised for a therapist is one of feeling magical and powerful in relation to the client. Being idealised is to feel 'all good and powerful'. The client holds intense feelings towards the therapist. One therapist observed her client: *".. almost fell in love with me"*. Therapists experienced the client as *'taking on board what they say'* and as having *'a vast and gigantic respect for anything'* they say. For the therapist, this can feel like an 'elevated position'. The client places a high value on their opinion of them. When idealised, therapists experienced the client as giving them power over them. Two therapists felt their clients saw them as their 'saviour'. The therapist has a sensation of not feeling themselves (*"this isn't me"* or *"she does not perceive me as being human"*). The therapist experiences the client as taking up a 'child like' position in the relationship. The client holds onto a fantasy about the therapist's power.

One female therapist was aware that her client had strong fantastical images of her and that he experienced her as a 'mystical creature'. Another recalled that one of her clients experienced her as: *"some kind of a witch"* and felt that her client experienced her as magical because he sensed that she knew things about him that he could not access. She

felt he believed that she *'was the expert', 'who knew exactly what to do' and 'was going to cure him'*. He referred to her as *"one scary woman"* because of what he believed she knew. A female therapist felt that a client who took up a childlike position made her feel *'very grown up', 'important' and 'clever'*.

Therapists felt that it was part of the work for them to tolerate the client's idealization of them. They believed that it represented a need for the client to idealize them or construct them as powerful.

### **The client's emotional response to the therapist's power**

Therapists observed that clients experience *'dark feelings'* in response to their power, such as envy of the therapist's knowledge and ability, competition, fear, envy and hate which are kept in the *'shadows'*. They keep their negative feelings about the therapist's power out of their conscious awareness. They directed their negative feelings towards other persons, such as past therapists or other authority figures, not the therapist. Therapists described how the client's expression of these feelings occurred when the power dynamic started to shift to a different form.

### **The client's need for the therapist to be powerful**

Therapists experienced themselves as being powerful in the therapeutic relationship when their clients experienced a *'need'* for them to be powerful. With some clients, therapists experienced the client as implicitly demanding or expecting *'something'* which they did not understand. They sensed that the client sees them as possessing something that they need or desire. The client perceives the therapist as possessing *'something'* ill defined that they lost in the past and desire in the present. In this dynamic, the client sees them as powerful in their capacity to provide them with what they desire. This might be a *'cure'* or giving them *'something'* that would make them feel *'loved'*. The client can have very strong beliefs about the therapist's power. One therapist observed her client: *"had absolute certainty that I was going to be able to do what he wanted"*. The therapist experienced a demand to give something to the client or *'gratify'* them. This process can provoke therapists to offer something that is beyond the therapy.

Therapist G described how a client ended sessions in distress saying to him:

*"what am I supposed to do now? I've got to go away now for the whole weekend. How am I supposed to manage this for the rest of the weekend?"*

When the client needed the therapist more than the therapist felt they needed the client then this placed the therapist in a powerful position vis-a-vis the client. One therapist said

of her client: *"I don't need her like she needs me"*. She felt this created an imbalance in the relationship. As the work moved towards an ending this power imbalance increased as the client experienced her need for the therapist. The therapist was aware of the client's fears of losing her were *'really alive in her mind'*. When the client is vulnerable or fragile then the therapist experiences themselves as powerful.

Participants developed conceptual explanations for why their clients constructed them to be powerful. These accounts often linked how the client related to them in the present to their past experiences of power relationships in their childhoods. Therapists understood this process as taking place at an unconscious level for the client. The client's position of themselves relative to the therapist was most commonly understood as reflecting a need for the client. When relating their experience of the client to the client's past the therapist positioned themselves outside of the existing relationship observing what was happening between them and the client and linking it to the client's past. From this position the therapist was able to understand and make sense of their experience of how the client related to them as a figure of power.

### **The therapist's taking of power in the relationship**

Therapists described how they claimed their power and authority in the relationship through setting clear boundaries and holding a position with the client. Therapists aimed to be a reliable and consistent presence in the therapy holding on to and surfacing their difference to the client. The therapist's holding of their position can challenge the client's frame of reference. Therapist D recounted that: *"it was quite a step when I said to him well what if you are not depressed for the first time. That was a bigger step then I had previously taken for example. It challenged his whole self definition, his historical routine as it were. How other people had defined him and I thought that was quite a big step"*. He felt he claimed his power in the relationship by taking up a clear position, which was not in competition with the client, by establishing clear boundaries.

When claiming their power and authority, therapists hold onto their sense of self and who they are when in relationship with the client. This can challenge a therapist when a client does not like the position they hold or has difficulties managing it. The therapist's claiming of their power and authority can be contrasted with the therapist's power struggles with the client or accommodating the client's demands through changing boundaries.

Therapists observed that some clients required clear and firm boundaries to feel safe in the relationship, particular those that have experienced abuse from individuals in positions of power. Therapist F described how a client began to see her as a strong person and powerful because she held the boundaries in the relationship. Therapist B described how her clients experienced her as an authority. She felt she projected her authority with clients and felt

that clients' wanted a '*powerful therapist who can help them contain their anxieties*'. Another therapist stated:

*"I was very clear about my position which is really deeply held, therapists should hold it and I was exercising my own power and my own position really. By holding it, but I didn't have any problems with it, it was straight forward and that would be my attitude anyway and it wasn't a matter of competition between us so to speak, it was a matter of finding a way that he could re-organize his ideas about .. so it was not a struggle for power. I was setting an edge, setting a boundary, setting a direction or refusing a whole lot of other directions".*

#### **4.4.2 The therapist becomes the 'abuser' of the client**

Therapists encountered abrupt switches in the power dynamic when in the eyes of the client they became the 'abuser' – a 'persecutor'. In these interactions, the client suddenly saw the therapist as an 'attacker' or a 'threat'. The client took up the position of being 'the abused' in the relationship. They made an accusation against the therapist or an implicit attack on them. In these moments, confusion exists for the therapist about what is 'therapeutic' and what is 'abusive'. For instance, therapist E observed how from the first moment, her client came with the 'expectation of being a victim'. With these clients, idealisation suddenly changed to denigration. The therapist experienced themselves as changing from being 'all good' to 'all bad' in the eyes of the client.

When the power dynamic switches the therapist feels a disconnection from the client as they move away from contact. They experience the client's aggression and an abrupt switch in the client's affective state. The client makes an explicit or implicit demand on the therapist. Escalation occurred after the therapist did not comply with an implicit or explicit demand from the client, made a demand on the client or made an intervention that the client experienced as an intrusion or attack. Something the therapist said or did left the client feeling hurt and aggrieved with them. The client responded by becoming angry with the therapist who experienced an abrupt and intense emotional reaction. Therapists understood these interactions to be a repetition of the client's past experience of being abused by a powerful figure or person in their life. For instance, Therapist E described the following intense exchanges with one of her clients, who had a history of being bullied by others.

*"If I have got a little bit close to something that really upsets her when she is talking about her history, or talking about her childhood, talking about her family or bullying or whatever, she will flip either into a very, very loud almost shouting screaming at me but not at me tirade about how awful people have been, which is verging on the frightening, it is, ..... Or she will go into absolutely inconsolable sobbing, completely*



*disconnected from me, from anything else just and the switch is quite startling and when she is done enough or have got out of it, she will suddenly be back and she is polite and smiling again”.*

In these moments, the client breaks off contact with the therapist. In the above case, the therapist found the switches to be ‘on the verge of frightening’ and ‘quite startling’. She felt that ‘when something gets through’ the client becomes ‘very aggressive’.

Therapist B understood her client as searching for a person who they experienced as being powerful who told them what is ‘good for them’. But the client then experienced this process as unpleasant and ‘abusive’. She was aware that this process was repeated with her in the therapeutic relationship whereby the client experienced her as the ‘abuser’.

Therapists observed that these disturbances could be therapeutic or turning points in the relationship, particularly when the client was able to express their anger towards the therapist or give feedback to them about their impact on them. The client’s darker feelings that were kept out of view suddenly surface. The switch was in some instances a relief for the therapist as the client expressed feelings, such as anger or envy, which they had been withholding from them.

A male therapist was aware of his female client’s history of abusive relationships with men. He described how he started to pressurise the client into changing in the direction he believed was ‘good for her’. He reflected that: *“when I try and push that or challenge it I’m surprised that she doesn’t really want much more. So sometimes I’m foisting my expectations on her”*. When she expressed her apathy he felt quite deflated. He experienced hopelessness. The client picked up that the therapist was not happy from the nature of his questions. In the next session, she told him how she felt criticised by him and felt he was disappointed in her.

Therapists were aware that it was important for them to be sensitive to their client in these moments. They observed that when the client expressed negative feelings towards them in the relationship it is important for them to validate the client’s experience and not to be defensive. This presented a struggle for the therapist when they were experiencing anger and fear.

#### **4.4.3 Power struggles**

Therapists experienced struggles with some of their clients for power and control in which the client made demands on them which they were not willing to meet. They experienced the client as attempting to control both them and the therapeutic process. The client did not comply with the boundaries or rules of the process (*“She won’t stay with the frame”*) set



by them. The relationship became a 'game', a 'battle' or 'competition for control'. A repetitive dynamic emerged between the therapist and client. Power struggles gradually emerged at the start of the therapy or abruptly entered the relationship in response to a triggering event (e.g. the client demanding a reduction in fees or a change in the session time). Participants understood these moments as central to their work with the client as they '*struggle to find a new experience of power with others*'.

Power struggles varied from a gentle testing of the boundaries to intense, angry collisions of wills. They often involved attempts by the client to change and manipulate the boundaries set by the therapist. Therapists felt under an emotional pressure from the client to meet their demands. Therapist B, for instance, described that she felt a 'pressure' on her "*to be very accommodating with her because she's short of money*". In power struggles, the therapists felt they were being manipulated, tested or played with by the client. They experienced the client challenging or questioning their authority in the work (e.g. by not allowing them to make a difference to them). Therapist I described the following experience:

*"...then he comes on Saturday and at the end of the session he said it must be more for this session mustn't it? And I said 'yes let's call it 60 not the usual 40. How about time and a half.' He's always got lots of cash on him which reminds me of the drugs world and he says here's four for your trouble and he gives me 80. He knows exactly what he's doing or maybe not all the implications but...and I put a hand on his shoulder and said 'Peter I really appreciate that and it's 60'. So I gave him 20 back and it's that sort of stuff where he's trying to bend the frame that can undermine the whole process and he's now at it again".*

Power struggles manifested themselves around the boundaries of the therapeutic relationship; specifically the direction and focus of the therapy, the payment of fees for the session, changing the time or arrangements of the session, cancellations and ending of the relationships. Often the struggle related to whether the client was willing to explore their vulnerabilities with the therapist or whether difficult emotions in the therapeutic relationship were to be discussed or avoided. Therapists experienced the client as being ambivalent about the work and attempting to keep them away from their vulnerabilities. One therapist observed that her client was "quite powerful at keeping" her out. Therapist E observed that:

*"She is taking the power to withhold herself from me, to withhold some part of herself and to not reveal herself to me, so she is actually being quite powerful in the way she is relating".*

In describing a power struggle, a therapist heard the client's desire to reduce her sessions as: *"I don't want to go anywhere near this material. Shove off"*. Therapist C described how the power struggle moved to the level of *"are you going to keep coming here or are you not"*. She felt frustrated by the client and felt that every session started from the same position. Another therapist found himself in an intellectual competition with his client which he understood was for intellectual power which was about establishing a 'pecking order in the room'.

Power struggles started outside of awareness of the therapist, entering it when boundaries were challenged or the struggle escalated. Therapists experienced all sorts of contradictions in the struggle for power. Clients both communicated to their therapist that they saw them as holding the power but implicitly acted against this power in the relationship; attempting to claim all the power or withholding themselves from contact with the therapist. The therapeutic relationship became characterised by unspoken needs and expectations of the other. Clients were consumed with darker feelings about the therapist's power. The client (and the therapist) lost the capacity to observe how they were contributing to the struggle. Therapists were left feeling that something unconscious and unknown is happening between them and the client. They became caught up with or hooked by the client. One therapist experienced himself being manipulated by the client in a way that was unclear as to its purpose.

In power struggles, the power relationship becomes ambiguous. The therapist is left feeling both powerful and powerless in the interaction. The therapist does not feel 'free' in the work to raise specific topics with the client. For instance, in one intense power struggle therapist B described how her client took up a powerful position in the relationship by claiming the vulnerability. This client would claim powerlessness but act powerfully in claiming the position of the victim in the relationship. The therapist felt manipulated by the client's neediness. She located the power in the client and implied that the client was responsible for the struggle for power in the relationship. She stated:

*"I've been feeling it's got a lot to do with her because I think that she is.. I feel manipulated by her neediness" and "its got a lot to do with her" and "I feel that's got to do with her"*.

An implicit or explicit conflict emerged in the relationship between the therapist's and the client's interests and agendas. This could be verbal or non verbal. It often centred on the goals of the therapy or the role of the therapist. The unsaid and the unspoken became powerful. The struggle took place within the process of the relationship. Often it related to intimacy – how close or distant are we going to be with each other? One therapist experienced the client as enviously attacking her power in the relationship.

Therapists find themselves wanting the client to take up a different position in the relationship and to 'get' the client to change, to take responsibility or take up a different position in the relationship. Their accounts revealed their desire to control the client and their discomfort with the client's attempts to control them.

The client's and therapist's vulnerabilities were central to power struggles. When vulnerable, clients present a façade to their therapist hiding their painful feelings. Therapists also hid their true feelings from the client – particularly anger and frustration. They experienced a disconnection from the client and experienced a struggle to connect with the client's vulnerabilities. Therapist E observed that her client is *"incredibly polite, sits very neatly, smiles very politely, speaks very precisely"*. Therapist G observed that: *"At the point when nothing is being said, I notice a 'strong' pressure emerging on either me or the client to fill the silence"*. He understood these moments as a struggle around whether the client is going to explore their vulnerabilities or choose to avoid them with him. He experienced the power dynamic as paradoxical:

*"At one level...she gives you the sense that you can see everything but at the same time you're left feeling that there's aspects of her internal world that she keeps you away from"*.

Power plays often involve victim – persecutor dynamics. Therapists experienced their clients as presenting themselves as victims in the therapy. This position has a 'psychological power' in the relationship. Therapists often did not know how to respond. This left them feeling powerless. One therapist stated: *"I don't know what to do. It feels as though she has all the power"*. Therapist D felt: *"It's like she pushed herself into the victim role quite heavily and the invitation was to jump in and rescue and at times I experienced her as powerful in playing that role"*. Therapists find themselves invited to take up the persecutor or rescuer role in these interactions. The client communicated an implicit accusation that 'there's an awful experience' for them but the failing has been through someone else's presence. The therapist experienced an implicit attack and being responded to as the 'bad' parent. They experienced themselves as thrown into a vulnerable position where they could hurt or cause pain to the client. When the client presented as a victim in the work, therapists described how they were left feeling 'bad', 'abandoned' and 'brutal'. They experienced themselves to be in conflict. They experience a tension between different parts of them, for instance between how they wanted the client to see them and how they believed the client experienced them. They experienced a struggle to stay powerful with the client. They experienced their internal voices questioning what they were doing and whether they 'should' be doing more to help the client.

Therapists observed that the client withdrew in the therapeutic relationship or threatened to end the therapy. These moves placed them in control and gave them power in the

relationship. Therapists reported being pulled into trying to keep the client in the therapy by offering them fee reductions or accommodating changes in sessions. For instance, a therapist described a client who refused to keep to the time boundaries of sessions and would continue to raise distressing material after the session had ended. He felt forced into a role that felt very uncomfortable. He experienced himself as *"someone who chucks her out, who abandons her and says 'right off you go'"*. He felt the client pushed him into a position where he experienced himself as 'bad'. In reflecting on these interactions, he said: *"I can end up feeling really bad sometimes. I mean I have shoved her out while she's crying outside and I can see the next client drawing up outside"*.

Therapists experienced *intense* power struggles as difficult and challenging. They felt caught in a double bind in a 'no-win' situation. In these interactions, the relationship is experienced as 'violent', a 'bashing into each other' or a 'head to head'. Therapist and client are in opposition to one another. The therapist experiences a 'refusal' by the client to do what they want to do. For one therapist, the relationship became polarised with therapist and client holding onto fixed positions of who is 'right' and who is 'wrong'. She experienced intense anger, frustration and dread towards the client. Before sessions, she found herself thinking: *".. my God it's so and so"*. Another observed how in the power struggle she felt: *"really angry ... very, very, extremely angry"*.

When the struggle becomes intense therapists placed the responsibility on the client for the difficulties in the relationship. The client was seen as 'bad'. The therapist experienced the client to be threatening. They had aggressive fantasies and feelings towards the client. The therapist's awareness of their own contribution to the encounter was outside of conscious awareness emerging only when they reflected on events and their own feelings during the research interview. The therapist experienced the client as attacking them. They did not feel recognised by the client. They experienced their needs being negated by the client. They disliked something about the client and how they related to them. Therapists felt the intensity of these feelings was unusual. They became preoccupied by the relationship – talking and thinking about it all the time. Both therapist and client avoided talking and exploring what was happening between them. They hid their emotions and feelings about what was happening from each other. One therapist observed: *"but I don't say that I'm really fed up with this which would be true"*. Both therapist and client presented a false image to each other. Therapists felt vulnerable with the client and responded to the client's vulnerability. For instance, the same therapist reported: *"But I don't feel that I can say 'it' with this client really because I think it will just be very, very hurtful"*.

Therapists started to question their actions during power struggles. One therapist noticed that her 'inner critic' led to her questioning whether the therapy she was doing with her client is what she 'should' be doing. Another therapist recalled angry exchanges between her and her client in which the client had stormed out of the session. She felt both her and

the client had behaved 'badly' with each other. In the subsequent session, a shift occurred in the relationship when both of them explored what had happened between them, she experienced this as 'very empowering' for both of them.

As the therapists explored these struggles in the interview they became more aware of how they participated in them, particularly when they were ongoing rather than in the past. One therapist who described a very intense power struggle with the client started to shift her language from 'she did' to a more co-created language of 'we'. She started to express regret about the dynamic revealing her guilt and shame. She acknowledged the importance of exploring the dynamic with the client and to question her own role in it. She asked herself: *"why am I so angry with her?"* She observed that it was very unusual for her to be *'so angry with a client'*. She was uncertain about what was going on in the relationship and what was each party contributing. In the interview she wondered: *"is it me or is it her or is it both of us"*.

#### **4.4.4 The therapist's experience of powerlessness**

Participants experienced states of powerlessness with particular clients during power struggles or paradoxically when the client constructed them as powerful and they felt unable to change the dynamic. In a few instances, clients took up a position of power which left the therapist feeling powerless for much of the time. In all these instances the therapist reported intense feelings of anger and frustration with the client; and in one case fear.

To be powerless was to feel small, little, to have doubts and to feel unable to influence the client. Being powerless left the therapist feeling vulnerable and not 'grounded'. They experienced powerlessness when they did not know how to respond to the client. In these moments, the therapist located power in the client. They perceived the client as possessing all the power. They felt silenced by the client. They experienced 'difficult' emotions such as anger, frustration, fear, guilt and sexual desire. Therapists felt self – conscious when they were powerless. They experienced themselves caught in a conflict between what they wanted to express to the client and what they felt they 'should' or 'could' say.

Therapists experienced powerlessness when they found they were unable to shift the power dynamic. When the power dynamic became repetitive they found themselves helpless to change it. The power dynamic kept coming back. Some responded to their powerlessness by working harder with the client. In these moments, the therapist's accounts revealed their discomfort with the existing power dynamic and their desire that the client would change their position in it.

Therapists observed that clients had the capacity to induce feelings of helplessness in them. They could do this physically (i.e. by ending the therapy or reducing the number of sessions), by resisting change and by psychologically withdrawing from contact or by not responding to the therapist. Whatever they did seemed to have little effect on the client. One therapist expressed her helplessness by stating: *"She's going to feel bad whatever I do"*. Therapists were not always consciously aware of how the client evoked feelings of powerlessness in them. Therapists equally felt powerless when their clients made decisions which they did not believe were in their interests. In these moments, they felt conflicted between their desire to protect their client and professional boundaries and norms of practice. In such moments, therapists were left questioning their effectiveness. They were left with critical thoughts about their practice or wondering whether they might be a 'bad' therapist.

Therapist G recounted thoughts and reactions with a client who was talking about ending:

*"Where are you going? We haven't finished yet come back and then I get...then I feel like I'm going to get left and it's like what do I do? How do I persuade this person to stay and sometimes you can't"*.

Therapist I revealed his difficulty in holding the time boundary with a male client whom he liked. He realised that his desire to be liked by the client left him powerless to hold the boundary. In the extreme, some clients attempted to claim all the power in the relationship and this can be extremely unsettling for some therapists. Therapist A described her struggle to manage intense feelings of anger and dislike towards a client who used his power to intimidate her. She experienced him as being 'sinister'. She felt intimidated by him and 'unsafe' alone with him. She experienced *'lots of negative feelings towards the client'*. She fantasised about hitting him which acted as a 'safe' expression of her anger towards him. She observed it is unusual for her to feel intimidated by clients. She was unsure as to what he did to her.

Therapist D experienced helplessness with a client who did not respond to his calling an end to the session. He observed: *"I've said well I will see you next Tuesday and got up and opened the door and waited for her to go. So it becomes quite hard work at that point"*. He found it difficult to hold the boundary. In the last five minutes he experienced 'huge pressure' to carry on. In these moments he experienced the client to be more powerful than him. With the same client, he experienced powerlessness when the client withdrew from intimate exchanges. He noticed: *"I can certainly feel less powerful when we get to the point of working at a much more and much deeper intimate relational level. The client then withdraws or wants to prematurely finish therapy and it's like well hang on this is leaving it up in the air"*. He noticed an energetic change in the relationships as intimacy dropped. He understood the client to be using her power to protect herself but in a way which acted against change. He found he is left questioning himself: where am I going with this? What

am I doing? He experienced doubts about his effectiveness which left him feeling less powerful in the relationship. He was left feeling bad, abandoned and brutal. Part of him attacked the client in his mind. In his mind he started to think '*silly woman she should know when to leave*'. This statement revealed his anger at the client. He started to feel blaming and persecutory of the client in these exchanges. He kept his feelings to himself.

Therapists found that they were able to regain a sense of their power with the client by reflecting on what was going on within the therapeutic relationship and through using their self experience to understand the client.

#### 4.4.5 Shared Power

Shared power is experienced as a mutual agreement between the therapist and client to work together towards therapeutic goals. Therapist and client were in connection with each other. Questions of power faded into the background of the relationship. The therapist felt attuned to the client. They experienced a fluid movement of power between them and the client. One therapist observed:

*"Well I keep thinking of the word fluid actually, it feels very fluid because I feel something flows backwards and forwards between us".*

Neither the therapist nor the client held onto their power in the relationship. The therapist felt they were on a 'journey with the client'. The client was open about their vulnerabilities with the therapist. The client was willing to take risks with the therapist. The relationship became one of mutual trust and support.

Both parties felt powerful in the relationship. Power differentials and struggles were absent from the therapeutic relationship. The therapist did not feel invested in an outcome for the client. They felt safe to express their difference with the client. The client's position was one of curiosity about their self. The therapist experienced 'genuineness', a 'closeness' and a coming together with the client. They described the relationship as 'cooperative'. Both therapist and client were willing to lead and follow in the work. The client had the capacity and willingness to reflect on their contribution to the relationship. They searched for self understanding and did not see the therapist as 'the' provider of 'insight' or 'knowledge'. They had an agency in the relationship. The client and therapist related to each other as adults (rather than child – parent). Both therapist and client had the capacity to observe their participation in the relationship in the present. The direction of the work was constantly negotiated between the two and mutual understanding existed about the work. The client's beliefs and perceptions of the therapist were grounded in experience rather than fantasy, assumptions or distortions. The therapist experienced the client as willing to be helped. Both therapist and client were willing to learn from each other and acknowledge their differences. One therapist observed that his client was: *"willing to be diverted and pursue his perspective"*. This form of power dynamic is not competitive or conflictual. Therapists reported closeness, a 'coming together', a 'liking' or 'affinity' and 'respect' for their clients. Therapists associated shared power with the clinical concept of the 'working alliance'.

When this form of power relationship is present, therapists observe that clients start to experiment with and to report changes in the power dynamics of their relationships outside of the therapy session. Clients start to express their wants and needs of others, even if



these represent relatively small shifts and changes. They start to make decisions for themselves in their life.

#### **4.5. The Therapist's ambivalent feelings of being powerful**

##### **4.5.1 The therapist's ambivalence about their role power**

Psychotherapists experienced anxieties as a result of their ambivalence about exerting their role power. The depth of this ambivalence varied between therapists. In our interviews, this ambivalence was conveyed through direct references to the therapist's anxieties or awareness that they could abuse a client or through references to other therapists or other professional groups (such as teachers or doctors) who had abused their power with clients. Therapists who expressed ambivalence about the power of the role attempted to make the relationship one of equals. The setting of boundaries left some therapists feeling guilty. They responded to their guilt about the boundaries of the work by making offers to their clients, by for instance lengthening sessions, offering sessions on a weekend, or reducing fees to accommodate changes in the client's circumstances. Therapists' comments included:

*"I really felt I wanted to offer her weekly sessions while she's going through these really awful external circumstances".*

*"I said well given the length and period of time we've been working I think it's important that we continue to work weekly and we'll see what we can do with the money".*

Four participants made direct references to other therapists who had abused their clients, for instance one previous therapist had a sexual relationship with the client, and another had taken it upon themselves to help the client to find friends for their client by inviting them to social events. One participant took an active role in professional ethics because he was concerned about therapists abusing their clients. He believed that clients are '*probably too frightened or too dependent or too vulnerable to do anything*' about their therapist's 'narcissistic process'. Another described how her therapist during her training had exploited her power in a manner she felt was 'unfair' by taking her holidays when she wanted but requiring her to pay for sessions when she was on holiday. Other therapists talked about the potential for abuse in the therapeutic relationship.

*"I've have had too many clients come to me having been elsewhere and I always sort of take it slightly with a pinch of salt what a client says about another therapist, but too many people come saying: 'the therapist told me that I needed to stay' or 'I needed to do this' or that 'I had the problem and not them', or 'if I tried to criticize*

*them they didn't hear it', 'they said it was about me'. But I think clients need to hear that if they are uncomfortable, if they don't like something, they should walk away".*

#### **4.5.2 The therapist's ambivalence of being powerful in the relationship**

Therapists experienced ambivalent, conflicting emotions when they were in a position of power in the therapeutic relationship. I started to become aware of the themes of ambivalence in my participants' accounts after I noticed my conflicting feelings about taking power with my clients.

The degree of ambivalence varied between therapists and in response to different clients. The therapist's feelings of being powerful had echoes of their past relationships and experiences of power. The therapist often found themselves feeling conflicted about their power. Therapist E said:

*"On one hand it sets you up to fail or to disappoint somebody but on the other hand it is almost 'as if' it can give you too much freedom to experiment".*

Being powerful gave the therapist a sense of self worth and potency. Feeling powerful evoked a state of certainty, confidence, of being effective, potent, relaxed and without doubt. Therapist A described the feeling of being powerful as:

*"I think it's just a feeling of power actually but in a very nice way, it's a feeling of being very grounded and open and she lets me feel that I'm helping her a lot".*

Another felt:

*"I guess my experience of power for me is if a client is changing and seeing things for me that means I must have been doing something effective".*

Therapists also, directly or indirectly, experienced anxieties about holding power. They questioned their confidence of living up to the client's expectations. One therapist recalled how her first reaction with a new client was: *"crikey why's she asked me?"* Being powerful can be an experience of discomfort or a 'burden' for the therapist. It can feel unwelcome when it places a therapist in a role that they do not want. The therapist can be left feeling confused about how they feel about the client. Being powerful can leave the therapist feeling sorrow towards the client, frustration, anger or irritation at holding the responsibility for the relationship. Holding the power represented a dilemma for a therapist. It was seen as enabling 'good' work but believed to be problematic in the longer term. Exerting power through the setting of boundaries left therapists feeling anxious or guilty. When they held a

boundary, they were aware they risked upsetting the client. A therapist described how the making of decisions left her feeling guilty with a client:

*"I have the power to say I'll see you on this day and not then and I'm going on holiday".*

She felt that saying 'no' left her feeling guilty with many of her clients. With one client she felt she had the power to say: *"it's my way or the high way"*. To refuse a client, can evoke anxieties about being rejected by the client or being the target of the client's anger. A male therapist said of ending sessions with one of his clients: *"I start to feel I really need to end this session here because this isn't doing her any good and maybe I then have another client coming or it's the end of my working day and I'm ready to finish anyway"*. If he did not extend sessions he feared she might get very upset. *"I've got to say it's time to go and there's a bit of me that says but you can't be as cruel as that, you can't just shove this person out while she's in tears but I have done"*. He has found himself asking the client to leave: *"I've literally got up, opened the door and said it's time to go now and I feel quite brutal at times"*. This revealed the therapist's fears of using his power in case it might hurt the client. He found he is both the person who: *"listens and I'm also the brutal person that shoves her out the door while she's feeling wretched"*. Another therapist found it difficult to hold boundaries with the client. In understanding this struggle he said: *"I think I have this belief that I need to be certain things for my clients that I can't be and what he does, this particular client, I think all clients do that to me"*.

When identified as the expert therapists can feel uncomfortable, particularly when this conflicts with their 'ideal' or their 'values'. In one interview, a therapist became aware that she was starting to be pulled into the role of the senior partner who had greater expertise than the client (who was also a therapist). She experienced a 'revelation' in this moment which shocked her and caused a moment of shame. She was immediately reminded of stereotypes around teachers which she associated with 'knowing it all' and 'condescension'. When placed in the role of the powerful expert, therapists can feel 'set up to fail' evoking anxieties about failing to live up to the client's expectations. Therapists reported that they responded to these anxieties by holding back from inferring any promises to the client.

Therapists experienced frustrations in reaction to their client's dependence on them. One therapist observed that she felt a pressure to give the client what she demanded:

*"I feel that her neediness is powerful and I think, if I think about other clients,.. I think that's a bit of a theme, not always, but that it can be"*.

Being powerful means risking becoming the 'abuser' of power. A power difference in the relationship opens up the potential for abuse. When the therapist is powerful in the

relationship a 'thin line' exists between abuse and therapy. In these moments, therapists were acutely sensitive to their motives and interests. Therapists described how they do not know whether an intervention will be experienced by a client as 'abusive' or if their work with a client will leave the client feeling 'aggrieved'. The experience of taking advantage of one's power evoked feelings of shame and guilt for therapists. They were left uncertain about the impact of their interventions – have they left the client humiliated, upset or feeling bullied? Therapists questioned their decisions and explored the ethics and professionalism of their relationship. What might be an abuse of power and what is sensitive professional practice? A therapist who agreed to see a client who was a member of the same institution as her reflected that: *"I still occasionally think am I being completely ethical and completely professional"*. One therapist feared his anger would escalate to the extent that he could abuse his client. He imagined himself telling the client he does not want to work with her anymore. Another therapist commenting on her client's hiding of her vulnerabilities observed: *"I can break through that façade that she builds up, that protection that she builds up and I have the power to do that and it is a fine choice between whether I do or not, but it is almost like a judgment between where this is therapeutic and where it is done because I can?"* She found that when she tried to explore the client's vulnerabilities this left her feeling *'devastated and humiliated or bullied'*. Therapist F stated that she frightened her client by observing his anxiety about having a relationship with a woman and that she was a woman. Recalling the interaction she said:

*"I remember I felt some guilt and some shame that I maybe .. forced him or maybe almost as thought ... I'd almost, I don't know, seduced him into the thought of having a relationship. Not...I wasn't thinking about it in sexual terms but maybe he was I don't know"*.

When idealized the therapist felt 'good', 'effective' and 'confident in their abilities. They were equally aware of feeling 'unsafe' and 'vulnerable' fearing that they *'can fall from their elevated position'*. It felt uncomfortable for the therapist because they did not feel themselves when they were idealized. They did not feel seen by the client who held an image or fantasy about their power. The experience is of walking a 'tightrope'. It feels risky. They feared that the relationship would suddenly change if they said or did something that upset the client. Therapists had a heightened awareness of their ability to hurt or damage the client because of their fragility and vulnerability. Some therapists felt that idealization was a dangerous position for them. It evoked memories of previous clients who they disappointed and who became very angry with them. For instance, one therapist recalled:

*"I did have a slightly similar experience a while ago with a client who, quite similar really, he came along and he made fantastic progress and he loved the sessions and he loved me and he had this wonderful, wonderful time and then I did something that*

*really, really upset him and he was furious and shouted at me and stormed out and refused to come out or refused to speak to me and I lost him”.*

#### **4.5.3 Therapist's ideological positions about power**

Participants' accounts implicitly inferred a desire for a relationship of shared power. Several expressed ideological positions about how they believed power 'should' be used by psychotherapists in their practice. Underlying these positions was a belief about what is 'right' and 'wrong'. Therapist A wanted to create a relationship of 'equality' with her clients. She felt she was 'passionate about inequity'. Therapist I's intention in his work was to 'liberate' and 'empower' his client. In contrast, another therapist held the belief that her clients' needed to struggle with her authority and that this was central to the value of psychotherapy. The therapist's ideological beliefs and values led them to make negative judgements of the client's use of their power in their relationships. Their accounts revealed beliefs and assumptions about how their client needed to change or be different. These beliefs were implicit to participants' accounts. I only noticed them when I had examined their transcripts in detail. I tended to notice beliefs that were different to my own at first. This then led me to notice where my beliefs and my participants' beliefs were congruent with each other. Therapists' beliefs about their clients' power included: their willingness to make their own decisions, to assert themselves in their relationships, to confront experiences of inequality, to not accumulate symbols of wealth, power and status, to address their conflicts towards authority and to confront inequalities in society.

## 5. Discussion

The aim of this study was to illuminate how psychotherapists experience the phenomenon of power in the psychotherapy relationship. The central themes across the interviews were psychotherapists' experience of both the client's and their role power, power as a dynamic and emerging relational and social process, the different forms of the power relationship in psychotherapy and psychotherapists' ambivalent feelings around power. In this section, I will discuss the four key themes that emerged from the findings linking them with existing literature and exploring their implications for professional practice.

### 5.1 How can we understand the phenomenon of power?

This study has demonstrated that psychotherapists experience power to be central to the psychotherapeutic relationship. Participants' accounts highlight that power is experienced as a more complex phenomenon than has been previously presented in the psychotherapy literature. It is experienced as dynamic, constantly shifting and, at times, paradoxical. Therapists experience power both 'as if' it were a property or possession and as an ongoing process of relating with the client which shifts between different forms. Therapists experienced power to be implicit to the structure of the psychotherapy relationship and the therapeutic context. The therapist's experience of power therefore arises out of a complex interaction between the structural context of the therapeutic role and the intersubjective encounter of the therapist and client.

How the therapist experiences their sense of power and how the client acts towards the therapist may not be consistent with one another. Equally, how the therapist is perceived does not necessarily correspond to how he or she feels. The power dynamic is shaped by the image that the client holds of the therapist as a figure of power; and the image the therapist holds of the client. This process takes place largely outside of the therapist's conscious awareness. Power relations arise therefore from complex self - other configurations of the therapist and client. I would hypothesise that these images reflect both internalised self - other representations formed in the therapist's or client's relational past and the process of social comparison that is central to the formation of a social identity (Festinger, 1954; Tajfel, 1978).

This study indicates that the therapist's subjective experience of vulnerability and their experience of the client's feelings of vulnerability underlie this process. Both the client's and therapist's narcissistic vulnerabilities (Kohut, 1978; Busch, Rudden and Shapiro, 2004) therefore appear to shape the power relations of the therapeutic relationship.

## 5.2 The psychotherapist's role power

This research demonstrates that psychotherapists experience themselves to be powerful in relation to their client because of their role. When clients enter therapy they place themselves in a position of vulnerability relative to the therapist (Haumann, 2005). The therapeutic process requires the client to disclose aspects of their self experience which they ordinarily keep hidden from others. The client therefore places themselves in a position of risk in relation to the therapist which contributes to the therapist's role power. The therapist's relative anonymity therefore contributes to their relative power to the client (Hoffman, 1994). This study has highlighted that therapists equally place themselves in a position of vulnerability when they take up their role. The therapist's role power perhaps offers some protection against their vulnerabilities which is likely to promote the most tolerant and understanding aspects of their personality (Hoffman, 1994).

The therapist's role power is shaped by cultural and professional symbols and expectations. Important cultural symbols were the therapist's professional qualifications, membership of a professional group and social expectations of the therapist's knowledge and expertise. The therapist's role power can be seen therefore as a creation of widely accepted beliefs in society of the claims to knowledge by the profession of psychotherapy (Foucault, 1972). This finding is consistent with much of the writing on the asymmetrical power relationship in psychotherapy (Heller, 1985; Spinelli, 1994; Aron, 1996; Frankel, 2002; Proctor, 2002; Tuckwell, 2006). For instance, Fish (1999) argues that the therapist's power is socially constituted in the structure of their role. Other commentators have observed how the therapist's role power is an artefact of culture (Rowan, 1976; Heller, 1985). Frank (1973) argues that the therapist's healing powers partly stems from these cultural beliefs about the therapist's power and the client's hope that this power will heal them. The therapist's role power therefore appears to be important for the efficacy of the therapeutic relationship.

Participants' accounts indicate that for the most part therapists are not consciously aware of their role power until clients challenge them or the boundaries of the relationship. If this is indeed the case, then this finding highlights the importance of therapist's maintaining an ongoing attention as to how they use their power to set boundaries, define the rules of the relationship and manipulate the physical space. This study has provided no evidence of therapists misusing their role power, although references were made to other psychotherapists and professionals who had misused it. Misuses of role power arise from the therapist exploiting the client for their self – interest (Salvin, 2001).

In contrast to much of the literature, which has discounted the client's role power (Lazarus, 2007), this study has highlighted that psychotherapists are aware of the client's role power. Therapists expressed vulnerability about the client's power. They were aware of the client's capacity to end the relationship or make a formal complaint about them. Whether clients

recognise and perceive they have role power is not clear from this research. It could be possible that therapists perceive clients as possessing role power which clients do not experience.

Both the therapist's and the client's role power is likely to be dependent on the social context. This study examined the psychotherapist's experience in private practice. Role power may differ in other settings, particularly in the NHS where the therapist may be expected to meet performance targets or outcomes which may make them more dependent on the client. This line of argument was strongly made by Szasz (1974) who argued that medical and social services can be institutions of social control.

### **5.3. The power dynamic as an emerging relational and social process**

Participants' experienced power to be a relational process emerging from the interdependent relationship between them and the client. They experienced their clients as being influential in shaping the power dynamic. This aspect of the psychotherapist's experience of power has much in common with the post – modern construction of power relations (see Elias, 1970; Foucault, 1980). For the most part, therapists experience themselves to be in a position of power relative to the client in the early stages. As the psychotherapy relationship develops more complex forms of power relations form between the therapist and client which can become central to the therapeutic process.

#### **5.3.1 Psychotherapists' attunement to social differences and identity**

Psychotherapists interpreted their relative position in the social hierarchy by making comparisons between their social identity and the client's, particular on dimensions on which they experienced themselves as being different. Significantly, they were more likely to experience a 'liking' for the client when they were similar to themselves in social identity. This finding is consistent with Festinger's (1954) theory of social comparison. He observed that individuals form a social identity through making comparisons with members of other social groups. Participants referenced and compared their identity with their clients according to their physical appearance, age, disability, race, gender, social class and other visual cues and symbols of status. This finding supports the argument that all forms of human relating happen within a framework of sameness and difference whereby differences are assigned both status and power within society (Totton, 2009). It highlights how the psychotherapeutic relationship exists within a wider social context and not just the context of the dyadic interaction. Altman (2010) argues that accounting for a larger social perspective in psychotherapy enriches the understanding of both the individual and the dyad. The study also highlights how social identity is complex and multidimensional in nature (Dhillon Stevens, 2005; Diamond and Gillis, 2006), emerging in the relational encounter between individuals.



All the participants in this study were white, primarily middle class and at least middle aged which will have placed participants generally in a position of higher status than the client or in a position of parity. Of significance, in this study the most frequent references to social difference were to differences in social class. In the few instances, where participants experienced themselves as being in a position of lower social status to their client they experienced discomfort and doubts about their credibility with the client. The research suggested that different therapists were attuned to different constructions of power (i.e. class, physical appearance etc.) based upon their own social backgrounds and personal histories. This process of assigning relative social status to clients is therefore a subjective and social process. A process of social stratification (Crompton, 1993) appears to take place within the consulting room. This process can reinforce the therapists' position of power in the relationship or surprise them when their interpretation of the client's social status is inconsistent with how they present themselves in the therapeutic relationship. It is probable that client's interpret their therapist's position in the social hierarchy relative to themselves; although this research does not provide evidence that this is the case. This finding therefore indicates that the power dynamic of the psychotherapy is influenced by power dynamics in wider society. This suggests that the therapeutic relationship offers the opportunity for clients to re-experience and work through aspects of the past that relates to wider power dynamics in society.

### **5.3.2 Opening interactions**

Significantly, the findings have highlighted how the power dynamic is established in the early interactions between the therapist and client. This process often takes place outside of the conscious awareness of the therapist. This was demonstrated by participants' insights during the research interview of how the power dynamic became established in the opening exchanges in a way which they had previous not noticed. This finding suggests that therapists can learn about how the client enacts power relations in their relationships by attending to the early exchanges around power. Early interactions are likely therefore to help therapist's make sense of the emerging power dynamic in the therapeutic relationship.

### **5.3.3. Reconfiguration of the power dynamic**

Therapists' accounts indicated that the form of the power dynamic can switch or change abruptly within a session or change gradually over many sessions. Reconfigurations involved a change in the form of the power dynamic. They are potential ruptures to the therapeutic relationship and can be moments of therapeutic change for a client.

When the power dynamic changed abruptly the switch often moved into a dynamic which the therapist experienced as difficult, such as a power struggle or when the client

experienced the therapist as the 'abuser'. Such abrupt changes frequently evoked anger and fear for the therapist. In these moments, therapists appeared to experience themselves as the 'bad' object (Winnicott, 1971; Casement, 2002) in their client's eyes. The findings suggest that reconfigurations can be therapeutic when they helped the client to find a way of new ways of relating to a person who they construct as powerful. The study equally suggests that both therapist and client experience these moments as hurtful and distressing (i.e. non – therapeutic). Haumann (2005) made a similar observation from his study of trainee psychotherapists' experience of being in psychotherapy. He found they experienced their therapist's (real and perceived) transgressions to be devastating when the therapist held onto his position of power and negated their subjectivity. This is an important finding because it highlights in what ways changes in the power dynamics of the psychotherapy relationship can be therapeutic.

#### **5.3.4 Re-negotiation of the power dynamic**

This study highlighted how therapists and clients re-negotiated their relationship to bring about an equalisation of the power dynamic. In its essence, this process involved a joint reflection and exploration by the therapist and client on how they related to each other. Such interactions made the power dynamic explicit. The process of negotiation involved both the client and therapist making themselves vulnerable to the other through the expression of their differences. It therefore involves the taking of risk by both parties. This process is consistent with the argument put forward by Aron (1996) who framed the therapeutic relationship as inherently a 'negotiation'. In this study, negotiation about the form of the therapeutic relationship led to a deepening of the relationship and creation of mutuality (Aron, 1996) between therapist and client. Mitchell (1991) has argued that through negotiation the therapist confirms and participates in the patient's subjective experience and over time establishes his own presence and perspective in a way that the patient can find enriching. Such new experiences in the psychotherapeutic relationship it has been argued can have important mutative effects (Winnicott, 1958; Mitchell, 1988). This line of argument is supported by this study.

#### **5.4. Forms of power relations in the psychotherapy relationship**

Power presents itself to the therapist in different and complex forms. This research highlights that the form of the power dynamic is shaped by the therapist's and client's feelings of vulnerability. Each form of power is characterised by the client's intentions for an ongoing relationship with the therapist as an object of power and the therapist's responses to the client's positioning with them. Each form of power is a function of the interdependence of the therapist and client. Neither of them is in total control of the therapeutic relationship. This finding is consistent with Elias' (1978) observations on how power relations emerge from interdependent relationships.

#### 5.4.1. The therapist as the powerful figure in the relationship

When therapists were powerful relative to the client they experienced power to be a capacity which they possessed and the client did not. Power had a 'zero – sum' relationship. This is a common form of power dynamic, particularly in the early stages of the relationship, where the therapist's role power can invite the client to construct the therapist as a figure of power. The relationship takes on a hierarchical form whereby the client invested the therapist with authority and responsibility (Schiff et al, 1975). Watzlawick, Beavin-Bavelas and Jackson (1967) defined such a relationship to be a *complementary* relationship whereby each individual has unequal power, such as parent-child or leader-follower. In complementary relationships, the interaction is based on maximum difference. The dynamic becomes problematic when it becomes rigid and repetitive (Watzlawick et al, 1967).

In this form, the therapist feels the client is giving them responsibility by taking up a position of vulnerability and fragility. Elsewhere it has been argued that clients attribute power to their therapists because of their expertise, position and verbal and interpersonal acumen (Douglas, 1985). DeYoung (2003) observed that many clients long for a powerful 'good' other who will turn their 'bad' self into 'good'. Clients often enter the therapeutic relationship with an image of the therapist as being a powerful authority and this image tended to develop in the early stages of the relationship. This process has been observed by Mitchell (1997) who stated that clients often begin therapy by attributing vast authority to the therapist.

This form of power dynamic appears synonymous with the concept of dependency which has been widely reported and discussed within the psychotherapy literature (Weiss, 2002). For the client to take up their role of dependency on the therapist the therapist needs to play a complementary role. Both therapist and client are therefore mutually dependent on each other. In this dynamic the therapist becomes the "subject supposed to know" (Lacan, 1964, quoted in Benjamin 1995). For Lacan this involved a transference relationship whereby the client attributes knowledge to the therapist. The therapist takes on great importance for the client. Jacoby (1984) believes that in this process clients project a lot of power onto the therapist.

Paradoxically, once this power dynamic was established participants reported that they felt relatively powerless to change it. As a result of this process therapists reported that they were aware that their client held an image of them as being powerful and yet they experienced feelings of powerlessness. This highlights the interactive nature of power relations and their multilayered nature. At the level of the manifest content the therapist is the powerful figure but this is contradicted by the latent, unspoken level that is happening

at the level of action, where the client is powerful in their establishment and maintenance of the power relationship.

In this study, therapists understood this dynamic to arise because their clients had a need to for them to be powerful. There is evidence that for some clients it appears to be a developmental process to establish the therapist as a powerful figure in the transference relationship (Kohut, 1978; Heller, 1975; Herman, 1992; Weiss, 2002). Heller (1975), for instance, observes that many clients have to pass through a stage of dependency to move to a state of healthy dependence. In line with this argument, this study suggests that some clients need to establish the therapist as a powerful figure to help them develop their own sense of power in relationship to others, including the therapist. The client's construction of the therapist as a powerful figure may therefore be an important developmental experience for clients, which helps them to develop the capacity to be dependent on others. This may be a requirement for the experience of mutuality (Jordan, 1991).

#### **5.4.2 Idealisation**

Client's idealisation of their therapist represents an extreme form of this power dynamic. The therapist is aware that their client holds an image of them as being 'all powerful' and possessing 'magical' powers. When idealised, the therapist possesses most or all of the power in the relationship. This form of power dynamic seems to arise from client's projecting their idealised qualities on to the therapist reflecting a fantasy and wish for an early omnipotent figure (Heller, 1975).

Klein (1957) observed that idealised objects are a reflection of a 'very deep split' between idealised and extremely bad internal objects. Such a deep and sharp division reveals that destructive impulses, envy and persecutory anxiety are very strong and that idealisation serves mainly as a defence against these emotions (Klein, 1957). From a somewhat different perspective, Kohut (1978) conceptualised idealisation as reflecting a developmental need for the client. Idealisation has tended to be termed the 'erotized' transference in psychotherapy (Jacobs, 1998). It has been conceptualised as a defence against pain and rage about abandonment which exist just beneath the surface (Jacobs, 1998; Maguire, 2004). This study supports this finding. Therapists' accounts highlighted that behind the client's idealisation were feelings of anger and envy towards the therapist which only emerged when the power dynamic changed.

Therapists experience discomfort when they are idealised as the client holds an image of them which is not congruent with the image they hold of themselves. They experience vulnerability and fear that they will disappoint them and they will turn their rage against them. Self psychology suggests that a common form of counter transference is to feel uncomfortable with the intense idealization of a narcissistic transference (Aron, 1996).

Kohut (1978) has argued that therapists need to tolerate being idealised as long as the client needs to do so because abrupt disappointments can be traumatising for clients.

#### **5.4.4. The therapist becomes 'the abuser'**

This study has highlighted how clients who construct the therapist as being powerful and 'good' can experience a sudden switch, in their construction of the therapist, to seeing the therapist as being powerful and 'bad'. The therapist who was idealised or seen as a benign object is now experienced to be the 'abuser' – the 'bad' object. We can equate this process with Klein's (1963) Paranoid – Schizoid position. The client takes up the position of the victim and the therapist is seen to be an 'attacking' object. The therapist is now seen as uncaring and a threat. Maroda (1998) has named this process as de-idealization of the therapist. The relationship becomes characterised by a sadistic domination (master, victimiser, aggressor) and masochistic submission (slave, victim, aggressed) that is destructive and hurtful to both parties (Ghent, 1990).

The therapists in this study did not believe they were an abuser but nevertheless they were aware that their client experienced them to be one. Not surprising such experiences were alarming and distressing for them. As they had to struggle with the knowledge that their client's image of them conflicted with how they wished to be seen by them. Again, therapists reported that these moments or switches were at times therapeutic because they surfaced the client's feelings of anger and rage and made it possible for them to be explored and understood. In other instances, they led to intense power struggles and angry exchanges between the therapist and client.

#### **5.4.5 Power struggles**

In power struggles both therapist and client compete for power in the relationship. Watzlawick, Beavin-Bavelas and Jackson (1967) defined such a relationship as a *symmetrical* relationship whereby both parties take up the same roles in a pattern of interaction. In this form of interaction the behaviour of each party mirrors that of the other. The difference between the two is minimised. The therapist experiences the client as attempting to control them and the therapist becomes caught up in trying to change the client's behaviour towards them. This sets up an ambiguous power dynamic in which the therapist feels both powerful and powerless. A repetitive dynamic emerges which therapists experience as frustrating and challenging. Power struggles vary in their intensity and duration. The dynamic becomes problematic when there is an escalation in behaviour by both parties (Watzlawick et al, 1967). Both client and therapist appear to experience vulnerabilities in these interactions and respond by trying to protect themselves from the other. They both feel angry and annoyed with each other. At the same time, they feel guilty and afraid about escalating the conflict or hurting the client. These negative feelings on the whole remain un-

discussed between the therapist and client. In power struggles both the therapist and client experience themselves to be the victim of the other. The therapist experiences the client as withdrawing from contact with them. In intense power struggles, the therapist starts to see the client as a 'bad' object.

Power struggles do not appear to be straightforward and, at points, take on the form of a metacomplementary relationship (Watzlawick et al., 1967) whereby the relationship is multilayered. Control is expressed through the simultaneous disavowal and assertion of power by both parties. The person in the apparent subordinate position instructs, gives permission to, provokes, or forces the other to be in charge or in control while the person in the apparent superior position is forced to act in accord with the subordinate person's covert commands. Newirth (2003) observes that metacomplementary relationships involve the therapist and client alternately disowning and accusing each other of being hostile, irrational and immature, with each participant containing the projected aggression of the other. Maroda (1994) observes in power struggles the therapist is dominated by their own countertransference. This often involves the therapist seeing the client as controlling or attempting to control them in a way that is personally upsetting. Often, she argues it represents the therapist's fear of being controlled by the client and responds by attempting to control the client.

Psychoanalytic theory has tended to argue these dynamics stem from the client's or therapist's primary narcissism and feelings of omnipotence. Klein (1947) conceptualised the process of projective identification as a result of her observation that in aggressive object-relations, people projected hated parts of themselves *into* others, and then act out an impulse to control or harm them. Ogden (1982) has written extensively about how projective identification enters the therapeutic relationship. Cashdan (1988) makes use the concept to explain struggles for domination and control. Through the process of projective identification of power, he argues that the client or therapist induces feelings of weakness and incompetence in the other. Competency, control and power are at issue in the relationship.

Benjamin (2004) sees such breakdowns, or impasses, in the therapeutic relationship as occurring when recognition fails and interactions are locked into patterns of dominance and submission, with the client and therapist treating each other as objects rather than subjects. She names this breakdown in the process of recognition as the cycle of 'Doer and Done To'. The discovery of difference between the wills of both parties leads to the breakdown in recognition (Benjamin, 2004). The therapeutic dyad is unable to sustain the necessary contradiction of differentiation, in which the therapist and client both recognise the other and continue to reassert the self. In this breakdown these two elements of differentiation are split: one self asserts power, the other recognises that power through submission. The upshot of failures of recognition is therefore domination (Benjamin, 2004). Benjamin

(2004) observes that many power struggles can be summed up as a demand: "recognise my intent!" (Benjamin, 1990). In these interactions, the underlying symmetry characterises the apparent opposition of power relations: each feels unable to gain the other's recognition, and each feels in the other's power (Benjamin, 2004).

Layton (2009) observes that in these interactions, vulnerability is defended against and ties to the vulnerability of others are denied. I make sense of these breakdowns in relating to be a re-enactment of an emotional scenario from the client's past (Maroda, 1998) in which the therapist has become involved. Layton (2006) examined 'Doer and Done to' relational configurations and concludes that clients experience shame about their vulnerability, which they construe as 'weakness'. Past relational traumas have made them despise their own vulnerability, dependency, and need for the other. Such clients keep staging experiences in which they are either the perpetrator or the victim, in which they either attack the other or angrily withdraw.

Benjamin (2004) argues that the movement out of power struggles towards mutual understanding is an important step in the dismantling of omnipotence. This requires the therapist and client to find a way of dissolving the power dynamic rather than transferring it back and forth in an endless cycle. This study suggests that this process requires the therapist and client to enter into a negotiation involving the explicit exploration of the power dynamic.

The relational psychoanalytic literature argues for the necessity of the therapist examining their own contribution as a participant to impasses and power struggles (Aron, 1996; Watson, 2007). In this process the therapist finds a space outside of the dynamic so the client can find their own way out (Benjamin, 2004). Benjamin (2004) sees the therapist as acting as a moral third: "to sustain the tension of difference between my needs and yours while still being attuned to you" (p.13). This requires the therapist's willingness to surrender from any intent to control or coerce (Benjamin, 2004). Watson (2007) observes this necessitates the therapist being willing to surrender some aspects of his own defences – to make himself a bit vulnerable personally and emotionally. Benjamin (2004) poses the question: "Who created this pattern, you or I?" The paradoxical answer she gives is "Both and neither". Her statement has echoes of the therapist in this study that started to question her participation in the power struggle she experienced with her client by changing her language from 'her' to 'we'.

#### **5.4.6 The experience of powerlessness**

Therapists experienced powerlessness with their clients during power struggles and when they were unable to influence the power dynamic. This study has illuminated the



experience of powerlessness for therapists. This has been a 'marginalised subject' in the literature on the practice of psychotherapy (Hildebrand and Markovic, 2007).

The experience of powerlessness evoked strong and intense feelings for therapists, including anger, distress and frustration for the therapist. Over the course of this research, I have noticed similar emotional reactions which I feel powerless. To be powerless in a relationship is to feel vulnerable and exposed. When therapists experience powerlessness they do not know what to do in a situation which they would like to change. In these interactions, therapists often felt caught between what they wanted to say or express and what they felt able to do or say. Hildebrand and Markovic (2007) found similar findings in their interviews with therapists. They found that therapists experienced powerlessness to be a negative experience, variously associated with frustration, anger, irritation, being disempowered, unsafe, threatened and uncomfortable, or losing a sense of competence. Dallos and Dallos (1997) offered a definition of powerlessness as an inability 'to predict what will happen, how others will act and what we can do to influence the course of events and others' actions' (p. 41).

Attempts by therapists to resist such feelings by trying to change the dynamic reinforced the dynamic that was present. They were caught in a 'double bind' (Bateson, 1972). In these moments the therapist is confronted with a dread of surrender to 'resourceless dependence' which Kahn (1972) described as an intolerable state of helplessness with accompanying annihilation fears. It has been suggested that abuses of power often, paradoxically, reflect a sense of powerlessness (Goldner et al., 1990; Maroda, 1998). A similar view is put forward by Guggenbühl-Craig (1971) who describes how helping professionals strive for power because of their vulnerabilities and dread of encountering their feelings of helplessness.

States of powerlessness originate as much from the therapist's internal world as it does from their external environment. Orbach (2008) observes:

"...we cannot relinquish the power and dominance of past relationships in our psychic functioning until we accept them as they were. We increase our powerlessness to the extent that we are always railing against those who so affected us and unable to come to terms with our relative powerlessness about what was. In the recognition of that powerlessness the inner psychic battles we fought to deny it, we endeavour to move towards acceptance and the ways in which we can have the past be in the past, so that our present expresses our *actual* and *potential* power rather than the victimized or angry stance of thwarted power [p.37]".



The experience of powerlessness therefore is less an experience to be fought against but rather one that requires the therapist to tolerate, reflect upon and understand what it means for both them and the client.

#### **5.4.7. Shared power: mutuality and the working alliance**

Therapists reported that as their relationship deepened with clients a relationship of shared power was established. In this form, the power dynamic involved a fluid movement of power between the therapist and client. The process of enabling and constraining (Elias, 1978) in the relationship moved freely between both parties. In this form, the therapist and client maintain a warm and mutually supportive relationship by a flexible alternation of symmetrical and complementary interchanges (Watzlawick et al, 1967). An atmosphere of trust and support prevailed allowing both therapist and client to be open about their vulnerabilities. The psychotherapy relationship was characterised by a mutual shared purpose and a sense of collaboration. Stern (2004) has referred to this phenomenon as a shared intentionality. In these interactions mutual recognition is present. The therapist knows the client; the client knows that she is known; the therapist knows that the client knows that she is known (Mearns and Cooper, 2005). Both the therapist and client recognise each other as separate subjectivities, who are paradoxically connected in the therapeutic relationship.

Shared power appears to involve what the relational psychoanalysts call *mutuality* (Aron, 1996; Maroda, 1998). Maroda (1998) sees the essence of mutuality as the therapist's co-participation, the experience of shared vulnerability and emotional honesty between the therapist and client. For Aron (1996) mutuality involves recognition of each other's autonomy whereby both participants feel themselves to be capable of agreement and disagreement. The expression of one's subjectivity and difference are therefore central to this form of power dynamic (Benjamin, 2004). Benjamin (1995) observes it is a relationship free from internal and external constraint. The movement to this form of relationship requires the therapist to enter a position of vulnerability with their client (Maroda, 1998). The term working alliance (Greenson, 1967) equally captures aspects of a shared power dynamic whereby a personal relatedness and a joint or mutual agreement about the work between patient and analyst is present (Aron, 1996).

When this form of power dynamic is present, therapists reported that their clients start to experiment with their power outside of the therapeutic relationship. This study therefore suggests that the movement from hierarchical or competitive forms of power relations to a shared power dynamic is important for therapeutic change with, at least, some clients. This is consistent with ideas from relational psychoanalysis which argues that what is most therapeutic is a real relationship between two people characterised by mutuality, reciprocity, and intersubjectivity (Stark, 1999).

This study highlights however that this form of power relationship is difficult to achieve and maintain, because client and analyst enact power struggles between them that must be continually examined, articulated and worked through (Aron, 1996). Benjamin (2004) observes that an ongoing tension is present in the therapeutic relationship between self assertion and recognition. Therefore, conflicts of needs and wills are unavoidable and breakdowns of mutual recognition are inevitable. She argues that it is a constant struggle for the therapist and client to create a mutual relationship which enables both self – assertion and recognition of the other.

### **5.5. The therapist's ambivalent feelings of being powerful**

This study has illuminated how psychotherapists experience ambivalent feelings about being powerful in the psychotherapy relationship. Others have made similar observations (e.g. Tudor and Tudor, 1994). The depth of this ambivalence appears to vary between different psychotherapists. I would speculate that ambivalent feelings about power have their roots in early developmental and social experiences of power. Dhillon Stevens (2005) has hypothesised that therapists have different RIGS (“Representations of Interactions that have been Generalised”) (Stern, 1985) about power and powerlessness which informs how they work with issues of power in therapy. Moreover, there is some evidence to suggest that psychotherapists have a high need for power (Winter, 1973) (although there will be variation between individuals) which suggests that issues of power in relationships are important to many psychotherapists.

To be powerful is to feel effective and influential and yet for most therapists such power can be misused, wittingly or unwittingly. This evokes fears for the therapist about doing harm or hurting the client. Heller (1975) argues that therapists' fears about their power include a fear of having influence, the fear of recognising the limitations of their influence and the fear of struggling with anxieties and complexities of decisions of influence. The setting of clear boundaries left some therapists feeling guilty particularly when this evoked disappointments or frustrations in their clients. In the interviews, participants expressed these fears either directly or in reference to other therapists who had abused their clients prior to their work with them. Hirschorn (1988) observes that: “People fear exercising power when they do not have a sufficiently good internal image of their character, when they feel they are fundamentally bad. If they believe that they are bad and mean, they will be unable to contain their anger and will therefore hurt others and be hurt in turn” (p.36). Ethical frameworks may function therefore as much to help the therapist feel safe with a client, by providing a set of practice guidelines, as a mechanism to protect the client.

Therapists can feel ‘drained’ and empty, frustrated and angry with clients who are dependent on them (Jacobs, 1998). Weiss (2002) has argued that our countertransference

responses to dependent clients may stem from our own unresolved issues about dependency. Bornstein and Bowen (1995) suggest that client dependency can lead therapists (particularly those who cannot tolerate strong needs for intimacy on the client's part) to engage in various manoeuvres which permit them to distance him or herself from the client. In my own therapy, I have learnt how I deny my own dependency needs, experiencing them as a sign of weakness. I have noticed that as a therapist I can feel angry with my clients who take up a dependent position in the therapeutic relationship.

On the other hand, to be powerless is to feel exposed and vulnerable in the therapy relationship. For some therapists, it evokes fears of being controlled by the client which may be rooted in the past or stimulated by a client whom they experience as particularly threatening. It is likely therefore that some therapists maintain a powerful position in the psychotherapy relationship because it protects against the vulnerabilities of experiencing powerlessness with a client. Maroda (1998) proposes that frequently therapists' fears of being out of control prevent them from working effectively with what they feel. At its extreme, a therapist's defence against helplessness can lead to a stance of grandiose specialness or omnipotence. Therapists therefore need to integrate their fantasies of omnipotence and with their feelings of impotence to experience 'relative potency' (Lapierre, 1989). This process requires the therapist to accept their vulnerabilities and not defend against them.

The interviews highlighted that psychotherapists experience ambivalent feelings about power in the psychotherapy relationship which relate to vulnerabilities of being powerful or powerless with a client. When psychotherapists feel they have not met their ideals in their use of their power then this can result in feelings of shame. Feelings of powerlessness can equally evoke feelings of shame (Busch, Rudden and Shapiro, 2004). DeVaris (1994) has argued that therapists should sensitise themselves to their own power issues, feelings of helplessness and powerlessness to ensure they are not acting out their own unresolved power needs in the therapeutic relationship.

This study has demonstrated that the therapist is however not in control of the psychotherapy relationship; even if they wished this were the case. What seems to be important is the therapist's willingness to tolerate being in different positions of power with a client, claiming their authority when necessary and finding ways of working with the client to understand the client's subjective experience of such interactions whilst owning their part in it.

## **5.6. Reflections on my involvement in the research**

Throughout this research project, I have struggled with the complex and elusive nature of power as a phenomenon. This same process extended itself into my analysis of my

interviews and reporting of my findings. In the writing process, I have found myself pulled towards finding a coherent and consistent description of the phenomenon of power. This is I feel is a reaction to the complexity and ambiguity of power in relationships.

In my reading of the literature and in my personal judgement power is an inescapable phenomenon which is central to all relationships. In my opinion power is neither simply 'good' nor 'bad', although without doubt it can be used unethically. I am equally suspicious of ideologies and find myself questioning them. I notice however that despite my efforts, the subject of power quickly evokes images and judgements of 'good' and 'bad'. When I reviewed my first draft after receiving feedback from my research supervisor, I noticed how my writing had become polarised between the process and structural positions of power. I located myself firmly in the position of power as a relational process. On reflection, I think this was a way for me to simplify the complexity and paradoxical nature of my findings. I think it was equally a reflection of how the subject of power invites polarities and splits between positions.

In parallel, with this research I have been practising as a psychotherapist and been a client in psychotherapy. I have reflected on my experience of power with clients and contrasted my experiences with my research findings and reading of the literature. I have become aware of my own ambivalence about power, particularly my desire to feel powerful and influential with my clients and my fears of feeling controlled by them. I have equally noticed that in my life I typically do not notice power when I experience a sense of agency however when I am in a position of powerlessness in relation to others I immediately notice the power differential. In describing my participants' ambivalence feelings about power I have attempted to keep my own ambivalent feelings in mind and to describe their feelings empathically rather than stand in judgement. Through the process of conducting this research I have learnt that I hold a deep assumption that my vulnerabilities are a sign of weakness and failings on my part. When in positions of power in relationships, I have noticed that I am less likely to feel vulnerable than when powerless; or when I am in power I can use my position to avoid feelings of vulnerability. My insights about my experience of power have been shaped by my findings they have equally help me in my analysis and writing.

Finally, I have consciously avoided making political or ideological judgements during this study. I was drawn to the subject because I felt power connected social, interpersonal and intrapsychic experience. My intention therefore was not to argue for one group to change or to represent a specific group's interests or political concerns. This may reflect my location in 'mainstream' society (i.e. white, middle class, professional). I recognise that readers who take a particular political perspective may question the extent to which I have tackled important issues of oppression, prejudice and discrimination. I think that by holding to the phenomenological method the phenomenon of power can be understood and

described. My interest is to invite practitioners and researchers to become more interested in the subject of power because it opens up the connection between the social and the individual. I have however noticed how I have been somewhat apologetic about my stance or even interest in power. In reflecting on my reactions with Vanja I noticed that I doubt whether it was legitimate for me – a person from the mainstream – to research power when on the whole in society I have not suffered from oppression or prejudice. This reflected my own feelings of guilt because of my background of privilege and opportunity. I have strived therefore to be less apologetic in my writing and conclusions.

### **5.8. Practical implications**

This research study highlights the importance of power in the practice of psychotherapy. It demonstrates that therapists need to strive for a relationship of shared power with their clients whilst recognising that this form of power dynamic may only emerge after many sessions and through the process of working through more difficult power dynamics. Further research is required to examine how power relations emerge in different contexts and settings, with different client groups and how therapists from different social backgrounds experience power in the therapeutic relationship.

The centrality of power to the therapeutic relationship needs to enter the mainstream discourse and debate in the counselling psychology and psychotherapy communities. The training of psychotherapists and counselling psychologists will support this process if it takes a role in developing therapists' insight and appreciation of how socio-political and structural differences in status and power in society impact clients and the therapeutic relationship. Training also needs to support therapists in working with the micro-interactions and dynamics of power in the therapeutic relationship. Therapists need to identify how their ideals (Guggenbuhl-Craig, 1971) and ideological beliefs about power and ambivalence about power enter and shape their practice. They need to examine how they react to others' power, react to being powerful or powerless, and take up their authority in the role of therapist.

From a practical perspective, the findings suggest that therapists can work with the power in the therapeutic relationship by:

- Maintaining an awareness of how both they and the client construct each other's social identities and in this process create a social hierarchy and power dynamic in the therapeutic relationship. There is evidence that therapists tend not to explore issues of difference in the therapeutic relationship (Dhillon Stevens, 2005). This suggests that therapists need to invest in developing their capacity to discuss issues that may evoke shame, guilt or vulnerability.

- Observe how the client constructs them as a figure of power in the opening interactions and early stages of the therapeutic relationship. Clients with conflicts and fears around power and authority are likely to test out the therapist's sense of boundaries and confidence in the position of power at the start of the work.
- Therapists may need to tolerate the client's dependency needs, idealisation of them or need to express their anger towards the therapist as a representation of figures of power. This may require them to set and hold clear and firm boundaries with a client. This study suggests that some clients need to construct their therapist as powerful before they can claim their power in the relationship. This process seems to be facilitated if the therapist is able to represent a confident, assured and benign figure for the client.
- Work with the client to bring into view their experience of power in their past, in society, in their close relationships and the therapeutic relationship. This process needs to help clients to make contact with and express their 'darker' feelings about other's power, including envy, resentment, anger and fear. Through this process the therapist can invite the client to experiment with their power in their relationships, including with the therapist.
- In power struggles, therapists need to examine and own their own desires and attempts to control their clients. This study suggests that therapists need to recognise their own contributions to such dynamics and help the client to examine their contribution and desires to control them.
- When the client is willing, re-negotiate the power dynamic with the client by making the form of the dynamic explicit and encouraging the client to assert themselves with the therapist.

I would argue that this way of working requires a constant curiosity on the part of the therapist about how the power dynamic is emerging and developing between themselves and the client. It equally requires them to be courageous to explore both the dynamic of the relationship and their contribution to it with the client. It requires a stance of reflexivity on the part of the therapist and the creation of a process of reflexivity in the therapeutic relationship. By *reflexivity* I mean a process of questioning one's basic assumptions, discourse and practices of describing reality (Cunliffe, 2004; Etherington, 2004).

### 5.9. Limitations of the research

I am aware that my participants were white, middle class and above forty nine in age. None of my participants were from ethnic minorities. Two participants were physically disabled and this aspect of their identity featured in their accounts. Equally only one client described in the study was from an ethnic minority group. My sample of participants was therefore relatively homogenous and similar to me in social identity and background. This could be considered to be a strength of the study since it is focused on power in what we could consider to be typical therapist – client relationships in private practice. I would expect that the accounts of therapists, who were from minority backgrounds, would be different in some respects to my findings. For instance, they are likely to be more concerned with issues of oppression in society. Therapists practicing in institutional settings are equally to have a different experience of their role power.

This study has focused on the accounts of psychotherapists, I can imagine that clients may have a different perspective on power in the psychotherapy relationship. Bates (2005) has provided an account of client's experience of psychotherapy where they report their dissatisfaction with their experience of psychotherapy and their therapists. Their accounts suggest that their therapists were unaware of their dissatisfaction or chose not to address it directly. Other research studies have highlighted that therapist and client accounts of sessions tend to differ (Feifel & Eells, 1964; Llewelyn, 1988). Research into client's experience of power in the psychotherapy relation would provide an interesting comparison to this research study and provide a richer understanding of the phenomenon of power in psychotherapy.

Finally, this research study took little account of the psychological characteristics of the clients described by participants. Research suggests that issues of power may be more significant to some clients more than others. For instance, clients with Borderline, Dependent, Narcissistic or Antisocial personality disorders are likely to set up particular forms of power dynamic with their therapists.

### 5.10. What might be missing?

As I came to the end of writing this discussion, I noticed that my research has made few, if any, references to my participant's embodied responses in their experience of power. I was not aware of this absence either during my interviews or my analysis. It is possible therefore that I did not pick on possible references by my participants. It is equally possible that my participants did not notice how their bodies responded to different power dynamics. I do believe that the therapist will have embodied responses to different forms of power relations which have not been illuminated in this research study. For instance, I

notice that when I feel powerless with clients my muscles become tense and I become less expressive with my face and hands.

Finally, this study has not highlighted instances of therapists experiencing themselves as being abused by their clients, although this form of power dynamic would appear to be possible although probably relatively rare given the therapist's role power.



## 6. Conclusion

In conclusion, what is evident from this study is that the phenomenon of power is central to the therapeutic relationship. It is an inescapable phenomenon of the psychotherapy relationship because both therapist and client enable and constrain each other's will. Power emerges out of the interdependent relationship of the therapist and client (Elias, 1978); and from the structural context of the therapist's role and wider social context. From a structural perspective, social differences in power and status shape the power dynamic between therapist and client. From a process perspective, power is directed towards another, shaped by the client's and therapist's image of the other and their respective vulnerabilities. Participants' accounts, significantly, illuminated that they experience power relations for the most part outside of their conscious awareness until moments of disturbance in the relationship.

The findings highlights that the explicit exploration and negotiation of the form of the power relationship between therapist and client is pivotal to the process of therapeutic change for specific clients. It highlights the importance of the therapist tolerating the client's need to construct them as a figure of power, to be dependent upon them and to express their anger, hate, rage and envy of their power. This requires the therapist to be aware of their ambivalent feelings and conflicts about power.

The study therefore offers a reframing of the role of power in psychotherapy from a phenomenon that is 'good' or 'bad', 'destructive' or 'liberating', to a phenomenon that is at the heart of the practice of psychotherapy and therefore of therapeutic value. It suggests that therapists can enhance their practice by exploring with their clients the power dynamics of their relationship.

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## 8. APPENDIX 1

### Invitation email

#### **Research: Psychotherapist's Experience of power in the therapist - client relationship**

Dear Sir / Madam

I am completing a Doctoral research project, at the Metanoia Institute, into Psychotherapists' experience of power in the psychotherapy relationship. The intention of the research is to explore how power relations emerge in the psychotherapeutic relationship and their impact on the therapeutic process.

I am looking for experienced integrative psychotherapists who are willing to participate in a one hour face to face interview. The interview will explore therapists experience of power relations with two current clients.

Each interview will be recorded and transcribed . All participants will remain anonymous in the reporting of the research, and each interview will be treated as confidential.

I will send each participant a transcript of their interview for review and a phenomenological analysis of their interview for review and comment.

**Please could you let me know if you would be willing to participate in the research ([andrew.day@ashridge.org.uk](mailto:andrew.day@ashridge.org.uk)).** I will then contact you to organise a specific time to conduct the interview. My intention is to complete up to ten interviews between now and July 2009.

If you have any questions about the research or require any further information then please contact me.

Warm regards,

Andrew Day  
DCPsych Counselling Psychology and Integrative Psychotherapy programme  
Metanoia Institute

### **Follow up email to participants**

Thank you for participating in my research project.

Its taken me longer than I expected to analyse all of my interviews and write them up.  
Please find attached your interview transcript and my analysis of your interview.

I have used the phenomenological method to analyse all the transcripts. My interest is to describe how psychotherapists' experience power in their work in all its forms with their clients I have interviewed nine psychotherapists who work in private practice.

I would be interested in your reactions and reflections to the analysis, particularly around themes that stand out for you or any surprises. I would also be interested if your experience with the two clients you described in the interview had changed or shifted since the interview. If you have any questions about my analysis then please let me know.

I am about to start the process of writing up my dissertation. My intention is to report back key themes in a way that protects the confidentiality of the participants and their clients.  
Please let me know if you would be interested in a copy.

Thank you for participating in the research.

Warm regards

Andrew

## **Interview Protocol**

### **PRE-INTERVIEW QUESTIONNAIRE**

Date.....

**Participant Code:**

The following questions are intended to provide information on your personal and professional background for the research. In addition to this information, I would like to have your contact details in order to be able to keep you informed about the research and check any information with you following the interview.

You are free to omit any questions that you are not comfortable answering.

#### **Personal details:**

Name:

Title:

Tel. No:

Email:

Age:

Gender: M / F

How would you describe your social class:

Nationality:

Racial Identity:

#### **Professional details:**

Profession:

Qualifications:

Number of years you have been working as a psychotherapist:

Please describe your theoretical orientation(s) as a psychotherapist:

Please give a short description of the setting and social context where you practice (including Private / Charity, NHS etc.)

Please give a description of the client groups with which to tend to work.

### **INTERVIEW GUIDE**

- Do you have any questions about the research before we start the interview?
- What were your reasons for wanting to participate in the research?

### **Experience of power in relation to their psychotherapy clients**

- **Please can you choose a client with whom you are currently working and with whom you have worked for over 6 months.**
- - Briefly describe the context in which you see this client?
- **Please try and give a description of your own experiences and where possible to describe specific instances of how you have experienced 'power' in relation to this client.**
- **Explore:**
  - What is the client looking for from psychotherapy? What material do they bring to therapy?
  - How does the client relate you?
  - How do you experience power to be present with this client in the psychotherapy relationship?
  - What is its impact on the therapeutic process?
- **Repeat above questions for a second client**

### **Conclusion**

- How would you compare your experience with these two clients?
  - What was similar?
  - What was different?
- In summarising, how do you believe 'power' influences your work as a psychotherapist?
  - How do you work with power relations as a psychotherapist?
- Are there any points you wish to raise about the question of how 'power' influences the process of psychotherapy and the psychotherapy relationship?
- What has been your experience of participating in this research interview?
- Do you have any questions about the research before we end?

- Are there any comments that you have made in this interview that you would not wish to be included in the research?

**Thank you for agreeing to participate in this research.**

## Extract from analysis of a transcript: the identification of meaning units and translation into psychological language

Transcript	Meaning unit and psychological description
<p>So kind of the former she's able to reflect on her own experience and recognise this is her experience from a kind of observing ego position</p> <p>And owning it. This is it</p> <p>And the latter feels more of an accusation around at some level there's an awful experience for her but the failing has been through someone else's presence</p> <p>Yes. Look what you've done to me or not done</p> <p>Yes</p> <p>Yes, exactly</p> <p>Implicit attacking</p> <p>Implicit attacking. If you'd...look I'm miserable which makes you a bad parent you know that sort of thing. So it's a difference between [inaudible] this is my experience and putting it on you</p> <p>How do you feel your power shifts between these two? How do you experience your power in these two contrasting...?</p> <p>Well with the victim-y one I feel completely powerless because the only way...in those moments when I <b>just sit there thinking what am I going to say to this the only moment I could rescue and say oh poor you and I sometimes have done I can't think of any way of responding that isn't persecutory and then I would feel powerful if I was persecutory and said stop whining.</b> I mean obviously I wouldn't say that but you know I could say something persecutory or pretend adult that was actually persecutory which of course I've done too accidentally sometimes. So that's powerful but it's powerful in the same way...it's you know the drama triangle is a brilliant way of mapping the dance of power as people take it and pass it on and so on and it's not a power I want to have so I don't wan...I'm trying to stay out of persecutor, I'm trying to stay out of rescuer. I don't know what to do. It feels as though she has all the power.</p> <p>So in that moment you're thrown into a position of not knowing what to do and feeling powerless</p> <p>Yes, yes. So in one way I have all the power. I have the power to allow her in and to turn her out and so on and so forth and in those moments I feel as if I have no power and she has all the power although she doesn't feel as though she does have the power.</p> <p>So you either feel you have all the power or feel powerless</p>	<p><b><i>The client's ability to reflect on her experience</i></b> The client is now more able to reflect on her own experience from an observing ego position. The therapist sees the client owning her experience.</p> <p><b><i>An implicit attack on the therapist</i></b> The therapist experiences an implicit attack and being responded to as the 'bad' parent. The therapist experiences the client 'putting her experience onto her'.</p> <p><b><i>The therapist's feelings of powerlessness when the client takes up the position of the victim</i></b> "I just sit there thinking what am I going to say to this ... I could rescue and say oh poor you and I sometimes have done. I can't think of any way of responding that isn't persecutory and then I would feel powerful if I was persecutory and said stop whining". "the drama triangle is a brilliant way of mapping the dance of power as people take it and pass it on and so on and it's not a power I want to have so I don't wan...I'm trying to stay out of persecutor, I'm trying to stay out of rescuer".</p> <p><b><i>A powerless state: a feeling of not knowing how to respond</i></b> The therapist feels does not know what to do in such situations with the client. She feels the client has all the power. The therapist feels caught in a dilemma whereby she is left feeling powerless or has to claim a form of power she does not want.</p> <p><b><i>A feeling of contradiction around power (Either – Or power)</i></b> The therapist feels she has the power to allow her in and to turn her out. Yet in moments she experiences the client as having the power although she is aware that the client does not feel she has power. This reveals that the therapist experiences a form of power with the client whether either she has the power or the client does.</p>



**None of the power apar...and sometimes on the contrary it's a shared power of shared endeavour, a shared discussion more and more in recent years**

Yes I was thinking how...is the aspect of it feeling more shared power when she comes in and talks about how important you are for her and how much she needs you and how painful that is how do you experience your power in that moment?

At that **moment it doesn't seem to be a question of power**. I simply feel very empathic and I slightly think [inaudible] work its way through. I'm still trusting the process on that but it doesn't feel like a power one up one down thing apart from [inaudible] goes with the role but **I've noticed it's easy for the one with the role power to forget about it and not think it's important** and that's when I used to run the department I used to say oh we never shared you know [inaudible] doesn't make any difference to me that I'm the head of the department and it took me a while to realise that it did make a difference to them. If you feel one down you're much more conscious of that than if you're one up. You feel quite happy. It's like whites and blacks isn't it? Oh I don't see any difference between us. You try being on the other end buster. Sorry am I rambling a bit?

Well I'm wondering how it might relate to this client because...

I sometimes **wonder whether I am discounting the impact of power in my therapy** engagement because of I don't particularly feel like a powerful person and **I don't take account of what it's like to be on the other end of it**.

Mm. Before we move to the next client is there anything more that you would want to say around your experience of power with this client?

Just that the best moments are as we were talking about earlier. It's a sort of shared endeavour and the other really good moments is when we both behave badly like she's been behaving very challengingly and I've lost it and shouted back or something like that and then she storms off and the following week we've had to unpack it and talk about it together and we unpack it like two people in an endeavour and it's been hugely empowering really so...

Empowering for...

I think for both of us. Both of us. Certainly for her but I think the both of us.

So you have these moments of intense...

Critical moments you'd almost call them. Yes

And then coming back the next session and a shared unpacking

Yes and saying...saying we didn't behave very well last week did we or...I mean I was so inspired. I don't know if

**An experience of shared power**

In recent years the therapist has experience a relationship of shared power with the client. This takes the form of a shared discussion. The current relationship does not feel like it centres around a question of power. The relationship is one of a 'shared endeavour'. This indicates that the client and therapist hold similar interests and agendas.

**A feeling of empathy with the client**

The therapist feels very empathic towards the client. She feels the relationship is not a power one up one down thing apart from what goes with the role.

**The therapist discounts their role power**

"I've noticed it's easy for the one with the role power to forget about it". The therapist draws a parallel with her experience of leading a department where she realised that her position of power made a difference with others – despite her desire for it not to. "If you feel one down you're much more conscious of that than if you're one up. You feel quite happy. It's like whites and blacks isn't it? Oh I don't see any difference between us. You try being on the other end buster". She draws attention to her not noticing the impact of her positional power to the client. The therapist wonders whether she is discounting her power in therapy. "I don't particularly feel like a powerful person and I don't take account of what it's like to be on the other end of it". She does not feel like a powerful person.

**An experience of behaving 'badly' with each other**

The therapist describes these moments as 'really good'. She experiences both her and the client as behaving 'badly' with each other. The client is very challenging and in respond the therapist has lost it. Which infers a losing of control of her responses. She has shouted back and the client has stormed off. This reveals that the therapist is making a judgement on her behaviour as 'good' or 'bad'.

**A joint reflection on the relationship**

The following week they 'unpack' the interaction and talk about it together. It becomes a shared endeavour. She has experienced the process as hugely empowering for both her and the client. The therapist describes these moments as critical moments.

**An acknowledgement of one's part in a 'bad' interaction**

An acknowledgement by both parties that they did not behave very well with each other. An acknowledgement by the therapist that she did not like her behaviour. She feels its important not to 'leave the client'.

you've read [inaudible] article she talks about saying and I have subsequently said I don't like the way...I didn't like the way I behaved with you last week or I don't like it when I feel like or something. So something about the relational thing. It's something about not leaving the client. I think that's so important now we're talking about power. Not leaving the client as the sick person. bad enough I'm in the role of psychotherapist but if I also say yes I am completely health and you're the one with the problem I don't think the client can ever get better. in order to please me he's got to get better or she's got to get better but equally to please me, to allow me to be the therapist he's got to stay sick. He's in the what's its name. So I think I have to...I think a really important relational thing is for me to own the fact that every human being has these...you know I have the capacity to behave badly and you did and that sort of thing. It allows you out of the sick position. I find that really exciting.

So allowing yourself to recognise your own sickness if you like in the relationship

And...Yes and sometimes to talk about it but definitely to either overtly or privately not be well. Yes, yes but I don't mean to say mad as a hatter but we all have the capacity to feel these unattractive bits and pieces.

Shall we move to talk about the second client?

Ok.

Do you want to give her a bit of background or context?

***A belief that the client is not the 'sick' person in the relationship***

She equates this experience with power which she sees as not constructing the client as the 'sick' person. "I'm in the role of psychotherapist but if I also say yes I am completely health and you're the one with the problem I don't think the client can ever get better". Such as situation she believes involves the client having to please her to get better or she's got to get better but equally to please her. Such a power dynamic she believes requires the client 'to stay sick'. She believes every person has the capacity to behave badly

***An acceptance that she has parts of herself she does not like***

She talks about her own sickness sometimes with the client. She does not mean she is 'mad' but that she has unattractive parts of herself.

## **Statement of the Structure of Power in the Psychotherapy Relationship Individual Phenomenal Description**

### **Client A**

The client has undergone an 'amazing' change in their work together over 10 years.

### ***A power struggle in the relationship***

"the other [Client A] client's therapy has all been about the power struggle of the [inaudible] relationship"

## **The client's need of the therapist establishes the Therapist as a powerful figure in the relationship**

### **The client's dependency on her attachment to the therapist**

The therapist is aware that the client is 'tremendously' attached to her. She finds it very painful to be away for breaks. She is aware that breaks 'really, really hurt' her. The therapist expects her to be less dependent.

### **A feeling of being powerful (as opposed to actual power) coming from the client's greater need for the therapist**

She feels guilty because: "I do really A like her, B admire her, C often enjoy her, D have been driven made over her as you can imagine over the years and really infuriated, worried you know but all those positive things I really like her and **I don't need her like she needs me**".

"She's a client that I like to see but I say time's up and send her out there, send her away and she I know she's told me feels bereaved and drives home a long journey feeling bereaved".

**The therapist is aware that the client's need for her gives her power in their relationship. She sees this as a power imbalance in the relationship.** She is conscious that she does not exploit this power ("I don't say ok you need me more so I'm here to doze off and you'll put up with it but at the same time...").

### **The heightened of feelings of attachment and power as the therapy moves towards an end**

The client is getting ready to leave the therapy and these feelings are arising between session which the therapist has helped the client link to her leaving therapy. The therapist's awareness of the client's fears of losing her are 'really alive in my mind at the moment'.

### **The therapist's movement of the boundaries in response to the client's pressure**

The therapist has extended the boundaries of the therapy (to an hour and a quarter). She equates this extension with power.

### **An awareness of the client's ultimate power and her dependency on the client**

At the same time she is aware of another power – where the client has all of the power and she has no power because she can't make the client better if the client is determined not to get better.

## **The structure of the therapy relationship establishes role power for the therapist**

**Role power: an awareness of one's ability to make decisions that impact the client**

The therapist is aware of her role power with the client ("Her job is to come and make herself vulnerable and expose her most difficult parts and my job isn't that"). "I have the power to say I'll see you on this day and not then and I'm going on holiday and all those things I have the power"). The therapist is aware of her power to make decisions which the client has to live with in the relationship.

**The therapist is aware that she feels 'a bit guilty about that power'.**

**The therapist's guilt the setting of boundaries with a client**

She is aware of feeling guilty with other clients but much more with this client who is 'so attached to her'. She is aware of guilt running through all her relationships with clients around her power to set a boundary (i.e. say I am not seeing you next week or your time's up, I am having a break). She has a hunch that saying 'no' leaves her feeling guilty. The therapist equates putting a boundary with separating and moving away from the other.

**The therapist's guilt about her power in relation to the client**

She relates her guilt to the client needing her more than she needs the client. "...because of the other power, in every love affair...I'm not really thinking that a therapeutic relationship is like a love affair but you know [inaudible] in every love affair one person loves they always say, they say I don't know whether it's true one person loves slightly more than the other one and then the other one has much more power than that one". She is aware that with this client she can say "my way or the high way".

**Confusing feelings for the therapist about her power**

The therapist is not sure how she feels – perhaps irritated or 'really sorry' or sad for her.

**Power - a feeling state: Confident and relaxed**

The therapist questions what is the meaning of power when it does not alter how she behaves with the client? She is aware that because she is not just about to lose her client and does not need her probably makes her a much more confident and relaxed psychotherapist. She feels confident and relaxed with the client. Which she attributes to the client needing her more than she needs her.

**The construction of images of power in the relationship**

**The client's power to construct their image of the therapist**

For three or four years, the client wanted the therapist to see how dreadful she was and how she was not good enough. She understood the client as being borderline. In the past, She observed the client as taking up a position of being the victim who sees no way out. She experienced a strong and constant pull to either rescue or persecute. For the therapist the victim always has the power.

**The therapist's perception of the client as a 'victim' creates a power position in the relationship**

She sees 'the victim' has a particular form of psychological power. The client can turn the therapist into a persecutor by saying 'you abused me'. At the start of the work, she felt that when the client first came to see her constantly in child ego state - she was a victim, felt herself to be a victim. She hated herself and persecuted herself for being a victim. The therapist felt she had to work hard not to step into rescuing or persecuting.

The client would say things like: "I feel a fool saying this but when I leave here and have to say goodbye to you I feel absolutely gutted, I feel sad, I just want to be back here. I know it's barmy but I

want to be back here and I feel embarrassed telling you this but that which seems to me to be so true and last week I got into my car and I just burst into tears and I sobbed all the way home and just I was absolutely gutted. I can't take it. I thought I can't do it, I can't do it". The therapist experiences a light accusatory, a slight hating of myself and life. She picks up an implicit message of 'we're all no good and you required to do something but you haven't done something'. An accusation around at some level of 'there's an awful experience for her' but the failing has been through someone else's presence.

### **A transferential relationship of power**

A transferential drama triangle places the therapist in the position of being powerful or powerless persecutor, rescuer or victim.

### **The therapist's feelings of powerlessness when the client takes up the position of the victim**

"I just sit there thinking what am I going to say to this ... I could rescue and say oh poor you and I sometimes have done. I can't think of any way of responding that isn't persecutory and then I would feel powerful if I was persecutory and said stop whining". "the drama triangle is a brilliant way of mapping the dance of power as people take it and pass it on and so on and it's not a power I want to have so I don't want...I'm trying to stay out of persecutor, I'm trying to stay out of rescuer".

### **An implicit attack on the therapist**

The therapist experiences an implicit attack and being responded to as the 'bad' parent. The therapist experiences the client 'putting her experience onto her'.

### **A powerless state: a feeling of not knowing how to respond**

The therapist feels does not know what to do in such situations with the client. She feels the client has all the power. The therapist feels caught in a dilemma whereby she is left feeling powerless or has to claim a form of power she does not want.

## **A re-configuration in the Power relationship between therapist and client**

### **A dramatic shift in how the client experiences the therapist**

For the past three years this experience has shifted for the therapist. She only feels a 'tiny' bit that she has been a bad therapist. She thought she had worked through this process but the sense of power and guilt is still there. Over the course of the relationship, the therapist experiences the client taking up the victim position less and less.

### **A long term shift in the power relationship between therapist and client from child ego state to a sharing of her vulnerabilities with the therapist from an adult ego state**

Now she experiences the client as more of an adult who can talk about things. The therapist feels touched by the shift in the client. The therapist observes the client tells her in a very open, vulnerable way how attached she is to her, how important she is, how painful it is to be away from her. The therapist was not aware of this change until this moment. She's telling her in a way that's so different from the way she used to convey it years ago. She feels it's terribly brave. This indicates the client moves to a position of being vulnerable with the therapist.

### **The client's ability to reflect on her experience**

The client is now more able to reflect on her own experience from an observing ego position. The therapist sees the client owning her experience.

#### **A feeling of contradiction around power (Either – Or power)**

The therapist feels she has the power to allow her in and to turn her out. Yet in moments she experiences the client as having the power although she is aware that the client does not feel she has power. This reveals that the therapist experiences a form of power with the client whether either she has the power or the client does.

#### **An experience of shared power**

In recent years the therapist has experienced a relationship of shared power with the client. This takes the form of a shared discussion. The current relationship does not feel like it centres around a question of power. The relationship is one of a 'shared endeavour'. This indicates that the client and therapist hold similar interests and agendas.

#### **A feeling of empathy with the client**

The therapist feels very empathic towards the client. She feels the relationship is not a power one up one down thing apart from what goes with the role.

#### **The therapist discounts their role power**

"I've noticed it's easy for the one with the role power to forget about it". The therapist draws a parallel with her experience of leading a department where she realised that her position of power made a difference with others – despite her desire for it not to. "If you feel one down you're much more conscious of that than if you're one up. You feel quite happy. It's like whites and blacks isn't it? Oh I don't see any difference between us. You try being on the other end buster". She draws attention to her not noticing the impact of her positional power to the client. The therapist wonders whether she is discounting her power in therapy. "I don't particularly feel like a powerful person and I don't take account of what it's like to be on the other end of it". She does not feel like a powerful person.

### **A re-configuration is reflected on by therapist and client**

#### **An experience of behaving 'badly' with each other**

The therapist describes these moments as 'really good'. She experiences both her and the client as behaving 'badly' with each other. The client is very challenging and in response the therapist has lost it. Which infers a losing of control of her responses. She has shouted back and the client has stormed off. This reveals that the therapist is making a judgement on her behaviour as 'good' or 'bad'.

#### **A joint reflection on the relationship**

The following week they 'unpack' the interaction and talk about it together. It becomes a shared endeavour. She has experienced the process as hugely empowering for both her and the client. The therapist describes these moments as critical moments.

#### **An acknowledgement of one's part in a 'bad' interaction**

An acknowledgement by both parties that they did not behave very well with each other. An acknowledgement by the therapist that she did not like her behaviour. She feels it's important not to 'leave the client'.

**A belief that the client is not the 'sick' person in the relationship**

She equates this experience with power which she sees as not constructing the client as the 'sick' person. "I'm in the role of psychotherapist but if I also say yes I am completely health and you're the one with the problem I don't think the client can ever get better". Such as situation she believes involves the client having to please her to get better or she's got to get better but equally to please her. Such a power dynamic she believes requires the client 'to stay sick'. She believes every person has the capacity to behave badly.

**An acceptance that she has parts of herself she does not like**

She talks about her own sickness sometimes with the client. She does not mean she is 'mad' but that she has unattractive parts of herself.

## **Client B**

### **The therapist's awareness of how societal status shapes the power in relation in therapy**

#### **The therapist sensitivity to the client's status in society**

"Highly successful businessman. Started his own business which really I can't believe how well he's done. He's rich as a dog. He's a rich person. He drives an *[high performance car]* and has houses over the world."

#### **An awareness on a shared positional power in society**

She acknowledges they both have a powerful role in society. She immediately observes that she too shares many of his characteristics.... "I'm white, middle class, well educated and all that and I live in a nice house".

#### **Visual cues that communicate power to the therapist**

She describes him as "the epitome of in our society the powerful person". She observes the visible symbols of power which her client possesses. "...he is a white, male, tall, reasonably good looking certainly attractive, highly successful, rich, powerful, addicted to speed"

#### **An experience of not feeling powerful**

At the beginning, the therapist does not feel powerful with the client (at all).

#### **The societal power of the client**

With the second client, she experiences his personal power which stems from society ("He is rich and powerful and nice looking and you know relatively young"). This reveals the therapist role in constructing the client as being powerful on the basis of who and what he represents within society. Such a dynamic is not there for the therapist with the female client. She notices that with another white, middle classed, highly educated, highly successful FD of a major bank who was a client for a while and she did not feel bothered by his power or shy about that.

### **The structure of the therapy relationship establishes role power for the therapist**

#### **A role power that is out of everyday awareness**

She is aware that they both have the sort of power that its easy to forget one has in the world. "A sort of power that I can forget about because it's so normal but other people might think ooh-er you know".

#### **The power to decide to make decisions about what is important in the work and what is not**

"it was me feeding back what he said and helping him listen to himself the bits that I thought were significant and then maybe making a link to..." his past. She sees this as reflecting: a feeling 'as if' we know a thing or two and we've got something to offer. This reflects an awareness of the therapist that what the therapist says 'carries weight'. Most clients she thinks stop and pay attention to what she draws attention to in the work. This includes withholding comments (i.e. thinking its not a good idea for the client to leave his wife for another woman). This represents a lot of power on the therapist's part.

#### **The therapist's manipulation of the client when she is concerned about the client's choices**



The therapist sits with the power of all sorts of options for how to respond to the client. These options come into awareness when the client is making choices that the therapist is uncomfortable about. Her doubts include either not saying, saying or getting the person to think about it. She might say: "I don't know why but I'm uncomfortable about this. Would you be willing to explore it a bit?" In these moments, she knows perfectly well the likely consequences for the client. In her reflection, she comments on the manipulation that can take place between her and her client in such moments. For her they represent power choices on the part of the therapist in the relationship with the client.

### **The therapist's 'ubiquitous' role power**

Apart from 'ubiquitous' role power which is ever present in the structure of the relationship.

## **The therapist's experience of her power as the client becomes vulnerability**

### **A feeling of power in response to the client's vulnerability**

"I have power again because he comes and he talks about himself in an open, vulnerable really touching way". The client has lots of insight and finds it really hard to talk about the material. "I have the power of somebody to whom a person has made themselves vulnerable". She is aware it is difficult for him to make himself vulnerable

### **The significance of the therapist's gender to the relationship**

He finds it easier talking to a woman than a man but even so it's pretty unusual for a bloke like him to talk about his past and his pain and the bullying he had from his mother or his step mother. This reveals that the therapist associates power to the masculine identity.

### **The client has a past of suffering when he is in a position of vulnerability**

The client had a terrible childhood. He was bullied by his mother and step mothers.

## **An experience of shared power and conscious relating**

### **A process of conscious relating**

He presents himself as 'absolutely not the victim looking for rescue'. She does not feel that they are looking at unconscious process within the session. We don't talk about our relationship and I don't know whether that's because I'm avoiding it or it isn't relevant. The therapist is not sure this relates to power: "I have to think about that at some other time unless it turns out to be to do with power".

### **An absence of a struggle over power with the client**

"the other clients therapy has all been about the power struggle of the [inaudible] relationship"

### **Evenly shared power between therapist and client – adult to adult relating**

When its not a transference relationship (i.e. when talking as to separate adults to each other), power seems 'more evenly shared' in the relationship. This creates space where both can decide to intervene in this way and that way.

## **A self image of being powerful**

### **An experience of being a wise old woman**

She feels powerful in relation to him. She feels like a wise old woman in her relationship with him. She found herself thinking about what the client would need when he left his wife. She experienced herself as doing some quire wise thinking. "I guess that makes me feel powerful being old and wise but other than that I don't feel powerful at all". This is in contrast to not feeling powerful with the client.

## **The therapist experiencing herself in a position of powerlessness**

### **Feelings of powerlessness about a divergence of opinions around what would be in the best interests of the client and wanting the client to make his own decisions**

She hoped he would not leave his wife but he has. The therapist has the experience of sitting and thinking 'there's no point me saying anything and oh no what's happening'. This reveals a state of powerlessness on the part of the therapist to influence the client when he is doing something she feels is damaging to him. She could see what was happening with the client and his decision to leave his wife for another woman. "I can see which way this is going to go and you can't tell people when they're just captivated by their new relationship oh no she's going to turn out". Her thought process was 'you shouldn't with your clients but obviously...'. The therapist feels silenced by what a therapist *'should'* do: "but obviously I'm not going to say that girl hang on she's this and she's that age and she's had how many husbands? Forget it". This reveals how professional protocol enters exerts its influence over the therapist.

### **Small interventions which restore a feeling of power in an experience of powerlessness**

She put in place a 'couple of little door wedges'. She was pleased in herself. She pointed out to him how his life might change as a result of his decision (to leave his wife). "he'd been thrilled to be having his own flat and buying his own furniture and everything and I said with your relationship with this person it will be interesting to really be aware of what happens in relationship you buying things for yourself your flat and then you're making your own decisions and then how do you negotiate those decisions with this person". She was hoping to raise his awareness so that he does not get 'completely swallowed up'. This made her feel wise and powerful which is in contrast to her feeling not powerful at all.

## **The erotic transference creates a sense of powerlessness**

### **The experience of enchantment leaves one feeling powerless**

The therapist makes the link to her granddaughter's huge beaming smile and then hiding her face in her father's chest. She feels a 'tiny bit' enchanted by this man and then not quite knowing what to do with herself. What do you do she asks herself? She does not know quite how to behave. Again this reveals a state of powerlessness in the moment. She looks across to where he sits.

### **Feeling small & young with the client**

The therapist feels a little bit shy with the client because he's an 'attractive guy'. He gaze was powerful for her. She links this state with her feeling like a little girl (rather than an older woman).

### **The erotic transference shapes the power relationship**

She concludes that the relationship with this man must be 'slightly erotic'. She wonders whether he plays a role in trying to amuse her. She is aware that making someone laugh is a very powerful act because it takes the other by surprise. She equates this with a woman being 'wept of her feet' by a man. She makes a link to her partner who makes her laugh and who does not laugh at her jokes. She feels this as a power imbalance.

**Other comments**

**What is noticed and what is not depends on your position in the relationship**

The therapist acknowledges that the female client could see her as powerful in society. She reflects that other clients may experience her as powerful in a way she does not know exactly.

**Laughter as a power process**

She notices how men deliberately do not laugh with other men. She observes this represents a camaraderie among men. For her, it appears that humour operates as a power process of inclusion and exclusion.

## **Statement of the Structure of Power in the Psychotherapy Relationship**

### **1. The context of the psychotherapist's role power**

#### **1.1 The psychotherapist's role power**

- The therapist is aware of her power to see or not to see the client. (F)
- Role power: an awareness of one's ability to make decisions that impact the client (H)
- A role power that is out of everyday awareness (H)
- The power to decide to make decisions about what is important in the work and what is not (H)
- The therapist's 'ubiquitous' role power (H)
- What is noticed and what is not depends on your position in the relationship (H)
- The power structure of the therapeutic setting: The client seeks a powerful other (C)
- The power relationship is established in the structure of the therapeutic project: an inescapable presence of power in the therapeutic relationship (C)
- Role power: an ability to manipulate the physical space (I)
- The therapist's responsibility for the process (I)
- The therapist experience a power to make judgments of when to end the client's therapy because of budget constraints (I)
- The power to set boundaries with clients (I)
- The therapist separates himself from his clients in the context of his EAP work (I)
- Clear boundaries create transparency for the client (I)
- The therapist setting boundaries on the content of the material (I)
- Power stemming from familiarity with the setting (I)
- The therapist does not feel invested in keeping his clients in therapy (D)
- The therapist's belief that clients want a powerful therapist who will work with them (D)
- Inconsistent expectations of therapists between what they do and what they expect: disclosure (B)
- The client needed clear boundaries to feel safe (F)
- The client's vulnerability places the therapist in a position of power (D)
- A feeling of power in response to the client's vulnerability (H)
- The Therapist's power to flexing professional boundaries with the client (C)
- She believes her professional and academic credentials (i.e. PhD) convey a sense of authority. Her qualifications are symbols of power. (C)

#### **1.2 Social context shapes the therapist's experience of their role power**

- The therapist's Knowledge power (I)
- He sees an institutional boundary around the work (I)
- External pressures on the client to be in Psychotherapy (B)

- Clients from the profession come partly because of external pressures within the professional field. (C)
- Cultural symbols of the therapist's power (qualifications, titles) (B)
- The subtle power of the therapist (I)
- The therapist's observation of social and professional cues shapes her assumptions about the power relationship. (A)
- The therapist's experience of her projection of her authority with clients (C)

### **1.3. The client's role power**

- The therapist's awareness of the client's power to 'fire him' or 'reject' him (D)
- The therapist's awareness of the client's power to end the relationship (B)
- An awareness of the client's ultimate power and her dependency on the client (H)
- Within the relationship she experience the client as ultimately holding power because they can choose not to come (C)

## **2. Power as an emerging relational process**

### **2.1 The opening interactions shape power dynamic**

- The client's anger towards the previous therapist blurred the boundaries with the client. (F)
- At the beginning, the therapist does not feel powerful with the client (at all). (H)
- The emergence of the power dynamic in the opening encounter between therapist and client (C)
- The therapist experience of the client's ambivalence towards her power from the first meeting (C)
- The therapist's awareness of the centrality of power to the client from the 'very start' (E)
- The therapist's experience of the client's expectation of being bullied (E)
- The client's expectations of being victimised (E)
- The therapist experiences the client as presenting a façade in the relationship – the hiding of vulnerability (E)
- The Therapist's encounter with the client's motives for entering the relationship - – external pressures
- On the first encounter ('a first visit'), the Therapist immediately ('in the first few minutes of meeting') experiences a credibility issue in the immediate encounter with her. (A)
- The emergence of the power dynamic in the opening encounter between therapist and client (B)
- The therapist's awareness of what the client brings into the therapy relationship from the first moments (E)
- The emergence of share professional status (both being magistrates) brings about a relaxing of both the client and therapist. (A)

### **2.3 The therapist's attunement and sensitivity to the client's social power**

- The therapist's disability shapes her experience of power and class (F)
- The therapist's awareness of the client's social class (E)
- The therapist's anger at structural inequalities in society (I)
- The therapist's early life experience shaped his views on political and class differences (I)
- An experience of being on the outside of the power structures (I)
- The therapist sensitivity to the client's status in society (I)
- The therapist's belief as to how socio-economic group shapes a client's identity (I)
- The therapist reveals a struggle between his values and those of society (I)
- The therapist's investment and value judgment about a way of being (I)
- The therapist takes a position on who is 'right' and who is not in their behaviour the power to judge? (I)
- The therapist sensitivity to the client's status in society (H)
- An awareness on a shared positional power in society (H)
- Visual cues that communicate power to the therapist (H)
- The societal power of the client (H)
- The therapist's experience of discordance between her expectations of the client's power and how he presents in therapy (E)
- The therapist's beliefs about power in society (E)
- The incongruence between the client's social identity and the therapist's beliefs (E)
- The therapist's experience of the client's 'benign' use of power (E)
- Discordance between the therapist's expectations of the client's power and his presentation in the relationship (E)
- The client's parents came from different classes – the mother being Irish upper middle class & educated & the father from Northern England, working class. (E)
- The therapist's fear of the client's estate (E)
- The therapist's awareness of the constraints of power relations in society (E)
- The therapist's hopes for a small shift how the client sees people in positions of power (E)
- The client's ascription of power to the therapist because of social cues (E)
- The therapist is aware of similarities between himself and his client (I)
- Different choices about power lifestyle (I)
- The client and Therapist's attunement to wealth and status (I)
- The therapist's observation of the client's professional status (I)
- The therapist's and client's different values towards power and its relationship to class, gender and society (I)
- The therapist observes a difference in class and social status with the client (I)
- The therapist's horror of the client's life (I)
- A 'big cultural difference' with the client (D)
- A common ground between therapist and client (D)
- The Therapist's experience of their credibility in the encounter with the client's social class (C)

- A shared identity with the client around power , politics and 'inequality' in the world (C )
- The contradiction between the therapist's experience of the client's power in the relationship and the power structures of the therapeutic relationship provoke doubts for the therapist as to whether the relationship can work. (A)
- The therapist's attunement to the client's vulnerability (D)
- The therapist experiences a 'liking for the client'(C )
- A shared identity with the client around power , politics and 'inequality' in the world (C )
- The significance of the therapist's gender to the relationship (H)
- The meaning of physical appearance and a shared experience of power relations in society (F)
- Working with gender politics (I)
- The client's experience of a struggle with cultural difference (D)

### **2.3 Reconfigurations of the power dynamic**

- The therapist experiences a shift in the energetic connection at the point when the power dynamic shifts as the client moves away from contact (G)
- A change of circumstances for the client brought about a dramatic shift in the power dynamic (B)
- A sudden change from being idolised and being perfect to being rubbish (B)
- The therapist's investment in the client's change (I)
- The therapist's struggle to understand the client's reactions to her disclosure of vulnerability: the client claims a powerful position in the therapy (rigid / fixed position) (B)
- Therapist believes that this client would only accept an 'equal' relationship. (A)
- The therapist's experience of 'relief' following the switch in the power dynamic (C)
- An abrupt switch in the client's affective state in the relationship (E)
- The therapist's experience of disconnection from the client (E)
- The aggressive disconnection of the client (E)
- A shift back in affective state (E)
- A gradual shift in the power relationship: the client starts to experiment with taking power in the relationship (F)
- A turning point in the power dynamic between the therapist and client (a peak in the idealisation of the therapist) (F)
- A dramatic shift in how the client experiences the therapist (H)
- A feeling of contradiction around power (Either – Or power) (H)
- The therapist experienced a qualitative change in the client as the power relationship changed in the therapeutic relationship (E)
- An emerging shift in the power relationship (B)
- A gradual movement in how the position the client's self experience (D)
- An experience of discomfort as the power relation shifts (F)
- In the turning point of the client's idealisation of the therapist her envy and hate and fear of the therapist is revealed. (F)

- Client returns and expresses dissatisfaction about what the therapist says which shifts the relationships (c)

### **2.3. Re-negotiation of the power dynamic**

- The client finds their power in the relationship by giving feedback to the therapist (I)
- A struggle to find a new experience of power (G)
- A reframing of the power dynamic by the client (F)
- A shift in the client's relationship to the therapist as the power relationship is revealed (F)
- A long term shift in the power relationship between therapist and client from child ego state to a sharing of her vulnerabilities with the therapist from an adult ego state (H)
- The client's ability to reflect on her experience (H)
- A joint reflection on the relationship (H)
- An acknowledgement of one's part in a 'bad' interaction (H)
- A belief that the client is not the 'sick' person in the relationship (H)
- An acceptance that she has parts of herself she does not like (H)
- The therapist's encouragement of the client's rebellion against her authority (C)
- The therapist's account reveals his experience of a gradual movement in the power dynamic of the relationship (D)
- The client's movement from a focus on others to a focus on himself (D)
- A deepening of the work as the client's vulnerability goes (D)
- The therapist's validation of the client's experience of him (I)
- The client's taking of the space in the relationship (E)
- The therapist's renegotiation of the relationship with the client (E)
- The therapist's unexpected respond equalised the power in the room (E)
- Seeing the client (E)
- The therapist's caution to respect the client's choices (a new awareness on the part of the therapist) (I)
- The therapist's meeting of the client on her wants (I)
- Providing a gradual and tolerable difference for the client (D)
- Surfacing differences with the client (D)
- The therapist's willingness to shift his position (D)
- The therapist's expression of his difference with the client (D)
- Exploration of the power relationship in the therapeutic encounter (B)
- The client has an insight into her difficulties in relationships (I)
- The therapist's active exploration of the power relationship in the therapy (F)
- The client's reading of the therapist's reactions to her behaviour (I)
- The therapist's acknowledgement of their feelings towards the client (I)
- An exploration of the client's envy and fear of the therapist's power (F)
- The therapist cautiously explores the power dynamic with the client (B)
- The therapist negotiated with the client to give her feedback when she did something she did not like (C)



## **2.5 The process of ending**

- The therapist feelings of vulnerability in ending with clients (C)
- The client's power to withdraw or end the relationship (G)
- The therapist experiences a loss of power as the relationship approaches an ending (B)
- The therapist loses their power as the client threatens to end (c)
- The therapist experiences the client's ultimate power not to come (C)

### **3. Forms of power relationships**

#### **3.1.1 The therapist experiences themselves being constructed as powerful by the client**

- The therapist sensed the client perceived her as a strong person (F)
- The client's construction of the therapist as a 'powerful' professional keeps the therapist at a distance (F)
- An experience of being a wise old woman (H)
- The therapist awareness of the client's acceptance of her authority (C)
- The client constructs the therapist as an authority (E)
- The therapist thrown into the role of 'the expert' by the client's assumptions of her(C )
- Being constructed as the expert (I)
- The client's construction of the therapist as a powerful figure (D)
- The client's belief in the power of women (E)
- The client has a powerful image of the therapist (I)
- Therapist experienced a change in the relationship after about two months. She is aware that her client sees her as more senior to her. (A)
- The client's construction of her as powerful (E)
- The therapist's awareness of the power he holds in the relationship (D)
- The client's entrenched view of power (E)
- The client defines himself from a fixed position of helplessness (D)
- The client's construction of her as the expert (E)
- The therapist's support for the client's need to see him as powerful (D)
- The therapist experiences the client as looking to him for answers to his question (D)
- The client's belief in the therapist's power to change him (E)
- The therapist's awareness of the client's adaptation to him in the relationship (D)
- The therapist observes the client orientates herself in the world by choosing relationships with others whom she experiences as powerful (including herself – the therapist) (C)

#### **3.1.2 The experience of power as being 'given power'**

- The client lacks a sense of self agency(E)
- Her client relates to the world in a passive way. (A)
- The therapist experiences the client as giving her 'a lot of power'. (F)
- The therapist experiences a persistent 'pull' into a 'powerful role' by the client (E)
- The therapist's finds her interventions reinforce the client's construction of her (E)

#### **3.1.3 The experience of being idealised**

- The therapist sees the client as idealising her (F)
- Being idealised by the client (B)
- The client's attribution of 'magical powers' to her (E)
- The client's attribution of magical powers to the therapist (E)
- The client's construction of the therapist as magical and powerful (F)

- The client's power to construct their image of the therapist (H)
- An idealising transference: The client taking on board what the therapist says giving the therapist a feeling of power (G)
- An idealising transference: The client taking on board what the therapist says giving the therapist a feeling of power (C)
- When idealised the therapist does not feel herself (F)
- The therapist acceptance of the client's need to idealise her (i.e. to see her as a magical power) (F)
- The client falls in love with the therapist (C)

### **3.1.4 The client's need for the therapist**

- A feeling of being powerful (as opposed to actual power) coming from the client's greater need for the therapist (H)
- The client's need for the therapist (I)
- The client's dependency on her attachment to the therapist (H)
- The client needs the therapist to be powerful to feel safe in the therapy because of her past (F)
- The client's need to construct the therapist as powerful (F)
- The heightened feelings of attachment and power as the therapy moves towards an end (H)
- The therapy relationship is co-created reflecting the 'emotional needs' of the client and the therapist's assessment of what the client needs from her. (A)
- The client is scared of the therapist's power (E)
- The client's fears about the therapist's power to disapprove of her being past in her experience of her parents (F)

### **3.1.6. The therapist's taking of power in the relationship**

- Therapist A is aware that she takes charge of sessions with Client 2. (A)
- She is aware that she takes up a 'tinge of an expert' in their relationship. (A)
- The therapist undertakes a conscious act to bring about an 'equalising' of the power relations within the therapeutic relationship. (A)
- The therapist's holding of a position required the client to shift their position in relation to themselves (D)
- The therapist's experience of the therapeutic value of the client's struggle with her authority (C)
- The therapist holding firm boundaries with a prospective client (F)
- The therapist's clarity about their position – a boundary - relative to the client (D)
- Small interventions which restore a feeling of power in an experience of powerlessness (H)

### **3.1.8. The therapist's understanding of how client's past shapes the power dynamic**

- The client's past influences their experience of power relations (F)

- The client's past experience of powerful figures in their past defining their sense of self (H)
- The client has a past of suffering when he is in a position of vulnerability (H)
- The client's past experience of powerful figures in their past defining their sense of self (C)
- What the client brings with them to the therapeutic relationship: The therapist's awareness of the client's past abusive relationships (C)
- The therapist's awareness of a possible link between how the client constructs the power of women with whom he relates and his cultural past (E)
- The client's past experience of being bullied by powerful others (E)
- The client's history of being abused by men (I)
- The client's struggle between different areas of his identity (D)
- The therapist's understanding of the client's need as representing something that was missing from the past (D)
- The therapist's awareness of the client's internal division (D)
- The client's racial assumptions of agency (B)
- The client's struggle with between identifying with two different cultures (D)

### **3.2 The client experiences the therapist to be the 'abuser'**

- The therapist experienced the client as presenting himself as a victim (F)
- The therapist experiences a switch in the relationship whereby the powerful other is 'suddenly' experienced as the abuser (C)
- The therapist's perception of the client as a 'victim' creates a power position in the relationship (H)
- The therapist's observation that the experience of abuse as a therapeutic moment for the client (C)
- The client experiences what the therapist says as intrusive in a way crosses the boundary between therapy and abuse (C)

### **3.3. The therapist's subjective experience of being powerlessness**

- The client's power to keep the therapist at a distance (G)
- The client's power to make the therapist experience of intense affect of hostility and anger (G)
- The therapist's feelings of powerlessness when the client takes up the position of the victim (H)
- A powerless state: a feeling of not knowing how to respond (H)
- Feelings of powerlessness about a divergence of opinions around what would be in the best interests of the client and wanting the client to make his own decisions (H)
- The erotic transference creates a sense of powerlessness
- The experience of enchantment leaves one feeling powerless (H)
- Feeling small & young with the client (H)
- The erotic transference shapes the power relationship (H)
- The therapist's experience of powerlessness as a therapist (when the client does not want to change) (C)

- The therapist experiences a loss of power at the proposal of an ending to the relationship (C)
- The therapist's interpretation of the client's unconscious desire to escape her power (C)
- The therapist feels under pressure to accommodate the client's demands (B)
- Feeling conflicted and pulled between two voices (B)
- The therapist's intense emotions with the client: ongoing anger, dread and rage towards the client (B)
- The client's expression of his power provokes a desire for the therapist to abandon him. (A)
- She fantasies about hitting the client. (A)
- The therapist's feelings of hopelessness (I)
- The therapist experience of being controlled by the client (B)
- The client takes up a powerful position with the therapist by acting powerless (G)
- The client's use of her power to withdraw leaves the therapist feeling powerless (G)
- The client's power to resist change leaves the therapist feeling less powerful (G)
- The therapist's powerlessness to shift the power dynamic (E)
- She experiences him as being 'powerful' in their relationship. (A)
- Therapist A experiences the client as being immensely powerful in their relationship because he is so sinister. (A)
- The therapist works really hard but she feels she is not allowed to make a difference (C)

### **3.4. Power Struggles**

- The therapist experienced power plays with the client (G)
- A hiding of experiences from each other: A hiding of anger in the therapeutic relationship (B)
- The struggle for power emerges in the moment of space between the two (G)
- A demand for gratification from the client (I)
- The therapist experiences himself as being charmingly manipulated by the client (I)
- The client uses money as form of power (I)
- The therapist experiences himself as being tested by the client (I)
- The therapist experiences himself being manipulated by the client in a way that is unclear as to its purpose (I)
- An ambiguous power relationship (E)
- The therapist's experience of a contradiction between the client's explicit deference to her power and an implicit claiming of the power in the relationship (E)
- The therapist experience that the client wants something from him (this remains unclear and not – defined) (I)
- An implicit attack on the therapist (H)
- Feelings of being manipulated by the client (B)
- This dynamic leaves her with lots of negative feelings towards the client.(A)
- Enactments as a power relationship (H)
- An experience of behaving 'badly' with each other (H)

- KS's experience of a power struggle with the client (C)
- An experience of repetition and helplessness (E)
- The therapist's experience of a struggle around the power dynamic in the early interactions with the client (E)
- The client took up a fixed position in the relationship (E)
- A difference in beliefs about how therapy works (E)
- The therapist's attempts to give power back to the client (E)
- An experience of competition with the client for intellectual power (I)
- The therapist experiences himself as being drawn into a dynamic of 'who knows more' (I)
- Playing power games (I)
- The therapist's awareness of the 'pecking order' in the room (I)
- A 'collision' of wills between therapist and client (both therapist and client hold onto fixed positions in the relationship) (B)
- A sudden shift in the relationship – an implicit demand from the client (B)
- A collision of wills in the therapeutic encounter (B)
- An experience of an indirect attack by the client (B)
- The client picks up the therapist's feelings of vulnerability at the end of sessions (G)
- The therapist's conscious questioning of his role in the relationship (G)
- The client's pressure on the therapist to flex the boundaries of the session (G)
- The therapist experiences himself as being pushed beyond his boundaries by the client (I)
- The therapist's experience of being manipulated by the client around accommodating the client's wants (I)
- He experiences the client as asking for something from him which is beyond the frame (I)
- An experience of being caught in a double bind (E)
- The client's pushing of the boundary as a communication to the therapist (G)
- The therapist's belief in engaging in the struggle with the client – 'a big thing' between (B)
- The fantasy that his anger could escalate and he could abuse his power position (G)
- The therapist's refusal to give the client what they demanded from her (E)
- The power struggle becomes frustrating for the therapist (C)

### **3.5 Shared Power**

- For her, this shared philosophy about the world contributes to 'a sense of equality' in the psychotherapy relationship. (C)
- The therapist experiences a 'liking for the client' (B)
- A co-created relationship of equality reflecting both the therapist's ideal and the client's demands (A)
- The client starts to find self understanding for herself and be less dependent on using the therapist for this role (F)
- A fluid experience of power between client and therapist (G)

- An experience of shared power (H)
- A feeling of empathy with the client (H)
- An experience of shared power and conscious relating (H)
- A process of conscious relating (H)
- An absence of a struggle over power with the client (H)
- Evenly shared power between therapist and client – adult to adult relating (H)
- The establishment of a mutual agreement (E)
- An agreement based on understanding and not assumptions (E)
- A freeing up in the power relationship (E)
- A relationship without a power gap (I)
- A coming together with the client (I)
- The forming of an alliance between the therapist and client (D)
- A sharing of power in the psychotherapy relationship (D)
- The therapist's 'ideal' for the therapy relationship – 'trust' and 'support' (D)
- A gradual challenging of the client (D)
- The therapist's willingness to share with the client what he does not know and his willingness to learn (D)
- The therapist's willingness to learn from the client about their differences (D)
- The therapist divests himself of expectations for the client (I)
- The therapist's openness and transparency with the client (D)
- The therapist's presentation of a choice to the client about whether to work with him (D)
- The therapist and client shift towards a more co-operative relationship (D)
- The client's willingness to be helped (D)
- The client is interested in novelty and hearing the therapist's thoughts (D)
- The therapist experiences the client as being willing to follow his direction (D)
- The therapist's awareness of the client supporting his inquiry (D)
- Power flowing in the therapeutic relationship (B)
- The client experiences a different power dynamic with the therapist (I)
- The therapeutic relationship as a different experience (I)
- The therapist observes a massive shift in the client (F)
- The client starts to experience a sense of her own authority in a relationship (F)
- The client started to change power dynamics in relationships outside of the therapy (I)
- The client starts to express their wants from others (I)
- The client started to find self understanding herself rather than rely on the therapist as the provider. (F)
- A point when the client started seeking knowledge for herself. (F)

#### **4. The therapist's ambivalence of being powerful in the relationship**

##### **4.1 Ambivalence around the therapist's role power**

- The therapist discounts their role power (H)

- The therapist's concern about exploitation in the therapeutic relationship (D)
- The therapist's awareness of the potential abuse in the therapeutic situation (E)
- The therapist's awareness of the potentiality to exploit the client's vulnerability (D)
- The therapist's movement of the boundaries in response to the client's pressure (H)
- The therapist's ambivalence about holding the boundaries (I)
- The therapist's guilt the setting of boundaries with a client (H)
- The therapist accommodates the client's implicit demand on him to extend the boundary (G)
- The therapist finds it difficult to hold boundaries with client's he likes (I)

#### **4.2 Therapist's ambivalence of being powerful in the relationship**

- The therapist's manipulation of the client when she is concerned about the client's choices (H)
- She experiences a 'compulsion' to be her ally. (A)
- Countertransference determination (I)
- The therapist feels forced into a role by the client which feels uncomfortable (G)
- The therapist's aware of the 'closeness' of abuse and therapy (C)
- The therapist's willingness to tolerate discomfort because she believes it's in the client's interests (F)
- The therapist feels unsafe when she is idealised by the client (F)
- The therapist's guilt at her use of her power to reveal what is taking place in the therapy room (F)
- The therapist's protection of herself by distancing herself from the client (F)
- The therapist's guilt about her power in relation to the client (H)
- Confusing feelings for the therapist about her power (H)
- Power - a feeling state: Confident and relaxed (H)
- A paradoxical experience of power in the relationship with the client (G)
- Feeling effective gives the therapist an experience of being powerful (G)
- The therapist is thrown into a position of questioning his effectiveness (G)
- The therapist experiences the client as being more powerful than him as he struggles to be effective (G)
- The therapist's discomfort with being seen as powerful (E)
- The therapist's anxiety about 'failing' to meet the client's expectations of her (E)
- The therapist's confidence in the position he takes relative to the client (D)
- The therapist's comfort with his power in the relationship (D)
- The therapist's vulnerability of being idealised by the client (B)
- The dilemma of the therapist holding the power in the therapeutic relationship (B)
- Anxious that because of the client's fragile state she may damage the client or do something dangerous to her (B)
- A desire for a different relationship with the client (B)
- The therapist's feelings of conflict about the exercising of his power with the client (G)
- The therapist's fears of exercising his power (G)
- The therapist finds it hard to exercise his power to ask her to leave (G)



- The therapist's anxiety about being experienced as the abuser by the client (C)
- The therapist's experience of being 'set up' by the client as the expert (E)
- An experience of being set up (E)
- The therapist's conflict at being constructed as the agent of change by the client (E)
- The therapist's frustration in the client's construction of her (E)
- The therapist's conflicting feelings about her power in the relationship (E)
- The therapist's awareness of the fine line between abuse and intervention (E)
- The therapist's sensitivity to how she chooses to use her power in relation to the client (E)
- The therapist's fears of humiliating or bullying the client (E)
- The therapist's ambivalent feelings about being powerful. (E)
- The therapist experiences the client as placing him in an impossible position (I)
- The therapist's discomfort with being constructed as the 'powerful' parent (reveals a conflict with his ideal) (D)
- The Therapist's struggle with the client's expression of their power in the therapeutic relationship(C )
- The therapist's struggle to manage intense feelings of anger and dislike towards a client who uses his power to intimidate the other(C )
- As she describes this aspect of her behaviour she notices that does not 'like this'. It does meet her 'ideal'. (A)
- The therapist's satisfaction in her power to influence the client (F)

#### **4.3 Therapist's ideological positions about power**

- Therapist A feels an 'affinity' with the client, a shared identity, which reflects a shared view of the world (A)
- The therapist's 'ideal': a relationship of equality(C )
- The therapist's interest in power, politics and ideologies in psychotherapy (I)