Power in the therapy room

Few human differences are neutral with respect to power. The more aware we are of our own issues of power and those of our clients, the better therapy will work. *By Nick Totton*

We bring certain power relationships into the therapy room with us, and discover certain power relationships already there, created by the nature of the work. I want to start by looking at some specific issues around power which arise in the therapy or counselling relationship, deriving from the general social context where some people have more power than others. I will then go on to discuss power relations as they are structured by the therapy relationship itself. My argument is that practitioners need to be continuously alert to both sorts of power issue; but also, that we need to let go of any notion of eliminating or defusing such issues, and instead try to open them up to the transformative effects of awareness.

Difference, power and rank

Like all human life, therapy happens within a framework of sameness and difference[1]. Client and therapist both seek out ways in which we can see each other as similar, and ways in which we can see each other as different. Either of these perceptions can be accurate or inaccurate, and either can help or hinder the therapy relationship. But very few human differences are neutral with respect to power. The great majority – gender, ethnicity, class, age, income, sexuality, ablebodiedness – are signifiers of rank.

Difference in rank inflicts many of the emotional wounds which people bring to therapy, and which can also be re-enacted and reinforced in the therapeutic relationship[1]. In his important discussion of rank, Arnold Mindell points out that, 'Whether you earned or inherited your rank, it organises much of your communication behavior'[2]; and this, combined with visual information about gender, ethnicity and so on, enables people to very quickly and accurately, consciously or unconsciously, read each other's relative rank with all its implications for relative power (power usually goes along with rank, though not always; for example, the Queen). These issues have been referred to in terms of 'majority' and 'minority' groups; but a disempowered group is not always a minority – for example, there are more females than males in the world, but males are a universally empowered group. Therefore I prefer like Mindell[2] to speak of 'mainstream' and 'non-mainstream' groups.

One feature of the mainstream is that its members may be quite unconscious of their own rank and power compared with non-mainstream people. A white male middle-class therapist (like myself) may sincerely believe that he claims no superiority of rank over a female working-class person of colour who is his client. But unless he recognises the social reality that he has far higher rank than her, and brings awareness to how this affects their experience of each other, the therapeutic

relationship will be warped from the start; for him to ignore his power is itself a use of that power. 'Rank is a drug. The more you have, the less aware you are of how it affects others negatively'[2].

Non-mainstream people are usually better informed about issues of rank. Since I occupy a mainstream position, there are almost certainly dimensions of difference and rank which I fail to recognise, and these may be deeply meaningful for particular readers. Similar failures happen in the therapy room; and therapists need to be prepared to learn from their clients – and to apologise for the hurt which their unconsciousness creates. Some practitioners are themselves carrying wounds around rank, which may affect their work with certain clients: black therapist with white client, working-class therapist with middle-class client, female therapist with male client – all need extra awareness to avoid persecuting their high-rank clients.

But generally the therapist's challenge is to be aware of their higher rank. Whatever rank they bring with them, psychotherapists and, to a somewhat lesser extent, counsellors are perceived as skilled professionals, with a similar authority to doctors or lawyers; often they are credited with an uncanny and frightening ability to 'see right through' people[1]. Therapy is a middle-class occupation, whatever the self-perception of individual practitioners; and therapists are very often white and from middle-class backgrounds. The steadily increasing length and cost of therapy trainings is likely to intensify the difference in rank between practitioners and clients.

Expectations and misunderstandings

Clients have different expectations of their therapist or counsellor depending on social and cultural context, and on perceived and experienced differences of rank. Most obviously, if a client identifies themselves as relatively disadvantaged compared with their therapist, this will intensify the elements of wariness, deference, hostility and appeasement which are always present at the start of therapy. Therapists also have different expectations of their client, depending on differences of setting, of rank-related dimensions, and also of therapeutic culture. As Mindell has pointed out[2], the communication style of the mainstream (white, Western, middle-class) culture can be characterised as cool and linear. That is, mainstream individuals tend to speak one at a time, and stick to the

subject; they may get angry, but generally keep this within bounds and strive for reason and articulacy. Some non-mainstream cultures, however, tend to use hot and non-linear communication styles, where emotions bubble up freely and the conversation circles around rather than following a straight line.

Each of these styles has its own strengths and weaknesses, each is perhaps more useful in certain situations. But the great majority of therapists are trained and expert in the cool, linear style, and may be puzzled and deskilled – and therefore defensive - when faced with hotter and less linear ways of talking. A minority of therapists have been trained in 'growth movement' approaches which equally privilege a 'hot', emotive, 'right brain' style and will tend to characterise cool communication as 'being stuck in your head'. Either way the client may get pathologised.

The more we are familiar with these issues and open to exploring them, the better therapy will work. But this is not to endorse the liberal belief that real differences of rank and power can be dissolved through sufficient good will. The more we try to smooth them away, the more awkwardly and painfully they make themselves felt. Like all psychological wounds, in order to be transformed in therapy issues of rank and power need to be re-enacted[3]. And there are key aspects of the therapeutic situation which make it very easy for this to happen.

The battle for reality

One of the most fundamental features of individual therapy or counselling is that there are exactly two people in the room (not counting ghosts, introjects, etc.) These two people will either agree about what is going on at any given moment, or they will disagree. Does each person have one vote on reality? Or is it more complex than that?

My suggested answer is that both are true. Each person has one vote; but at the same time, each person has a wide range of tactics available for claiming that their vote is worth more than the other's, and for influencing and manipulating how the other person uses their vote. Most obviously and notoriously, the practitioner can claim more authority to pronounce on the situation, because of their expertise, training, status, experience, and so on. This claim can be made explicitly, as used to be the norm, but it doesn't have to be: there are many subtle ways in which the therapist can imply that they know better than the

client. In the heightened atmosphere of the therapy room, the least shift of intonation, the smallest pause or silence, every choice of which statements or actions of the client to respond to and which ones to ignore, all very effectively convey our views – even when we do not intend it[4].

The client can of course also try to dominate the situation; but the therapist has serious advantages from the start[5]. She is on her home turf, both literally (even if not working from home, she is familiar with the environment) and in the sense that she has done this before, as many clients have not – and even if they have been in therapy before, they don't know how this therapist does things. From the moment they first enter the room, most clients are trying to work out what is expected of them and, generally speaking, to provide it. They are off balance; and without even realising it, the practitioner can exploit this.

I once saw a video of an initial interview between an analytic therapist and a prospective client. The therapist began by offering complete silence. After a few uncomfortable moments, the already flustered client asked something like, 'Should I tell you what my problem is, then?' Smiling gently, the therapist responded 'Is there something else that you feel should happen?'

Within their own paradigm, the therapist was responding quite reasonably and appropriately. For an 'untrained' client, though, the response was bizarre and unnerving, apparently calculated to make them feel like an idiot, and to drain all spontaneity from the situation. However the kindly and empathetic humanistic therapist can be seen as offering an equally distorted interaction. To put the client at their ease, help them feel comfortable and cared for, offer them understanding and unconditional positive regard – all encourages the client to feel grateful and indebted, and to avoid anything which might cause this comfort to be withdrawn.

The client's dependence on the counsellor or therapist is obvious. But the therapist is equally dependent on the client: not only (in private practice) for their money, but also and perhaps even more importantly for their positive feedback. Offering therapy is a very scary and insecure experience, even if we have been doing it so long that we aren't often conscious of the scariness; and we need our clients to appreciate what we are doing, to value us, like us - even to admire us. Some practitioners instead deal with the anxiety of the therapist's role by despising and denigrating their unfortunate clients.

These needs and anxieties on both sides of the room fuel for all sorts of complex power plays, manipulations, blackmails, seductions and seizing of the moral high ground, as part

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of the attempt on both sides to gain the other person's acquiescence in a particular view of what is going on in the room and in the client's past and present life. Generally speaking, the therapist wants the client to agree that they have problems, that the therapist to some extent understands those problems (because they fit with the therapist's theoretical paradigm), and that the two of them are working together in a way that will tend to resolve the problems. What the client wants the therapist to agree about is generally more individual and complex – perhaps, for example, that the client has been badly treated by other people; perhaps that the meeting between client and therapist is a very special one, even a romantic one; perhaps that the client is a truly exceptional person. The possibilities are endless; and of course the therapist may hold equivalent notions, often unconsciously. There is generally a real tussle going on.

I am not attacking anyone by pointing out the shape of the therapy situation, far less am I criticising the nature of psychotherapy and counselling; I am simply pointing out some of the feelings that inevitably arise when two human beings come together in this context. My interest is in what we can usefully do in relation to this. I suggest that the inevitable power struggles over the reality of the situation should not be ignored, smoothed over, or subject to attempts to fix them. Instead, they should be identified, acknowledged and explored, as crucial resources in understanding and unfolding the client's process.

A big part of the wound which most of us bring to therapy or counselling is the sense that our experience has been ignored and overridden. We can respond to this wound in all sorts of different ways, and find many different ways to hold on to our own sense of reality; but the core experience for most people – not surprisingly, considering dominant ideas about children and childcare – is of having our reality denied.

This might seem to suggest that the therapist's job is to comfort and soothe the wound, and to offer a reparative experience of being heard and accepted. And this is indeed a very important part of many therapeutic relationships. However, it is not enough. A loving and empathetic therapy will not on its own enable the client to access the pattern of their distress; in a sense it will even help them to cover it over. There is little that we can do deliberately to change this – by

being a nasty and dominating therapist, for example! All we can do is to make room for the pattern of distress to express itself; which it will necessarily do through the therapist.

I am talking here about enactment [3] (Aron, 2001, Chapter Seven): the now widely recognised fact that therapists and counsellors can find themselves irresistibly dreamt up to take the role of the oppressor and wounder from their client's story, and to repeat – hopefully in a relatively gentle and symbolic form – the traumatic experience which the client has been struggling to process. The more we try to avoid this, the more it is forced upon us. And the means of enactment are readily available to us, in the difficult power relations of the therapeutic situation, and in the wider social context of power-inflected rank differences which surround and invade the therapy room.

So what is to be done? With enactments in general, and perhaps especially with enactments of wounds around rank and power (remember that children suffer greatly from low rank), the first issue is to recognise and acknowledge what has happened; the next issue is to distinguish between shame and apology. We need to apologise for what we have done, while recognising that it has been thrust upon us by the drive to heal old wounds. We must also recognise that enactments use the therapist's weak spots: if I have any traces of arrogance or contempt, of racism, sexism or classism – and who doesn't ? – these will be activated on behalf of the client's process.

More generally, I am suggesting that the struggle in the therapy room over the definition of reality is not pathological, but healthy; and that it deserves recognition and support. Rather than trying secretly or unconsciously to manipulate each other, the client and therapist can negotiate, argue, wrestle together over how to understand their experience of each other. This may be a challenging process; but who will find it more threatening, the client or the practitioner?

Psychotherapists and Counsellors for Social Responsibility are holding a one-day conference in London on 21 November on 'Power in the Therapy Room', with Valerie Sinason and others; for details see http://www.pcsr.org.uk/3.html.

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