

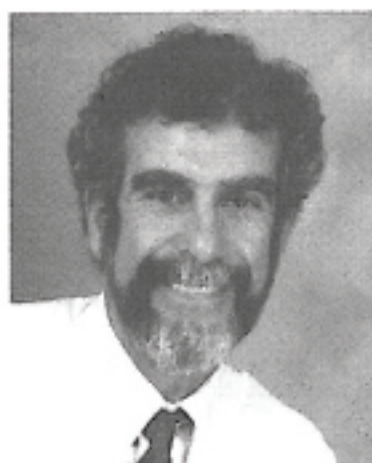
Re-Thinking the "Power Differential" in Psychotherapy: Exploring the Myth of Therapists' Omnipotence and Patients' Fragility

FROM THE FIRST DAY IN GRADUATE SCHOOL in psychology, I was instructed to pay great attention to the "inherent power-differential in psychotherapy," to be aware of the "imbalance of power between therapists and clients," and was repeatedly told, "never abuse or exploit our vulnerable and dependent clients." Apparently, not much has changed in almost 30 years. In their widely used textbook, now its 3rd edition (2007), Pope and Vasquez unequivocally state, "The power differential is inherent in psychotherapy" (p. 43). Similarly, in 2008, the respected ethicist, Dr. Jeffrey Barnett wrote, "The psychotherapy relationship, by its very nature, results in an imbalance of power. The psychotherapist is in a much more powerful and influential position than the client..." (p. 401). Leading ethicists like Brown, Koocher, Pope, Sonne, Vasquez and many other authors seem to emphasize the power inherent in the therapist's role and have likened the therapist-client relationship to the parent-child relationship, viewing clients as generally powerless and helpless.

THE MYTH OF "POWER-DIFFERENTIAL"

The question of therapists' power has been the focus of the investigation of exploitation of clients by their therapists. Obviously, the valid concern is that predatory therapists may take advantage of vulnerable clients for their own sexual and other benefits. It is important to emphasize that it is always unethical for therapists to exploit, harm or have sex with current clients and it is illegal in most states. Many authors have used the "power-differential" argument to demonize all dual relationships and interventions, such as non-sexual touch, self-disclosure, gifts, bartering, etc. The term "power-differential" has been used synonymously with exploitation. These authors obviously have ignored the fact that many dual relationships in small communities are unavoidable and are, in fact, healthy aspects of inter-dependent

Ofer Zur



OFER ZUR, PhD is a psychologist, author, expert witness, and consultant in private practice in Sonoma, CA. He is the director of the *Zur Institute*, which offers free online resources and online continuing education courses for psychologists, social workers, counselors, and nurses. Dr. Zur's major contributions have been in the development of fee-for-service, managed-care-free private practices, and in the fields of psychotherapy and counseling promoting understanding of the importance of flexible psychotherapeutic boundaries for effective therapy. Dr. Zur has authored many articles and book chapters, and four books. *Boundaries in Psychotherapy*, his latest book, was published in 2007 by the American Psychological Association. He can be reached at info@zurinstitute.com.

Reference: Zur, O. (2008). Re-Thinking the "Power Differential" in Psychotherapy: Exploring the myth of therapists' omnipotence and patients fragility. *Voice: The Art and Science of Psychotherapy*, 44 (3), 32-40.

communities. They also ignore the extensive clinical data on the healing power of touch, the clinical effectiveness of self-disclosure, the humanity of gifts and the potential cultural correctness of bartering. Other ethicists and scholars have taken the subject of power a step further and suggested that "Once a client, always a client," meaning that therapists' god-like power and potential to exploit sexually and cause harm may last long after therapy and perhaps indefinitely.

Very few therapists explore the issue of power beyond the assumption of "a power differential." They still focus on therapists' power and ignore clients' power when they assert that short-term therapy, psychoeducation, medication consultation, behavioral, symptom reduction, and non-transferential therapies are less likely to yield a significant power differential compared with long-term or insight-oriented, psychodynamic therapy.

The view of a client's child-like vulnerability has come from two sources: (a) originally, psychoanalytic psychotherapy focused on clients' transference which, within this analytic frame, implies that therapists have enormous power to influence and control their regressed and vulnerable clients; (b) the focus on power relationships in psychotherapy has emerged from valid and important concerns regarding sexual exploitation of female clients by male therapists. Since the 1970's, the client's helplessness was emphasized by some feminist social-political analyses of the nature of patriarchy and the inherent vulnerability of women to men in general, and more so to men in power positions. This strand of feminism views women as generally powerless, helpless and at the mercy of men in authority, such as psychotherapists, counselors, priests, etc. (Rutter, 1989). Although the power differential is valid and real in many psychotherapeutic situations, it is still unfortunate that it has been used, at times, synonymously with exploitation and harm in the ethics literature. (Lazarus & Zur, 2002; Zur, 2007)

ON CLIENTS' POWER

While I obviously share the concern about exploitation of clients by their therapists, the stereotype of the omnipotent therapist who dominates all clients neither fits with my view of myself, with my experience with my clients over the years, nor with my understanding of power dynamics. I do not need to look far to know that, although I have been a client of several therapists, I have never felt powerless nor at the mercy of my therapists. I suspect that most of the readers of this article have spent some time in therapy and I doubt if they experienced their therapists as possessing some kind of inherent power and superiority.

Looking back at my almost 30 years of consultations, it has become clear to me that: while some of my clients have been vulnerable and dependent, others could not have been further from that; while some clients seek my counseling when traumatized, confused and disoriented, others have been very centered and assured but needed a new direction in their generally successful lives; while some were young and helpless, others were mature and in reasonable control of their lives; while some were clinically depressed, others were existentially depressed;

while some were poor, others were rich; while some were unemployed, others were CEOs of huge corporations. And, most relevant to the issue of power, while some were weak, vulnerable and helpless, others were powerful, dominating and controlling.

Two popular, classic movies have presented the polar opposites of therapist and client power. *One Flew Over the Cuckoo's Nest* presents the ultimate brutal and potentially deadly power of a treating nurse. At the other end of the spectrum, the movie, *What About Bob*, provides us with another example of a client's power—in this case the power to harass, impose upon and stalk.

A few years ago, I consulted with a high-strung, successful, ex-beauty queen. She was also an attorney, well-read in psychology relating to the challenges of her arrival at middle age and motherhood, and was interested in the subject of power. One day, she said to me:

You shrink seem to think you are these powerful beings. Your literature paints images of clients as helpless, vulnerable, pliable, weak creatures at the mercy of you omnipotent people. Your ethics texts make it sound like you can snap your fingers and I will jump into your bed. Well, let me tell you something about power. With my J.D. and Ph.D., I am better educated than you are, which gives me more power than you have with your Ph.D. As far as I can tell, I am much wealthier than you are, which gives me another form of power over you. I have professionally achieved more than you have, which gives me another power advantage. I am an attractive woman, which gives me the undeniable power that sexy women have over men. Finally, I can destroy your career with one call to your licensing board. So much for your illusion of power.

Of course, her remarks did not reflect my stance on the subject and I referred her to my writings on power; nonetheless, she had made very valid points vis a vis the profession as a whole.

We have looked briefly at therapist power and client power. Of course, although therapists do not necessarily have the greater power in the clinical relationship, it is important to recall and emphasize that regardless of clients' and therapists' respective power, the fiduciary relationship always remains the foundation of the therapist-client relationship and must be held as inviolable by the therapist.

BEYOND VICTIMS VS. VICTIMIZERS

When it comes to power relationships, most scholars, psychotherapists and lay people attempt to gain clarity by attempting to differentiate between the powerful and the powerless, abuser and abused, dominant and submissive, and victimizer and victim. Within this approach, there have been two diametrically opposite views of the split between the so-called victim and victimized. The first more traditional and conventional approach points the finger of blame at the victim. This may be a battered wife, a rape victim, a person of color, an economically disadvantaged person, or exploited psychotherapeutic patient or client. The second approach, which is supported by radical feminist therapists, views men as solely responsible for violence, whether as soldiers on the battlefield, politicians in government, husbands in domestic violence, or therapists who mistreat or exploit

their clients. These two allocations of blame have not only failed to resolve abuse, violence and suffering but in fact, as this author asserts, have tended to perpetuate and exacerbate them.

For a long time, I have advocated for an alternative, less popular approach, supported by system and family therapists, which views power relationships as a dynamic and interactive process (see my 1994 victim paper for more details). Unlike the "blame approach," it neither focuses on assigning blame nor believes in the complete innocence of the so-called victims, with the obvious exceptions of children, the disabled, etc. It assumes that resolutions of conflict and healing come when rational adults share the responsibility for their role or part in the 'power dance.' This approach neither blames the so-called victim nor absolves victimizers from taking responsibility for the harm they have inflicted. The application of this approach to psychotherapy and counseling will invite an exploration of the therapist-client power dynamic without absolving therapists from their legal, ethical and moral obligation to "do no harm."

ON POWER IN PSYCHOTHERAPY

Consistent with most influential ethicists, Pope and Vasquez (2007) focus on therapists' power and have identified several types of power that pertain to them. These include power conferred by the state, power to name and define, power of testimony, power of knowledge, and power of expectation. Gottlieb identifies several factors that are likely to increase therapists' power: they included length of treatment, modality, and nature of the services (see Zur, 2007). The professional literature rarely discusses client's power. This is probably the result of the widespread, faulty belief in the therapist's omnipotence and client's inherent fragility and powerlessness, as well as fear of "blaming the victim."

Unlike the analytic tradition, which focuses on clients' transference, regression, and the supposed resulting vulnerability, humanistic and feminist psychotherapies emphasize the importance of leveling the playing fields in regard to therapist-client power relationships. These orientations view the importance of therapists striving for egalitarian relationships with their clients as a way to promote clients' healing and health. The implicit assumption of these two orientations is, still, that therapists are seen as inherently more powerful and therefore need to strive intentionally to create egalitarian relationships by means of self-disclosure, gifts, bartering, home visits, etc.

Instead of answering the question of who is more powerful or looking for certain conditions that may increase therapists' power, we will review the different types of power and examine how each of them, simultaneously and equally, applies to both therapists and clients. The general definition of power for the purpose of this paper is: "power is the capacity to bring about change." We can be more specific and say that the operational definition of power is that "it is a measure of a person's ability to control or influence the environment around them, including the behavior, thoughts or feelings of other people."

TYPES OF POWER IN PSYCHOTHERAPY

Primarily based on the work of French and Raven (1960) but also on the summary by Devries (1994) and others, I suggest the following categories or types of personal power. Each type will be described and its relevancy to therapists and clients is discussed.

Expert power relates to the individual's knowledge, information, skills, and expertise gained through formal education, experience or acquisition of skills.

- *Therapists' Power:* Most therapists have more expertise in the field of human behavior than their clients. They are likely to have higher degrees, more education in the mental health field and more information about behavioral health assessment and interventions.
- *Clients' Power:* Many of our clients have expert power in areas that therapists do not necessarily possess. This can be mechanics, teaching, business, nursing, art, computers, law, etc.

Legitimate power: Also called "Positional Power," this is power that is invested in a role and derives from a formal position that a person holds. Kings, judges and policemen are classic examples of people who have legitimate power.

- *Therapists' Power:* Therapists' legitimate power is most often given by the state in the form of a professional license conferring specific powers, such as the power to report child abuse or danger to self. This form of power is likely to elevate psychotherapists' status in the eyes of clients. Therapists have also the power to label and diagnose, which often imbues them with more prestige and power.
- *Clients' Power:* Most clients are not likely to have legitimate power over their therapists unless they are judges, policemen or IRS agents.

Coercive power is the capacity to force someone to do something against his or her will. The source of coercive power varies widely. People can coerce others by employing threat or actual physical force, by evoking their legal status or authority, or by blackmailing, intimidation and other forms of manipulation. Parents, for example, have coercive power over their children, as do teachers over their students. Obviously, officers of the law, judges, federal officials, and the like can compel people to do things against their will. This form of power also includes those who can coerce others using their physical strength, psychological or other forms of intimidation, or, more basically, any weapon or threat of physical harm, as exercised by bullies, Mafiosi, gangs and others who specialize in extortion or blackmail. Crazy or erratic behavior also presents a form of power. Acting 'crazy' can easily have an intimidating effect on others.

- *Therapists' Power:* Licensed psychotherapists often have the power and authority to assess sanity and influence the decision as to whether a person will be incarcerated or even put to death, determine a person's fitness for duty, or initiate involuntary hospitalization. Psychiatrists, in some settings, have the power to forcibly medicate patients against their will.
- *Clients' Power:* Some clients are physically stronger than their therapists, others can be highly intimidating, therefore possessing a coercive power over their therapists. Some clients are psychopathic, sociopathic, mafia-related (as in the movie, *Analyze This*) and threatening. Others may stalk their therapists and yet others are very litigious. Borderline Personality Disorder (BPD) clients represent a special group who are highly litigious, manipulative, relentless, and often powerful, in their own way. More than any other diagnostic group, these clients are likely to file false complaints against their therapists. Illustrating the power of these clients, a renowned defense attorney gave therapists this sage advice, "You are one Borderline away from losing your license."

Reward power is the ability to give or withhold what people want and, hence, get them to do certain things. The forms of rewards may include payment, promotion, gifts, praise, appreciation, acknowledgment, or love.

- *Therapists' Power:* Clients often desire therapists' approval and love and therefore imbue the therapists with reward power. A predatory therapist may sexually abuse a client by 'rewarding' him or her with special attention and (sexual) love.
- *Clients' Power:* The most obvious way that a client can assert reward power is by withholding payments, but there are others. Many therapists seek their clients' approval or appreciation of their services. Psychotherapy and counseling are not necessarily high paying jobs and clients' appreciation has been reported as a significant element for therapists' sense of job satisfaction. Other ways for clients to assert power is by resisting therapists' suggestions, interpretations and interventions, not improving or not acknowledging the help they receive or progress they make. Sex is one way that some clients, using their sex-appeal, reward their therapists (however, needless to say that it is the therapist's legal and ethical responsibility to hold the line, avoid temptation and never to sexually engage with current or recently terminated clients).

Referent power derives from people's liking, admiring, being attracted to, or desiring to be like another person and results in them being willing to follow that person and obey his or her requests, wishes or orders. It is often fueled by the person's charisma, social or economic status, or capacity to persuade, influence and manipulate. Individuals' sex appeal or other attractive personal characteristics may enhance their reward power.

- *Therapists' Power:* Many clients admire, respect and look up to their therapists, which gives therapists referent power. Some therapists are highly charismatic or authoritarian, which is likely to give them even more power over their clients.
- *Clients' Power:* Some clients are charismatic. Therapists may find their clients sexually or otherwise attractive or admirable for their artistic or other skills. Their social or economic status may also elicit respect and admiration.

Manipulative power is not as distinct a category of power as are the above five. Nevertheless, it is an important form of power to be found in almost all types of power. It refers to the conscious or, some argue, unconscious attempt to manipulate someone to do something against his or her will. Con artists are archetypal examples of manipulative power. The source of manipulative power varies widely. People can manipulate others by employing deceit, trickery, subtle threat or their charm and sex appeal. They can also manipulate others by being insistent, persistent, acting irrationally or 'crazy' or via emotional blackmail by presenting themselves as helpless victims (when they actually are not).

- *Therapists' Power:* Some have suggested that some forms of effective therapy may include manipulating clients to act in more healthy ways. Then, of course, exploitative therapists manipulate their clients for their own benefit, sexual or otherwise.
- *Clients' Power:* Some of our clients problems in the world may stem from their attempts or capacity to manipulate. There are three groups of clients most notable in this regard: (a) In the last couple of decades we have seen a rise of clients who come to therapy as a strategic (manipulative) move to advance their part in custody wars. Many therapists are unwittingly manipulated to take sides in these conflicts, which are often ultimately detrimental to the therapists. (b) The Borderline patients' manipulations through rage, relentlessness, persistence and bizarre behavior. (c) Litigious clients who manipulate therapists so they can file one more law suit, which they hope will benefit them financially or satisfy their vindictive impulses.

RE-THINKING THE "THERAPIST-CLIENT POWER DIFFERENTIAL"

What seems clear from the above review of forms of personal power is that reducing the power relationships in psychotherapy and counseling to the "power differential" and incessantly discussing "clients' inherent vulnerability" is neither valid nor helpful nor does it hold true for *all* psychotherapeutic situations. While some therapists possess or are invested with some kinds of power, clients may possess the same kinds of power or other kinds. What it comes down to is personal power, which derives from a wide array of sources, including a person's position, education, personality, physical strength, physical attractiveness, sex-appeal, charm, charisma, force of personality, and ability to manipulate, elicit guilt or threaten. In the context of this paper, the measure of power is ultimately a person's capacity for direct, indirect or subliminal persuasion, the ability to impose his/her will on others, to bring about change, and to control or influence others.

Very few authors in the field of psychotherapy have viewed the power dynamic in a more complex and inclusive way than that featuring primarily all powerful-dominant, male therapists who can use their power at will over weak-vulnerable, usually female, clients. Lazarus, in his 1994 breakthrough article, *The Illusion of the Therapist's Power and the Patient's Fragility*, disputes the myth of clients as compliant, weak, sitting ducks for therapist abuse and presents his view of therapist-client power relationships as a continuum. Williams (2002), in his exceptional article, "Victimized by Victims," and Zur (1994), in his article, "Re-Thinking Don't Blame the Victim," have both discussed the power exerted by some of those who claim to be victims, but, in fact, can also be victimizers. Similarly, Wright (1985) argued that "The therapist is every bit as much in the power of the consumer, as the consumer is in the power of the therapist. In that sense, the relationship is no different from any other human interaction" (p. 117). Like Lazarus, Williams and Zur, he asserts, "consumers recognize the vulnerability of the provider and are attempting to exploit that vulnerability for economic gain" (p. 114).

POWER, ISOLATION, AND MYTH OF THE "SLIPPERY SLOPE"

Another power-related myth among therapists, ethicists, and legislators is the idea of the "slippery slope." It claims that appropriate boundary crossing, such as non-sexual touch, self-disclosure or gifts, inevitably leads to boundary violations, exploitation and sex. It refers to the idea that failure to adhere to rigid boundaries, such as, "never touch a client," "do not accept gifts," or "never barter or self-disclose," will foster exploitative, harmful and/or sexual dual relationships. This paranoid approach is based on the acceptance of the 'snowball' dynamic which asserts that giving a simple gift is the precursor of an exploitive business relationship and a non-sexual hug or social dual relationship will quickly devolve into a harmful sexual relationship. At the heart of the "slippery slope" concept are the assumptions that unless therapists adhere to rigid rules of detachment their predatory power would be unleashed as they uncontrollably slide down the "slip-

pery slope" towards exploitation of their clients, and, concomitantly, that clients are powerless and have no free will or choice in these matters.

Contrary to the belief that dual relationships and other appropriate boundary crossings encourage exploitative behavior by therapists, I argue that the opportunity for exploitation is proportional to the amount of isolation in a given therapeutic relationship. The absence of dual relationships increases isolation of therapists and clients. Although privacy is extremely important in psychotherapy, it has to be acknowledged that therapists' power is increased both in isolation and when therapists do not disclose much about themselves because clients tend then to idealize and idolize them. Both isolation and mystery are likely to increase therapists' power to unrealistic proportions in the eyes of their clients. It has been established that most instances of brainwashing and exploitation occur in isolation, including cult experiences, hostages and spousal and child abuse (Zur, 2007). As some feminist and humanistic therapists argue, dual relationships, self-disclosure and incidental encounters, when conducted in a professional manner, can all promote a realistic rather than an idealized picture of the therapist, which is likely to result in leveling the playing field from a power point of view. I would argue that sexual and other forms of exploitation are less likely to occur if the therapist has some kind of social or other appropriate relationships or connection with the client or the client's spouse or parent.

NEW VIEW OF POWER IN PSYCHOTHERAPY

The prevalent focus on power in psychotherapy, and the insistent emphasis on therapists' "inherent power" and "power differential," represents a very narrow and limited view of power. Equating or inferring the close relationship between power and exploitation in psychotherapy further distorts the understanding of power in psychotherapy, inflates therapists' egos and, most harmful, indiscriminately demeans clients as it always identifies them as helpless, fragile, powerless beings.

At the heart of the problem is the view of power as "power over" rather than power to empower. The word "power" comes from the Latin root "potis," "potentia" or "potential." As therapists, we want to maximally employ our expertise, as well as our reward and referent powers to empower our clients to heal, grow and help them achieve the goals they want us to help with. This may involve overcoming fears, learning to live with voices, improving their capacity to relate and love, dealing effectively with anxieties, facing death, etc.

One must wonder why the field has become so focused on therapists' power and wonder if the reason may be because we therapists feel less than powerful and often do not feel effective. As all therapists know, our work can be very slow, frustrating and, at times, stalled. Perhaps this view of therapist omnipotence was born out of our feelings of powerlessness and a need to boost our professional self-esteem.

When clients are young children, cognitively impaired, physically disabled, traumatized, dissociated, or psychotic, the power differential is indeed valid and real. In these instances, we must remember that many relationships with a

significant differential of power, such as parent-child or teacher-student, are not inherently exploitative. Parental power facilitates children's growth and teachers' authority enables students to learn. Therapists' power, like that of parents, teachers, coaches, politicians, attorneys, or physicians, can be used or abused. The Hippocratic Oath mandate to "first do no harm" refers exactly to such dangers. The problem of abusive or exploitative power in therapy stems from some therapists' propensity to exploit their power for their own selfish gain. It is not the power itself that corrupts; it is the disposition to corruption and lack of personal integrity that results in abuse of power.

Regardless of a clients' and therapists' respective power, the fiduciary relationship is the foundation of the therapist-client relationship and must be preserved at all times by the therapist. Ultimately, the buck stops with the therapists. It is the therapists' responsibility to do their best to avoid harm and exploitation. Accordingly, a therapist must avoid any interventions that are likely to harm a client, such as a sexual relationship or financial exploitation.

In summary, the field of ethics would benefit from a more complex view of power and its many forms. Likewise, a deeper appreciation of the intricacies of therapist-client power relationships is needed in place of glibly speaking of the "power differential" or "therapist's inherent power." Obeisance to the potential power of therapists fails to foster self-empowerment and responsibility in clients. In fact, it magnifies the ego of the therapist and debases clients by creating a caricature of all clients as vulnerable, helpless creatures. True healing takes place when we therapists acknowledge our vulnerabilities, acknowledge the diversity of our clients and, when applicable, admit to a sense of powerlessness.

REFERENCES

- Barnett, J. (2007). Boundary issues and multiple relationships: Fantasy and reality. *Professional Psychology: Research and Practice*, 38, 401-405.
- DeVries, J. (1994). The Dynamic of Power in Psychotherapy. *Psychotherapy*, 31, 588-593.
- French, J. P. R. Jr., and Raven, B. (1960). The bases of social power. In D. Cartwright and A. Zander (eds.), *Group dynamics* (pp. 607-623). New York: Harper and Row.
- Lazarus, A.A. (1994). *The illusion of the therapist's power and the patient's fragility: my rejoinder*. *Ethics and Behavior*, 4, 299-306.
- Lazarus, A. A. & Zur, O. (Eds.) (2002). *Dual Relationships and Psychotherapy*. New York: Springer.
- Pope, K. S., & Vasquez, M. J. T. (2007). *Ethics in psychotherapy and counseling: A practical guide* (3rd ed.). San Francisco: Jossey-Bass.
- Rutter, P. (1989). Sex in the forbidden zone. New York: Fawcett Crest.
- Sonne, J. L., & Pope, K. S. (1991). Treating victims of therapist-patient involvement. *Psychotherapy*, 28, 174-187.
- Williams, M. H. (2000). Victimized by "Victims": A Taxonomy of Antecedents of False Complaints Against Psychotherapists. *Professional Psychology: Research and Practice*, 31 (1), 75-81.
- Wright, R. H. (1985). The Wright way: Who needs enemies? *Psychotherapy in Private Practice*, 3, 111-118.
- Zur, O. (1994). Rethinking "Don't Blame the Victim": Psychology of victimhood. *Journal of Couple Therapy*, 4 (3/4), 15-36. Also available at <http://www.institute.com/victimhood.html>.
- Zur, O. (2007). *Boundaries in Psychotherapy: Ethical and Clinical Explorations*. Washington, DC: American Psychological Association