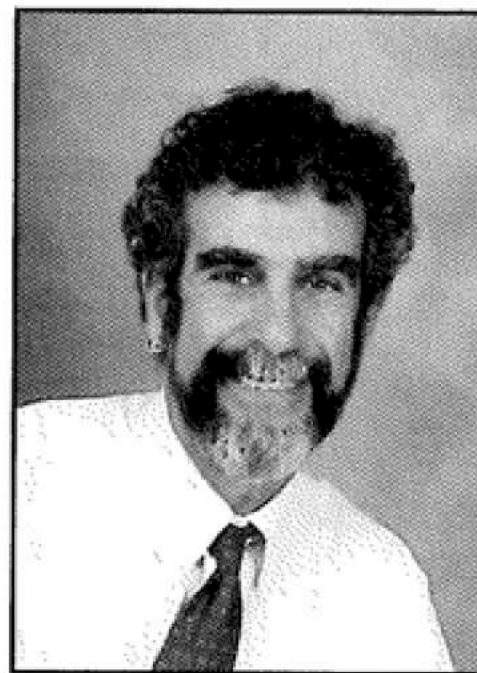


Power in Psychotherapy and Counseling: Exploring the “inherent power differential” and related myths about therapists’ omnipotence and clients’ vulnerability

— Ofer Zur

From the first day in graduate school, we psychologists have been told to pay great attention to the “inherent power differential in psychotherapy,” to be aware of the “imbalance of power between therapists and clients” and were repeatedly told, “never to exploit our vulnerable and dependent clients.” In their widely used textbook, Pope and Vasquez unequivocally state, “The power differential is inherent in psychotherapy” (2007, p. 43). Leading ethicists, such as Laura Brown, have echoed this sentiment with statements like, “Abuses in therapy are, from the feminist viewpoint, abuses of the power inherent in the role of the psychotherapist . . .” (1994, p. 29).

At the heart of the belief of the power differential is the analogy drawn by scholars who have likened the therapist-client relationship to the parent-child relationship. This view depicts clients as powerless, vulnerable, child-like beings and, in the words of Sonne and Pope, “The sequelae (of therapist-patient sexual involvement) bear certain similarities both to Rape Response Syndrome and to reaction to incest and other forms of child sexual abuse. . . . The shared similarities of therapist-patient sex, rape, and child sex abuse present a variety of scientific, clinical, and practical dilemmas to researchers and therapists.” (1991, p. 175). Following this child-client analogy to the ‘logical’ next step, many authors conclude that, “The therapist-client power dif-



ferential remains after formal termination of a psychotherapy relationship” (Brown, 1988, P. 249), and that “In so many ways, the power differential and the patient’s vulnerability persist, regardless of the termination of the therapy sessions” (Gabbard, 1989, p. 122). Carrying the idea that therapists’ power persists after termination to its seemingly inevitable logical extreme leads to the warning, proclaimed by the highly acclaimed scholars, Gutheil and Brodsky: “Although some professional organizations as well as some laws and regulations do provide for time-limited prohibition, “once a patient, always a patient” remains the consensus among mental health professionals. . .” (2008, p. 213).

Not All Clients Are Created Equal

Quite obviously, a power differential does exist between therapists and certain clients and is applied in many therapeutic situations. These involve vulnerable clients, such as young, disabled, highly depressed, very anxious, disoriented, or dissociated clients. A power discrepancy is also present with particularly vulnerable clients who are hospitalized, imprisoned, or undergoing custody or sanity to stand trial evaluations. It is obvious that not all clients fall into the above categories. For example, many psychologists are likely to periodically see a psychotherapist for one reason or another. I

doubt that most of them view themselves, in these situations, as child-like or feel highly vulnerable to their therapists. Like the clients of many of the readers of this article, some of my clients are powerful attorneys or CEO's, successful entrepreneurs, established artists, or fellow therapists (Lazarus, 1994, Zur, 2007). Many of these clients neither seem to be highly vulnerable to us, to our therapists' power and influence nor to view us as omnipotent beings.

A few years ago, I consulted with a high functioning, successful, ex-beauty queen client. She was an attorney and well read in psychology. One day, she said to me:

You shrinks 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.

The renowned psychologist, Arnold Lazarus, is one of the few authors who have contested the rarely challenged idea of the power differential in therapy. He states: "Too many clinicians consider clients as malleable, defenseless, weak, and childlike, as easy victims in the hands of powerful, compelling, and dominant psychotherapists" (2007, p. 296). Then he insightfully adds, "I see the issue of power on a continuum where, at one end, you have clients who tend to feel dependent, gullible, suggestible, inconsequential, powerless, and feeble, and at the other end are clients who see themselves as more powerful than the psychotherapist, and indeed they often are . . ." (2007, p. 406). In light of the evident truths that that neither *all* clients are powerless or vulnerable, nor are *all* therapists all-powerful, one must wonder how the client-therapist power differential myth has persisted unchallenged for decades.

The Origin of the Myth of Power Differential

Historically, this myth originated and has been sustained by three resources. The original support for the power discrepancy came from psychoanalytic discussions of transference. Transference often refers to redirection of feelings - originally directed towards a parent - to the current analyst and often results in clients' regression. This, supposedly, renders clients

powerless and vulnerable to the therapist's power and influence during therapy and after termination, as well (Celenza, 2007; Simon, 1994).

The second source of the myth comes from feminist psychology, which focuses on power issues as a core theoretical concern (DeVries, 1994). The theory emphasizes how the gender power differential in society may manifest also in psychotherapy. On one hand, feminist therapists work to create an egalitarian relationship in which power is shared between therapists and clients (Proctor, 2002). On the other hand, many feminist therapists claim that denying power differentials in the therapy relationship may have seriously negative clinical consequences. (Brown, 1988). The principal stance among feminist therapists focuses on issues of male dominance over women and cultural dominance over minorities (Brown, 1994; Sonne & Pope, 1991). Predictably, in this approach, they view clients (primarily women) as vulnerable and powerless. Consistently, they view power primarily as unitary, monolithic and unidirectional (Proctor, 2002).

The third source of the myth is derived from the idea of the slippery slope, which refers to the idea that crossing seemingly harmless therapeutic boundaries is likely to lead to boundary violations, exploitation, and harm to clients (Gabbard, 1989; Simon, 1994). In this view, therapists possess overwhelming power over their clients and are likely to go undeterred down the slippery slope from minor deviations from abstinence and neutrality all the way to full, exploitative relationships (Simon, 1994). This rather paranoid view asserts that due to clients' inability to resist their omnipotent therapists, a routine hug is likely to lead to sexual relationships and a simple social encounter in the community to intricate social relationships. Many authors have used the "power differential" and the slippery slope arguments to demonize all dual relationships and clinically effective interventions, such as non-sexual touch, self-disclosure, gifts, 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 communities (Zur, 2007). They also ignore the extensive clinical data on the healing power of touch, the clinical effectiveness of self-disclosure, and the humanity of gifts.

Types of Power in Psychotherapy

The few scholars who have discussed power issues in therapy have almost exclusively focused on therapists. French and Raven (1960) differentiate between expert, legitimate, referent, reward, coercive, and informational power. Pope and Vasquez (2007) identify several types of therapists' power; power conferred by the state, power to name, power of testimony, power of knowledge, and power of expectation. Gottlieb (1993)

identifies several factors that are likely to increase therapists' power, they include, length of treatment, modality, and nature of the services. Kitchener (1988) based her model on role theory and differentiates between various situations that may result in different power discrepancies. Finally, Proctor (2002) proposes a typology of role, societal, and historical power. Partly based on the above typologies, following are descriptions of eight non-mutually exclusive types, sources or categories of personal power. Each type of power starts with a brief general discussion, followed by a short review of how it may be applied to clinicians and clients.

1. **Expert-Knowledge power** relates to the individual's knowledge, information, skills, and expertise gained through formal education, training, acquisition of skills, and experience, i.e., "*Knowledge is power.*"

Therapists' Power: Most therapists have more expertise in the field of human behavior than their clients and are likely to have more knowledge in the mental health field. As knowledgeable experts, therapists are imbued with the power to diagnose or name what is normal and abnormal or healthy and pathological, which gives therapy a form of social control and power advantage.

Clients' Power: Many of our clients have expert power in areas that therapists do not necessarily possess. This can be mechanics, business, medicine, art, computers, law, etc. Some clients are psychotherapists themselves and may have more knowledge about mental health than their therapists.

2. **Legitimate power** is the power invested in an official-legitimate role and is derived from a formal position that a person holds. Kings, judges and policemen are classic examples of people with 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 and, at times, to hospitalize and treat people against their will.

Clients' Power: Most clients are not likely to have legitimate power over their therapists.

3. **Coercive power** is the capacity to force someone to do something against his or her will. People can coerce others by employing threat or actual physical force, by asserting their legal authority, or by blackmail, intimidation, extortion, psychological coercion, etc. Intimidating 'craziness' or erratic behavior also presents a form of power.

Therapists' Power: Licensed psychotherapists often have the coercive power and authority to assess sanity, fitness for duty, and to influence the

decision as to whether a person will be incarcerated or hospitalized against their will, or even put to death.

Clients' Power: Some clients are physically stronger than their therapists. Some clients are psychopathic, sociopathic, mafia-related, litigious, and threatening. Other clients may exhibit their coercive power by stalking their therapists. Borderline Personality Disorder (BPD) clients represent a special group who can be relentless, rage-filled, intimidating, and manipulative (Gutheil, 1989; Williams, 2000).

4. **Professional-Positional-Role power** is inherent in one's professional role, such as doctor, employer, or CEO. It derives from the respect for the professional role itself, as well as the expectations, capacities, 'rights', and ability to influence that come with certain professional roles. This is sometimes referred to in the vernacular as 'clout', in the sense of having influence, or 'aura', in the sense of the mystique that adheres to our profession. In his 1963 famous 'obedience to authority' experiment, Milgram provided the best demonstration of the power of professionalism.

Therapists' Power: Therapists' professionalism or role power is based on their professional clout and public image. Beyond the actual professional license, therapists often project a certain aura and mystique (DeVries, 1994; Proctor, 2002). Payment by itself may create a power differential. The isolation of psychotherapy can also reinforce therapists' power as it adds to its mystique and capacity for influence and brainwashing (Zur, 2007). Therapists can increase their professional image by hanging graduate degrees and certificates on the office walls, taking notes during sessions, configuring the seating arrangement, 'dressing the part', or using obscure jargon or patronizing touch. Their status is enhanced as they have the prerogative to ask questions, not to answer questions, and choose whether to accept or reject someone as a patient.

Clients' Power: Within clients' roles, there are many ways that they can exert power directly or indirectly. These include, coming late to sessions, evading or refusing to answer therapists' questions, lying, threatening or harassing the therapists, dressing or acting seductively, or stalking them in person or online. Of course, one of the most effective ways that clients can assert their power is by filing (valid or false) complaints against their therapists with licensing boards or mounting malpractice lawsuits.

5. **Imbalance of Knowledge (of the other) Power:** When one person has more knowledge and information about another, it gives him/her an obvious power advantage over the other person.

Therapists' Power: Therapists, ordinarily, know more about their clients than vice versa. This discrepancy is readily translated to a power advantage as therapists often have extensive information about their clients' vulnerabilities, shameful feelings, personalities, impairments, criminal behaviors, etc. (For that reason, feminist and humanistic therapists encourage therapists' transparency as an important way to reduce the power differential (DeVries, 1994; Proctor, 2002; Zur, 2007, 2008).

Clients' Power: In order to avoid 'losing power' due to the knowledge imbalance with their therapists, clients may withhold information, ask therapists personal questions, launch searches online for information about their therapists (Zur, 2007, 2008). As therapy progresses, clients may learn more about their therapists, which may somewhat level the power playing field. In this modern age, clients are often likely to view themselves as consumers rather than patients and feel entitled to a wide range of information about their therapists (Zur, 2007, 2008).

6. **Reward power** is the ability to give or withhold what people want and, hence, get them to do certain things. Rewards may include financial incentives, gifts, praise, appreciation, acknowledgment, or love.

Therapists' Power: Clients often desire therapists' approval, attention, and love and therefore imbue the therapists with reward power.

Clients' Power: The most obvious ways that a client can assert reward power are by withholding payments, resisting therapists' suggestions, interpretations and interventions or not acknowledging the help they receive or progress they make.

7. **Referent power** derives from people's liking, admiring, being attracted to, or desiring to be like another person and consequently 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, economic, or professional status, sex appeal, or capacity to persuade and influence.

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, wealthy, attractive, possess computer, artistic, or other skills, which may give them referent power.

8. **Manipulative power** is not as distinct a category as most of the above-mentioned. It refers to the conscious or unconscious attempt to manipulate

someone to do something against his or her will. Con artists are archetypal examples of manipulative power. People can manipulate others by employing deceit, trickery, subtle threat, charm, and sex appeal. They can also manipulate others by being insistent, persistent, acting irrationally or 'crazy' (Gutheil, 1989) or via emotional blackmail by falsely presenting themselves as helpless victims, when they actually are not (Zur, 1994).

Therapists' Power: Some have suggested that many forms of effective therapy may include manipulating clients to act in more "healthy" ways.

Clients' Power: There are three groups of clients most notable for their manipulative power: Those who come to therapy as a strategic-manipulative move to advance their case in custody wars; Borderline Personality Disordered patients often manipulate through, relentlessness, persistence, rage, and bizarre behavior (Gutheil, 1989). As the saying goes, "You are one Borderline away from losing your license". Litigious clients or those who are professional victims manipulate therapists so they can make a case to file one more law suit that will benefit them financially, satisfy their vindictive impulses, or confirm their victim status (William, 2000; Zur, 1994).

Re-Thinking the "Therapist-Client Power Differential"

This paper aims to initiate a discussion of power in psychotherapy that goes beyond the "power differential" cliché and confronts the complexities and variations to be found in different settings, among a diverse array of clients, therapists, and theoretical orientations. It also hopes to broaden the view of power from static, unitary, monolithic, and unidirectional to the systems view of power as dynamic and interactive. It is important to emphasize that regardless of 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. It is the therapists' responsibility to do their best to avoid harm and exploitation.

While not discussed in this paper, it is hoped that future discussions of power in therapy will further elaborate on the thoughts of feminist, humanistic, post-modern and other scholars who differentiate between power-over and power-with and expand the notion of empowerment. The paper hopes to inspire therapists, when appropriate, to discuss the complexities of power in therapy with their clients in order to understand how clients view the power distribution. Going beyond the power differential dogma will provide a more realistic view of therapy, less grandiose view of therapists, more respectful and appreciative view of clients, and ultimately increase therapists' effectiveness.

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