WOMEN'S EXPERIENCE OF POWER
IN THERAPY WITH A WOMEN THERAPIST.

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This study addressed women's experiences of power in the therapeutic relationship. A grounded theory method of investigation was used. Eight women were interviewed who had been, or were, in therapy with a woman therapist. The interviews progressed from a generalized discussion of the therapeutic relationship and concept of power to a more detailed examination of the women's experiences of power within therapy. The results highlight the individualistic nature of the experience of power in therapy and that empowerment is achieved through a woman's self-knowledge. Disempowerment occurred when a woman's self-expression was restricted or when she felt judged and rejected by the therapist. The implications for therapists are summarized by the need for therapist's to respond to the individual needs of the women in the therapeutic process.
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INTRODUCTION

Rational for the Study

My interest in the power dynamics in the therapeutic relationship comes from both personal and professional experience. As a client, the first therapist I saw acted in such a way that I now realise re-traumatised me around childhood experiences. In addition, a dual relationship developed where I was both a client and a 'friend'. My experiences with her occurred both in a group setting and individual therapy and it took me a couple of years before I realised the extent of her misuse of the power she had as a therapist. Some of the elements of her behaviour involved: (a) a confusion of boundaries, (b) lack of acceptance and persecutory attitude towards clients, (c) professional isolation from colleagues except people she had trained, (d) encouraging an idealization of herself by group members, and (e) denial of her power as a therapist. The reactions that I had as a client were to doubt my experience and blame myself. I thought that I had to change myself so that I was more 'acceptable' and believed that she must be right because therapy was suppose to be like this. These client reactions and behaviours on the part of the therapist appear to be consistent with the research on unethical behaviour (Nielson, 1988; Strasburger, Jorgenson, & Sutherland, 1992). My motivation to conduct this research involves a desire to understand, from a client's viewpoint, how power is experienced and the basis of those experiences of power.
As a therapist, I am interested in the nature of this unique relationship -- relationship in which the client exposes their vulnerabilities and is empowered, yet a relationship that is far from reciprocal. Moreover, I have experienced my own needs as a therapist in the therapeutic relationship, needs that emerge with varying degrees of intensity. I am also aware of how close we come as therapists to abusing our power, and of the importance of personal work to keep our own needs out of the therapeutic relationship. I have experienced my words coming back to me through my clients with the status of fact rather than suggestion or an expression of another perspective. The importance of my opinion to my clients is clear as they look to me for reassurance, validity of their experience, guidance and advice, a reason to live, and a sense of their own worth. From my experiences as a client and a therapist, I am very aware of the power differential that exists. I have become curious about how it works in the relationship, what the benefits are, and how the power of the therapist can be used against the client.

The literature on the therapeutic relationship seems rather piecemeal in its portrayal of the power dynamics, and there is little theory and research in this area. I have chosen to use a grounded theory research method (Strauss & Corbin, 1990) and address power as a phenomenon that exists within a number of contexts, and examine the relationship between power and various aspects of the therapeutic relationship. The emergent theory that is generated by this method is inductively derived from the
women's experiences of power in the therapeutic relationship. Research on power has traditionally used quantitative methods. Moreover, research on power in therapy has often been limited to investigating power in relation to components such as the working alliance (Luborsky, 1976; Luborsky, Crits-Christoh, Alexander, Margolis, & Cohen, 1983). A grounded theory study such as this examines the experience of power within the therapeutic process, and the variables connected to power naturally emerge out of the women's experience.

In the literature review, I examine theories of the therapeutic relationship that particularly explore aspects of power (Claiborn & Strong, 1982; Gelso & Carter, 1985; Jordan, Kaplan, Miller, Stiver, & Surrey, 1991). The experience of power is examined within the context of the therapeutic relationship. The nature of this relationship is important in understanding the experience of power. To date, the research on the therapeutic relationship has concentrated on aspects of the relationship and how that may effect outcome, but very little research relates to the effects of the power differential.

The research and theory relating to women and power has traditionally used quantitative studies that viewed power as influence and control over others, and tested individuals' needs for power experimentally (McClelland, 1975; Winter, 1973). Even Claiborn and Strong's (1992) theory of power in relationship is based on the traditional view of power as a one way influence. This approach to a definition and understanding of power has been
criticized by feminist theorists as only portraying a 'masculine' experience of power (Baker-Miller, 1986; Gilligan, 1982; Lips, 1991). In addition, this small but growing body of literature begins to point to women's experiences of power as including an emphasis on interpersonal connectedness that frames the various components of power as influence or having and expressing personal integrity (Wilson, 1991).

In doing research of this nature, within the context of client's experience of the therapeutic relationship, valuable information is added about the nature of the power dynamics, and begins to give some basis to a theory of power in the therapeutic relationship. The focus of this study, therefore, is to gain more insight into our understanding of women's experiences of power within a context that is traditionally seen as being structurally unequal in the distribution of power.

From the existing research it would seem that there is little information on the experience of power dynamics in the therapeutic relationship for women clients. The results of this study may enrich counsellors understanding of the ways in which women can be empowered and gain information on how power is experienced by women in various therapeutic experiences. Conversely, given that women are more vulnerable to the abuse of power, data regarding the negative experiences of power for women contribute to our understanding of therapist's misuse of their power, and therefore go some way to add to the existing knowledge for the prevention of therapist abuse.
Literature Review

In the literature review, I examine the existing research and theory that relates to the context of the therapeutic relationship and the phenomenon of power. In the first section an overview of the theories that pertain to our present understanding of the therapeutic relationship is presented. In the second section, I explore theories of interpersonal power that provide part of the context to examine power within the therapeutic relationship. As I am focusing attention on women’s experience of power, I address some of the theory and research on women and power. In the final section, I present some of the research and theory relevant to power within the therapeutic relationship. My investigation into these areas of theory and research highlight my theoretical understanding of power in therapy that informed my analysis of power in therapy for women.

The Therapeutic Relationship

Therapy happens within a relationship that is both representative of all the relationships in our life and unique in its structure and purpose. All psychological theories espouse the kind of therapeutic relationship that will facilitate their particular brand of therapy. Psychoanalysis proposes that the therapist is emotionally distant to encourage the transference process; whereas the humanist approaches, including Rogerian, Gestalt, and Existential, propose varying degrees of emotional integrity within the relationship in order to create the conditions whereby the client can experience their own integrity.
What is clear from the literature is that there is widespread acknowledgment that the therapist-client relationship is central to the progress of therapy (for a review see Gelso & Carter, 1985). Gelso and Carter (1985) attempt to distinguish the elements that constitute the therapeutic relationship across all of these theories. They have identified three main components of the therapeutic relationship: the working alliance, the transference relationship, and the real relationship (based on the work by Greenson, 1967).

In contrast, Claiborn and Strong (1982) outline their theory of interaction and change based on influence. Here the therapeutic relationship is seen as a means for change in which the client is influenced by the therapist to change the areas of their life and behaviour that are problematic. Their theory clearly sees the therapist in a higher power position due to the social power inherent in the therapeutic relationship. They define social power as:

a person's ability to influence another. Social power is rooted in the other's dependence and therefore has magnitude. The constructs of dependence and social power are operationally tied to the observation of one person changing actions as a result of another's request ... dependence and power are inferred. Dependence and social power can also be inferred from the impact of changing perceptions of needs and resources. (p. 43).
This theory is based on a one-way notion of power that examines how we are influenced in interactions. The authors define social influence as:

attitude change in an interpersonal setting, where the discrepant information is communicated, or awareness of it elicited, by another person. The focus of the social influence paradigm is on two sets of variables, the communicator’s characteristics and the nature of the presentation.... these variables correspond to the therapist’s social power, or ability to influence the client. (p. 53).

Claiborn and Strong (1982) examine such therapist characteristics as credibility, trustworthiness, and attractiveness as contributing to the therapist’s ability to influence. In addition, they apply French and Raven’s (1959) sources of social power to the therapeutic relationship. The three main sources that they see as relevant are legitimate, referent, and expert power. This theory differs from Gelso and Carter (1985) by focusing primarily on how the therapist effects change through their power position, whereas Gelso and Carter do not specifically identify power within the components viewed as facilitating change.

A feminist view of the therapeutic relationship is proposed by a collective of feminist theorists at the Stone Center (1992). They see the relationship as a dialogue within which there are two active participants with the potential for change through
their interaction. This promotes the possibility of a more equal relationship. Jordan (1991) emphasizes the way in which the models of relationship are important in determining the therapeutic context that will influence individual growth. If the therapist has a perspective of relationship as interdependent, this will both influence her interactions with her clients and lead her to encourage supportive relationships in the client's life, rather than the ultimate state of self-reliance and independence.

Within this context the therapeutic relationship has the potential for reciprocal caring and a degree of mutuality, respect, emotional availability, and openness to change. This perspective has been developed largely by therapists based on their clinical experience (Jordan, Kaplan, Miller, Stiver, & Surrey 1991). However, the degree of mutuality is debatable because the therapist's experience may be very different from the client's experience of mutuality. As a therapist you may be aware that the client is having an impact on you personally and contributing to your own change, but with the focus on the client's process the client may not experience herself as having an impact on the therapist. It would seem to be an important part of a mutually empowering relationship to have a sense that you are impacting the other person.

Conversely, Jordan (1991) points out that therapists are uncomfortable with the idea that they may grow through their work, feeling that this is exploitative. She points out that this
discomfort comes out of the traditional and hierarchical models of relationship where only one person can benefit at the expense of the other.

**Research/Theory: Perspectives on Power**

The literature in this area examines definitions of power, and our understanding of the nature of power within interpersonal relationships in particular. Psychology has traditionally investigated power along five different dimensions: the quality of power that is attributed to a person, a source of motivation to act, a social influence process, a trait or state of the individual, and the social structures that support a power hierarchy within society (Lips, 1991). All five of these approaches to power in some way relate to our 'image' of power. These images of power provide a context in which women learn about power in their lives.

Historically human beings have been concerned with power in their dealings with each other. This represents a desire to have control over their lives and to prevent others from wielding excessive power over them (Lips, 1991). In relation to this idea is the concept of locus of control (Rotter, 1966). People exist on a continuum of internal versus external locus of control, and people who have more of an external locus of control tend to feel less powerful in their lives. In the context of the therapeutic relationship, people tend to enter therapy in search of answers to an area or areas of their life that feels out of their control. Where women clients fall on the continuum of locus of
control may also have some bearing on their experience of power in therapy and their feelings of powerfulness within this experience.

The images of power in society that influence our understanding of our experience are typically male images and point to the way in which power is seen as leadership (e.g. people and groups that make an impact) (Lips, 1991; Winter 1973). Lips (1991) outlines these images as Gods, physical strength, people and groups that control resources, stars and celebrities, and the perceived experts in society. The effects of these images on women are discussed in more detail under women and power. It is sufficient to say at this point that these images provide the context for our understanding of definitions of power and the psychological theories that have developed in relation to power.

Two main definitions of power exist in the literature, the more traditional definition and a feminist definition as it applies specifically to women's experience of power. In considering the power dynamics in the therapeutic relationship, power is in the context of interaction. Johnson (1978) outlines the traditional definition of interpersonal power as:

the ability to get another person to think, feel, or do something they would not have ordinarily done spontaneously. If one person possesses the means to affect another, one has power vis-a-vis that person. If one uses one's power, it is called influence. (p. 302).

This definition sees power as a one-way process within an
interaction at any given time, in line with the traditional view that power is synonymous with concepts such as force, authority, control, and influence (French & Raven 1959: Winter 1973). This definition stems from a social exchange theory that sees power as the capacity of one person to influence another; the person who is least dependent on some kind of reward in the relationship will have the most power (Hamans, 1974). While using this general definition of power as influence, there are a number of theories that examine both the source of power and the ways in which power is exerted in the relationship. French and Raven (1959) identified five sources of power that a person could use to influence another. These are reward power, coercive power, legitimate power, referent power, and expert power. As mentioned earlier, Claiborn and Strong (1982) apply these sources of power to the therapeutic relationship and see the therapist’s power based mainly on legitimate, referent, and expert power. From this perspective the power that the therapist has in relation to the client is based on the client’s perception that the therapist has the qualities and resources to meet their needs.

The legitimate power of the therapist is based on her, acknowledged role as helper and is seen as necessary to facilitate the therapeutic process. As Claiborn and Strong (1982) state:

Without legitimacy, aspects of the therapeutic process such as intimate self-disclosure and the outward peculiarities of the therapist’s techniques would arouse insurmountable threat and
resistance. Legitimacy is requisite for development of trust in the relationship. (p. 66).

Similarly, the therapist's expert power is produced by the client's perceptions of the therapist's knowledge and skills to effect change in the client's difficulties. The more expertise the client attributes to the therapist, the greater the capacity of the therapist to influence the client as opposition to the therapist's viewpoint is diminished.

The referent power of the therapist rests on her attractiveness to the client based on similarities in experience and liking. The degree to which the therapist is perceived as similar, in conjunction with an elevated position in the world, provides an inspiration for the client and gives the therapist the power to influence. Claiborn and Strong (1982) assert that without these basic power attributes the therapist would be ineffective in her work. They go on to point out that incongruous shifts between these power bases can disrupt client's expectations and cause resistance. It is also conceivable from this viewpoint that a therapist could misuse these sources of power. For example, a therapist could potentially disempower a client as opposed to facilitating change by using her client's perception of the therapist's expertise to insist that she was right when her client challenged her. This is explored further in the section on power in therapy.

Two theories of interpersonal power examine how power is exerted. The first by Tedeschi, Schlenker, and Bonoma (1973), who
make a distinction between a dimension of open versus manipulatory types of influence and control or mediation of rewards and punishments. These two dimensions combine to give various types of interactive processes that a person can use to influence. This perspective takes into account overt and covert ways of influence. The second, by Johnson (1976), explains the exertion of power along three dimensions: directedness versus indirectedness, competence versus helplessness, and personal versus concrete resources. What is noteworthy is that these two perspectives recognize that power can come from a place of "weakness" not ordinarily associated with power. For example, someone can either appear incompetent and unable to do something in order to influence others to take care of them, or directly ask for help citing their weaknesses. Johnson points out that the indirect uses of power that come from a place of weakness, even though the influencer may be successful, do not increase a person’s status or self-esteem. These forms of influence can produce resentment and contempt in those being influenced, resulting in chronic low self-esteem for the influencer.

Feminist theorists have generated questions regarding society’s view of power and who has power in society. The feminist movement itself grew out of an awareness of differences in power between men and women. Feminists have promoted the idea that power can exist without dominating others, in particular, interpersonal empowerment and personal power that comes out of a sense of self (Bardwick, 1976). In the Stone Center writings,
Miller (1991) defines power from a feminist perspective as:
the capacity to produce a change - that is, to
move anything from point A or state A to point B or state B.
This can include moving one's own thoughts or emotions
sometimes a very powerful act. It can also include acting
to create movement in an interpersonal field, as well as
acting in larger realms such as economic, social or
political arenas. (p. 198).
This definition extends the traditional concept of power as
"power over" to include influencing oneself to create change. It
is therefore possible to see power not just as the influence of
one person upon another, but as an interaction of influence where
a person has the power to use the influence of another upon
themselves or to reject it. The Stone Center model (Surrey, 1991)
of interaction further states:
The alternative model of interaction that we are
proposing might be termed a "power with" or "power
together" or "power emerging from interaction" model. It
overrides the active/passive dichotomy by suggesting that
all participants in the relationship interact in ways that
build connection and enhance everyone's personal power.(p.
165).
This alternative model redefines the passive/active dichotomy
that traditionally defines power as hierarchical and competitive
and allows for the notion of interdependence and empowerment.
Another perspective on power within the interpersonal sphere
can be described from a view of inequality based on the
difference in status and power. Miller (1986) identifies two
types of inequality: temporary and permanent. In the temporary
inequality relationships, the goal is to bring the 'lesser' party
up to a place of equality with the 'superior' party and thereby
end the relationship of inequality. Examples are the parent/child
relationship as well as the therapist/client relationship. In the
therapeutic relationship the ending of the relationship can be
seen in terms of the client no longer needing the resources of
the therapist (Claiborn & Strong, 1982). This implies that the
experience of inequality can change in the progression of
therapy.

In the permanent relationship of inequality, some people
have power based on their belonging to a particular dominant
group which has no goal of equality (Miller, 1986). In all our
relationships this dimension may be present, including the
therapeutic relationship. The dominant groups are defined on the
basis of class, age, race, sexual orientation, or other
characteristics ascribed at birth. Therefore, one could assume
from this that if the therapist belonged to several of these
dominant groups and the client did not, there would be a negative
effect on the potential for mutuality and empowerment of the
client.

Women and Power

Women's relationship to power is complex, and involves a
developmental context that shapes women's conceptions and
interpersonal experiences of power. In addition, women are influenced by the dictates of society that legitimize power for certain groups over others. As mentioned earlier, our images of power in society are largely male, although this is slowly changing. For example, in advertising women are more often portrayed as physically strong. Despite changes, however, the main portrayals of women’s influence and power are still conveyed through her sex appeal (Lips, 1991).

Women’s conceptions of power potentially affect both their experience of themselves as powerful, as well as how women see other women. How women perceive power in therapy may be greatly influenced by what women have learned about women and power. In this regards, a grounded theory study not only examines the experience of power but, within the analysis and development of the theory, incorporates both the meaning of power and the context of women’s lives. Lips (1981, cited in Lips, 1991) showed in one study that both women and men tend to see male figures as more powerful than female figures; however, women were able more often than men to identify a woman as powerful in their lives. This would imply that women and men are influenced by images of power differently, and furthermore, hold different images of power.

Research conducted on the different uses of power by women and men show, in general, that women use more personal, helpless, and indirect methods of power (Johnson, 1974, 1976, 1978; Lips, 1991). What seems to reinforce these different uses is the
portrayal of women who employ more "masculine" uses of power as negative and inappropriate. For example, a women is likely to be viewed as aggressive, selfish, and out of line if she used direct, competent, and concrete influence methods. This leaves women in an ambiguous relationship to power, as Lips (1991) states, "The negative image of the overtly powerful woman lies at the heart of many of the gender differences in power-related behaviour." One study conducted by Carleton Cann (1979) examined the use of power by men and women in a given situation. In a role play situation, the women and men were all supervisors and asked to influence employees in another room by writing them messages. They were all given permission to use reward and/or coercion to influence. There was no difference between the men and women in the ways used to influence, but women tried to influence less often and expressed a discomfort with the role of supervisor. These results indicate that women are less comfortable with power and expressing power in direct ways, and therefore, are more likely to use indirect and helpless ways that do not put women in a direct experience of power. Similarly, sex differences in regards to locus of control show that men consistently describe themselves as more powerful and stronger than women and girls do (Maccoby & Jacklin, 1974).

The experience of power for women is related to their focus on the importance of relationships and the needs of others (Jordan et al., 1991). The Stone Center model sees women’s power in the context of mutual empowerment or psychological
empowerment, and is defined as:

the motivation, freedom, and capacity to act purposefully, with the mobilization of the energies, resources, strengths, or powers of each person through a mutual, relational process. Personal empowerment can be viewed only through connection ... the establishment of mutually empathic and mutually empowering relationships. (p. 164).

This concurs with Wilson's (1991) findings that women experience power as a dynamic process within a relationship, and that connection and interdependence is an integral part of the experience of power.

Power in Therapy

The experience of the therapeutic power differential is a complicated one containing many factors; most of which may not be in the client's awareness. Johnson (1978) points out: "Most power is not even noticed because it is built into our norms for social interaction" (p. 302). In addition, for women, power is associated with a 'power over' concept that stems from the traditional view of power. Furthermore, because women are concerned with connection to others, they cannot easily identify themselves or other women as having power (Surrey, 1991). The consequence for the therapeutic relationship from these viewpoints is that the power of the therapist is not easily identified in the context of a relationship that is meeting the needs of the client and has the potential to be denied. The
denial of power by therapists is most problematic in the area of boundary violations, particularly in sexual intimacy with clients where there is often a gradual erosion of boundaries that blurs the distinction between therapist and client (Neilson, 1988; Simon, 1989; Strasburger, Jorgenson, & Sutherland, 1992).

Research on power and therapy has focused on power in relation to some other aspect of the relationship. One study of particular interest examined the relationship of power and involvement to the working alliance (Reandeau & Wampold, 1991). The authors used a multi-case design to examine examples of high and low alliance in four brief therapy cases. In relation to power, they compared the power of the therapist in the high and low alliance cases and what, if any, interactions would account for the difference in levels of power and involvement. The results were not very conclusive in comparing the patterns of interaction between the high and low alliance cases. The low alliance cases did not produce any common patterns between the two cases, whereas the high alliance cases did. The authors put this down to case specific interactions that interfered with the patterns found in the high alliance cases. Overall, the pattern highlighted by the authors in the high-alliance cases was that high power responses encouraged high involvement low power responses on the part of the client and discouraged neutral or low involvement responses. The power and involvement responses of the therapists did not vary a great deal across all four cases so that generalizations can not be made from these cases.
However, what this may point to is that the therapist's high power responses and position in the relationship can be part of a positive interaction pattern that supports a good working alliance. In addition, this study supports the basic assumption that the therapist's role is inherently powerful and the client is in a position of low power. The fact that the power position of the therapist did not change across all four cases does not give us very much information on the effects of the power of the therapist.

Some of the research on the working alliance has found that the alliance is established early in treatment characterized by a mutual liking, trust, and respect that correlates highly with outcome (Horvath & Greenburg, 1986, 1989; Strupp & Hadley, 1979). In conjunction with these characteristics, good alliances appear to be reinforced by the client perceiving the therapist as helpful and themselves as receiving help, in this way they are in a lower power position (Luborsky, 1976; Luborsky, Crits-Christoph, Alexander, Margolis, & Cohen, 1983).

Burman (1992) analyzed the connection between power and involvement through the discourse of the first and fourth session of a woman's therapy with a woman therapist. Power in this study was associated with meaning and agenda setting within the therapeutic process. Burman found that the therapist's power was demonstrated through her interpretations of the client's behaviour which was incorporated into the client's own meaning making. The client's absorption of the therapist's terms was seen
as control over meaning by the therapist in the therapeutic process. How the agenda and meaning developed in the therapy was a process that went back and forth between client and therapist and therefore was shared. In this way, power was relational and part of the connectedness of the therapist and client. The power of the client was expressed in a number of ways including: (a) not accepting reframing until she had worked it through, (b) selectively drawing on interpretations, and (c) initiating interpretations. The conclusions that can be drawn from these results are limited given the analysis was conducted on only two sessions with one particular client, but it does indicate that power between women in therapy can be a mutually shared phenomenon.

From a feminist perspective the power of the therapist can be reduced to generate an egalitarian relationship primarily based on self-disclosure by the therapist (Brown & Brodsky, 1992; Laidlow & Maimo, 1990). From another perspective Lander and Nahon (1992) discuss the effects of self-disclosure as maintaining a higher power position of the therapist by creating an illusion that the therapist "has it all together". They maintain that therapists are reluctant to make themselves truly vulnerable and show their weaknesses as well as their successes for fear of losing credibility in the eyes of their clients. This brings up the question of what does being authentic mean as a therapist, and in the author's view the need for therapist integrity in the relationship. Lander and Nahon define integrity as based upon the
elements of honesty, responsibility, and increased emotional closure. The authors discuss aspects of honesty and responsibility within the therapeutic relationship by maintaining that equality is created between therapist and client when the therapist is prepared to be as "open as the client about the 'secrets' in his or her past and present" (p. 115). The article outlines various ways this 'openness' can be expressed as a therapist, and ways in which other approaches do not express this integrity and equality. First, therapists who express their values and feelings in response to the clients behaviour promote clearly defined boundaries that enable the client to learn what is 'me' and what is 'not me'. Second, the authors question the use of empathy that often becomes sympathy, and reinforces a power imbalance. They question the focus of delving into the client's pain or suffering as a revictimization with the client being "forced" into a position of being vulnerable. However, they do not give a clear alternative to this in terms of working with a person's pain that does not promote this situation. Third, they discuss the kinds of self-disclosure that maintain a distance in the therapeutic relationship, as mentioned above, and propose that therapists reveal their vulnerability with clients.

The article raises important questions about how to be 'real' with clients. There is no doubt that important moments and changes can occur when the therapist shares an affective response and shows her vulnerability, but I am not convinced that equality is achieved through this 'openness', when underpinning the
therapeutic relationship is the premise that the therapist is there to meet the client's needs. In addition, women's pain and discomfort is the reason that they come to therapy. It is doubtful that equality will be achieved by the therapist's expression of her vulnerability when the client's vulnerability and distress far outweighs that of the therapist at any given moment of disclosure.

The research on power in therapy is not extensive and primarily focuses on some other component of the therapeutic relationship and its relationship to power. Therefore, the decision to use a grounded theory method places power as the central phenomenon, and allows the variables in relation to power to emerge. Furthermore, power has not been examined in a naturalistic setting such as this study, which addresses the experience of power within the therapeutic relationship for women clients. A naturalistic study assumes that a phenomenon is constructed in multiple ways and approaches the question from the individuals subjective position. It is clear from this brief overview of the literature that power is a complex phenomenon and by addressing the question of women's experience of power within a naturalistic paradigm, the complex connections between the components of the therapeutic relationship, the context of the women's lives, and the experience of power in therapy can be analyzed.
METHODOLOGY

Research Question

My interest in the power dynamics in the therapeutic relationship centre on how power is experienced, particularly from the client's perspective. The specific question that this study addressed was:

What is the experience of power for women within the context of the therapeutic relationship with a woman therapist?

This study examined the basis on which power is experienced, how power is experienced in ways that may facilitate the therapeutic process for clients, and in what ways power may be experienced as problematic. In order to understand the place that power has within the context of therapy, I paid particular attention to the context of the therapeutic relationship as experienced by the women. The interplay between the various components of the therapeutic relationship and power was analyzed.

Because I wanted to examine women's experiences of power within therapy, I explored the kinds of situations and behaviours that involve power. The dynamics of power within the therapeutic relationship emerged through the ways in which women described their experiences. How these women experienced power as 'empowering' and 'disempowering' within therapy was addressed within the context of the process of therapy and healing.

In asking these questions, it was important to acknowledge the context of women's lives when addressing questions of power. From the literature it is clear that the social context in which
we live constructs power in terms of force and authority (Johnson, 1978). Therefore, the word 'power' may have had associations that made it difficult for women to describe beneficial experiences of the power dynamics in the therapeutic relationship.

The questions outlined above focused on generating a general overview of the phenomenon. Using a grounded theory analysis entailed developing additional questions as the initial theory emerged. This study compliments Wilson’s (1992) study of women’s conceptions of power where she explored the conceptions of power held by women therapists participating in an all women work group. Although Wilson’s study does not directly examine women therapist’s view of power within therapy, their conceptions of power are important in framing their work with women clients.

Description of participants. The women were recruited through two sources. First, women were recruited through women therapists working in the Vancouver area. A letter was sent to therapists to distribute to their women clientele outlining the basic purpose of the study (see Appendix A). Second, women were recruited through an advertisement in a local publication (see Appendix B). From these sources 12 women volunteered for the study and eight were interviewed.

The criterion for women to be included in the study were as follows: (a) women who are or have been in therapy with a woman therapist, (b) women who are 21 years old or over, (c) women who have a command of English that enables them to express their
experience clearly. The women who were interviewed in this study had been in therapy for periods that ranged from 6 months to 3 years. Five of the women were still in therapy, whereas three had ended their therapeutic relationship. Most of the women had been in therapy for approximately a year. This ensured a certain familiarity with the therapeutic process that enables an ease in discussing their experiences of therapy. Furthermore, there was a wider variety of experiences within the relationship to draw on the longer the woman had been in therapy. By keeping the experiences limited to women therapists and women clients gender differences in the experiences of power were not considered.

In addition, client characteristics were important in determining who to interview and provided a context for the therapeutic experience. Women's characteristics such as age, employment, reasons for therapy, therapeutic approach, and the length of therapy were important in providing a cross section of experiences to draw on for the interviews (see Figure 1). Women's characteristics are not the focus of investigation but are helpful in understanding the factors that influence how they describe their experiences.

Grounded theory method. Grounded theory analysis is a qualitative method that generates theory of a phenomenon through the inductive examination of data (Rennie, Phillips, & Quartaro 1988; Strauss & Corbin, 1990). It involves a constant comparison of the data from each interview with data from previous interviews, looking for new codes, better examples of existing codes and
### Women's Demographics

<table>
<thead>
<tr>
<th>Name</th>
<th>Age</th>
<th>Occupation</th>
<th>Time in Therapy</th>
<th>+ve/-ve Experience</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anne</td>
<td>54</td>
<td>Managerial</td>
<td>2yrs</td>
<td>+ve</td>
</tr>
<tr>
<td>Julie</td>
<td>30</td>
<td>Social Worker</td>
<td>1.5yrs</td>
<td>+ve</td>
</tr>
<tr>
<td>Estelle</td>
<td>42</td>
<td>Therapist</td>
<td>13mths</td>
<td>-ve</td>
</tr>
<tr>
<td>Pam</td>
<td>32</td>
<td>Massage Therapist</td>
<td>2yrs</td>
<td>Both</td>
</tr>
<tr>
<td>Cathy</td>
<td>39</td>
<td>Legal Secretary</td>
<td>11mths</td>
<td>+ve</td>
</tr>
<tr>
<td>Dennise</td>
<td>23</td>
<td>Performing Artist</td>
<td>5mths</td>
<td>+ve</td>
</tr>
<tr>
<td>Barb</td>
<td>52</td>
<td>Realtor</td>
<td>2yrs</td>
<td>+ve</td>
</tr>
<tr>
<td>Gail</td>
<td>46</td>
<td>Community Development Consultant</td>
<td>1yr</td>
<td>-ve</td>
</tr>
</tbody>
</table>

Figure 1.
ideas about how various codes may begin to fit together. Ideally, an examination of the literature occurs in response to the emerging theory, and supports the findings and expands the theory. However, the use of the researcher's knowledge of the phenomenon gained from the literature and personal experience is important in guiding the analysis; this is called theoretical sensitivity. The stages of the method include: data collection, categorizing, memoing and writing of the theory.

**Procedures.** Each interviews took approximately 2 hours. A prior meeting took place that involved recording demographic information and preparation for the main interview. This allowed time for the women to familiarize themselves with me, thereby providing a more comfortable atmosphere for the interview. At this time, written consent was obtained (see Appendix C), and questions or concerns about the process were addressed. The interviews were audiotaped and then transcribed for analysis. The data from the interviews were analyzed according to the grounded theory method, and then presented to the women who had been interviewed for feedback. The women had the choice to attend a focus group to discuss the theory or to receive a written summary that they could give feedback on. Four of the women attended the focus group and the remaining were sent the written summary. One woman met with me to give her feedback and two women had telephone conversations with me to validate the theory. One woman had moved and could not be reached. From the focus group and these follow up contacts the theory was slightly modified.
The theory was then written up and discussed in relation to the existing literature.

Data sources and interview structure. Data were collected through a qualitative interview structure that enabled the women to tell their story and experiences in relation to the phenomenon of power. As mentioned above, the initial interview covered as large an area as possible in relation to the phenomenon. For this reason the interview included questions regarding the women’s experience of the therapeutic relationship in general, as well as their definition of power. This provided a context in which their experiences of power in therapy could be understood. As the theory began to emerge as the first couple of women were interviewed, the focus of the questions was modified for the remaining interviews to gain more specific information around the ideas that were evolving. In addition, respondents with particular characteristics were chosen to be interviewed as the evolving theory required that investigation.

The interview progressed from a generalized focus to more and more specific details around the experiences of power. The first questions invited the women to describe their experience of the therapeutic relationship, and to highlight what they consider to be important elements that make this relationship different from other relationships. They were also asked to describe their understanding of power from their general experience. The interviews used open ended questions and clarifications from a stance of ‘not knowing’, to elicit the client’s experiences of
these general phenomena.

Once the context had been explored the questions moved towards the women's experiences of power. Clarification of these descriptions involved questions about specific behaviours that were involved in expressing power, who has power, and the effect on the women's experience and their therapy. Also women were asked to describe situations, if any, within therapy that were empowering or disempowering and any situation that involved power that she would not describe in either of these ways. Finally, the women were asked if they would like to add anything about their experience they have not been asked.

Questions were developed from the initial interviews around how they experienced the therapist's self-disclosure, the power differential, and dependency.

Data collection, Analysis and Writing.

Data collected from the interviews involved approximately 200 pages of transcribed material and personal notes from 20 hours of audiotaped material. The data were analyzed and the theory was developed from the processes of categorization, memoing, theoretical sampling and writing up the theory. The initial literature review, and my previous experiences around the issue of power in therapy also informed my analysis of the data and development of the theory; this is referred to as theoretical sensitivity.

Theoretical sensitivity. Strauss and Corbin (1990) define theoretical sensitivity as the personal quality of the researcher
that is seen as valuable to the research process. The components of theoretical sensitivity will vary from person to person but consist of the researcher's familiarity with the literature, and the professional and personal experience that informs her perspective. The importance of the experience of the researcher is that it gives meaning to analysis of the data. My experience in the field of psychotherapy, both as a practising therapist of 6 years and as a client of ongoing personal therapy, gives me a perspective on the data that facilitates a recognition of what is important and meaningful to the evolving theory.

Theoretical sensitivity is also relevant to the analysis the more I worked with the data. As ideas emerged in the initial analysis and I began to make comparisons and ask questions, my perspective again was influenced by my previous experience. It was important to be aware of the way my experience influenced the process, and to remain open to new ways of looking at the phenomenon and exploring the relationships between concepts.

**Categorization.** The interviews were transcribed and analyzed through various levels of categorization. The interviews were broken up line by line into detailed 'meaning units'. These units were coded in a descriptive manner using codes that reflect the actual wording used by the woman. The codes were based on the meaning embedded in the text. As these descriptive codes emerged they were formed into clusters of constructed codes that continue to reflect the meaning of the descriptive codes. In this way, as the categorizing develops and the theory begins to emerge, it is
rooted in the women's description of their experience. Each meaning unit has the potential to belong to several codes, which is called 'open categorizing', and provides the basis for very rich data that reflect the many levels of meaning embedded within a particular description of experience.

Saturation occurs when new data does not reveal new categories. In this study, complete saturation did not occur. In the last interviews, there were no new major categories that emerged but there were new sub-categories. As the categories were developed, the relationship between categories began to form. A hierarchical structure of categories emerged when central categories were linked with many of the sub-categories. As this structure developed categories were judged according to the contribution they made. The core categories to emerge were: (a) context, (b) relationship with the therapist, (c) therapist self-disclosure, (d) power differential, and (e) experience of power as expanding, limited, and blocked. These core categories formed the basis of the theory. How they related to each other developed into a theoretical model of the experience of power in therapy.

**Memoing.** Throughout the data collection and analysis of the interviews, I recorded my process of theoretical ideas through memoing. This involved recording speculation about categories that may have been pre-mature, and the recording of ideas that led to the development of the categories. Memoing was crucial to the write up of the theory but was not a finished product in itself. The ideas expressed in the memos were formed as I
analyzed the categories and, therefore, were inherently tied to the emerging theory.

**Theoretical sampling.** In grounded theory analysis decisions around who to sample and what theoretical concepts to investigate evolves in response to each interview. The initial interviews are focused on generating data that reflects as broad an experience of the phenomenon as possible. There is an indiscriminate selection of interviewees at this point. These interviews are then analyzed and, as concepts emerge, questions develop for further investigation of comparisons and relationships between concepts. As the interviews progress the investigation becomes more specific increasing the depth of the focus.

Following the analysis of the initial interviews, I began to make preliminary hypotheses about the relationships between concepts. This was achieved by mapping concepts in various ways and identifying relationships that were unclear or missing. For example, questions about how the context of a woman's life affected her experience of power emerged. In addition to an investigation of specific relationships between concepts, decisions about who to interview were important in the development of theoretical formations. The women who were initially interviewed had experience and training in the field of counselling, and therefore, subsequent interviews concentrated on women who did not. In addition, women who had therapy experiences of less than a year were recruited to make comparisons.

Theoretical sampling occurs as an integral part of the
Analysis. Analysis and sampling compliment each other to produce a theory that reflects the depth of experience surrounding a phenomenon, and data collection occurs on the basis of the theoretical relevance to concepts.

**Writing the theory.** The theory evolved both from the structure of the categories and the information within the memos. Memos were sorted and related to the categories that emerged in the analysis. The theory that emerged in this study developed into a dynamic portrayal of the experience of power. The writing of the theory also involved an integration of existing research and literature that supports and expands the ideas that came out of the analysis.

According to Rennie, et al (1988), the theory should in the final analysis satisfy four basic requirements: (a) it is believable and plausible to the reader; (b) it present a comprehensive account of the data; (c) it is grounded in the appropriate procedures, and therefore, inductively tied to the data; and (d) it should be applicable and lead to further investigation.

**Women's Profiles.**

Twelve women volunteered for the study and eight were chosen to be interviewed. Factors of age, positive and negative therapy experiences, length of time in therapy, and occupation were taken into consideration when deciding who to interview. In the following profiles of the eight women who were interviewed, all names are pseudonyms to maintain confidentiality. The women’s
ethnic and religious backgounds included: Philippine, Greek and German, Irish, French, European/Canadian and Jewish.

Anne

Anne is 54 years old. She is single and lives alone in Vancouver. She was born in Canada. At the time of the interview she was unemployed and at a crossroads in her life, not quite sure what her career goals were. She had mainly worked in managerial positions in her life but was wanting to explore more creative options for herself. She liked to teach and spoke with great pride about the public speaking organization she belonged to where she was a trainer.

Anne had 2 previous therapy experiences before her present therapeutic relationship. One of these was with a male therapist and one with a female therapist. She had also been involved in peer counselling. Anne had been seeing her present therapist for 2 years at the time of the interview and was still involved in this relationship. Anne discussed her experiences of her present therapist during the interview, which was a very positive and empowering experience for her. Her therapist was a trained Ericksonian hypnotist with Neurolinguistic Programming (NLP) training. Anne was also trained in NLP and it was important for her to work with someone within this approach. Anne wanted to volunteer for the study to help consolidate her growth and to explore how she developed her power through her therapy.

Throughout her interview she highlighted how she experienced her power through knowing her own needs and being able to express
them. This was in the context of growing up in a family and society that made it difficult for her to even be aware of her own needs. Anne described her relationship with her therapist as a potential friendship. It was obviously a very important relationship in her life, more so because she did not have very much support elsewhere.

Julie

Julie is 30 years old and lives with her partner in Vancouver. She works as a social worker in the mental health field.

Julie had a couple of therapy experiences before her present therapeutic relationship. When she chose a therapist she had a very clear idea of what she was looking for. It was important that her therapist have a feminist perspective to counter the oppression she experienced in her life. Julie identified a power differential in the therapeutic relationship, and she experienced her therapist reducing this by facilitating her own discoveries. She has been seeing her therapist for 1.5 years and it is ongoing.

Julie volunteered for the study to make a contribution and reflect on what has worked for her in therapy. Therapy is important in helping her learn about herself and gain the knowledge to make her life more effective. She has an extensive support system, and therefore, does not experience therapy as a dependency. Julie did identify times within therapy where she needed more guidance and felt overwhelmed with the things she was
discovering. Overall, therapy has been an empowering process that has enabled her to make changes in her life.

Estelle

Estelle is 42 years old. She is a single mother who lives alone with her daughter. Estelle has been a student for a number of years and has recently graduated to begin her career as a counsellor.

Estelle had a number of previous therapy experiences before the one under discussion. One experience was with a man which lasted 14 months; she had several more brief experiences, and once saw a psychiatrist whom she did not like. The therapy experience she discussed lasted 13 months. Estelle left this relationship confused and angry about how her therapist acted. She had a number of different relationships with her therapist previous to therapy including supervisor and friendship, which continued to influence her experience of therapy. The reason Estelle wanted to volunteer for the study was to help her process some of the unfinished business she had from this relationship.

Estelle brought into therapy her training and understanding of therapy. Her therapist was a psychodynamically trained therapist. Estelle revealed during the interview that the main issue she was dealing with in therapy was abandonment, and this is what she ended up experiencing with her therapist. She was left feeling powerless in the relationship because her therapist would not respond to her concerns.
Pam

Pam is 32 years old and lives by herself in a suburb of Vancouver. She has been married twice and is presently single. She works as a massage therapist, and also as a residential worker with a special needs population.

At the time of interview, Pam was no longer in therapy. She talked about two therapists that she had been seeing concurrently. One of the therapists had been a positive experience and she had seen her for 2 years, and the other had been a negative experience that had lasted for 18 months. Previous to this, she had a number of brief therapy experiences and many workshops she had attended.

Pam’s experience in life had taught her that she had no power, being subjected to both family and marital abuse. Through therapy and connections with women in her life, she discovered that she had power and that she could trust people enough to be vulnerable with them. She viewed her therapists as being in a 'godlike' position. Her relationship to them in this way was very positive. Pam did not want to have to deal with her therapist’s vulnerability because she needed safety in order to be open about what was going on for her. Her view of power has completely changed from power as control and force, to power as love. She has come to see power as control as a fake kind of power coming from a place of insecurity.

Cathy

Cathy is 39 years old and lives with her husband and child
in a suburb of Vancouver. She works as a legal secretary and night school instructor.

She only experienced a couple of sessions for advice regarding her marriage and one session with a psychiatrist before her present therapist whom she has been seeing for 11 months. Her therapist described herself as a systemic therapist.

Cathy described her relationship with her therapist as an equal relationship, although when she talked about her relationship with her therapist it was similar to other women’s experiences. Cathy perceived her therapist as having different knowledge to her but only saw this as a difference not as something that gave her power. Cathy defined power in a negative way and as something that is used against her, where she does not have a choice. She experienced abuse growing up and this informs her definition of power. Cathy experienced the therapeutic relationship as positive, and therefore, does not contain any power dynamics.

Cathy has found therapy to be most beneficial in providing her with different perspectives on things in her life.

Dennise

Dennise is 23 years old and lives outside Vancouver with her mother. She is single but in a long term relationship. Dennise works as a performing artist and clerical assistant.

Dennise’s present therapy experience is the first one of her choosing; although, she went a couple of times to see someone with her mother when she was 15. She has been seeing her
therapist for 5 months. She approached a local agency for therapy and had to wait to get in to see someone.

Dennise went into therapy after she left a theatre group she had belonged to for 9 years. It was very difficult for her to leave this group as it had dominated her life. Dennise came to realise that this group had too much control over her, and she did not feel that she was allowed to make her own decisions. This group experience influenced how she saw power. Therapy was important for her in providing a place that was an alternative experience to this group and that enabled her to find her own power. Being empowered meant that she could stand up for herself and feel comfortable with who she is.

Barb

Barb is 52 years old and lives in Vancouver with her partner. At the time of the interview, she was unemployed and undecided about what direction to pursue in her career. She had worked for a number of years as a realtor. Barb was born in France and had moved to Canada many years ago.

Barb has had a number of therapy experiences previous to her present therapeutic relationship. Most of her previous experiences she described as unsatisfactory. She went to see a couple of psychiatrists at different times, both men. These experiences left her feeling judged and 'under a microscope'. She did not feel that she could be who she was; and this was very different in her present therapy relationship where she felt accepted.
Barb’s childhood was one that involved sexual abuse. She received little attention for things that she achieved, and as a result, tried to be the ‘good girl’. Barb described feeling this way with the psychiatrists she saw, always trying to please them. Through her present therapeutic relationship, she has learned that she is ok just for who she is. For most of her life, Barb’s power was attached to her sexuality. Her power has changed from sexual power to personal power where her experience and perspective is important. Barb described how she has come to trust herself and her feelings, and how she can now see her potential.

Gail

Gail is 46 years old. She is a single mother living on Vancouver Island. Her daughter is no longer living at home. Gail works as a community development consultant.

Gail did not have any previous therapy experiences to the one discussed, although she had read books and done some group work. She was involved with her therapist for a year and did not feel satisfied with the way in which her therapist approached therapy.

Gail is very focused on community and what power means in the larger context. She is particularly interested in how professionals present themselves and the power they express by their position. Gail experienced her therapist as having power by playing a role and not sharing more of herself. As a result of this Gail felt distanced by her therapist and uncomfortable in
the relationship. In addition, she felt that there were expectations of her to be a certain way as a client that did not fit for her. Gail and her therapist are part of the lesbian community and had come across each other socially. Gail's therapist appeared very distant in this situation, to a point that Gail felt was unnecessary and unnatural.

As a result of this experience, Gail did not see therapy as a productive means for healing. Gail did have a view of power that she perceived as healthy. She described this as a mutual exchange of power but did not experience this with her therapist.
Results

Presentation of Categories

Context

It became obvious from the interviews that the context of these women's lives had an important influence on their experience of power in therapy. The meaning of context is very individualistic, even within the sub-categories that are explained in the following discussion. Given that the focus was power in therapy, the categories that emerged are specifically related to power. As women described their experiences, the context of their lives would emerge within the therapeutic process. Therefore, it would seem that those aspects of the context that are identified as important are symbolic of a dynamic process. Pam, who had been seeing two therapists at the same time and experienced one as positive and one as negative, explained the process as:

Pam: I think a lot of it was symbolic of what was going on inside of me with all the negative I grew up with and all the passive voices and all the condemnation..... and a lot of the transition between the therapist who was negative very much a part of my childhood symbolizing my childhood and then going through the transition of having the positive therapist during a time that was really mixed up for me.

The relationship between context and the therapeutic process is a complex one. What is important about the context of women's lives presents itself within the therapeutic process as a function of that process. The sub-categories that emerged under context include patriarchy: meaning of power, abuse, work
situation, previous group experience, support systems, family relations, and knowledge about therapy. Two further categories are part of the context but are more specifically focused on seeking therapy. They are: choice to seek therapy, and expectations of therapy. These categories are explained below.

**Patriarchy.** The aspects of patriarchy that were revealed included a number of further sub-categories that highlight the various effects that patriarchy has on their lives. The sub-categories are: differences between men and women's experience, privilege, rebelling, and women reclaiming their power. A number of the women directly used the term patriarchy when they discussed the differences between men's and women's power. The other components of patriarchy, which were privilege, rebelling and women reclaiming their power, seem to be a result of men's and women's different experiences. In discussing the differences between men and women's experiences, a number of women referred to the entitlement they saw men as having. As Anne states:

Anne: .. men's power is a given, and it's competitive generally speaking and when it comes to males and females, men's power has been taken for granted, it has been assumed.

One of the ways women experienced gender differences related to the male privilege they saw in society. Women felt that men had more power and control in society. Estelle expressed this as men having 'outer' power and women having 'inner' power. She later expressed this in the following way.

Estelle: ... there's privilege that you have as a man that you don't have as a woman, quite often men have more power than women, not always, but I think that
women’s power is on an inner level in a more profound way than an outer level.

Growing up female in the context of men’s power, left Pam feeling that it was ‘an absolute curse to be born female’. She expanded on this belief later.

Pam: I felt that men had all the power in the world, they used it against women, they used their physical power sexual energy they had all the financial power political power I figured they had it all.

Most of the women felt that patriarchy and their general experience of power put them at a disadvantage being a woman. As a result, they had obstacles to overcome in finding their own way in the world. Women found ways to overcome this, which can be summed up under the two sub-categories, rebelling and women reclaiming their power. Women reclaiming their power is expanded on later in relation to the experience of therapy. Anne spoke about rebelling in connection to patriarchy, as a resistance to the expectations of the roles assigned to women.

Anne: ... the patriarchy is so unconscious, I didn’t know anything about it I just behaved as expected ... I see that my power would have been in being a good wife and mother ... But I did exercise power because I didn’t do that I rebelled.

When asked how she rebelled, she talked about not marrying or having children. When the interviewer commented on how she did not associate these roles with power, and the only way to have power was to resist them, she replied;

Anne: I think I have lived a lot of my life that way by doing the opposite, rebelling particularly against my father’s suggestions and advice, he thought we should be more athletic be better housekeepers and good cooks and do all the right things.
The following excerpt illustrates how one woman went from believing she had no power and that men had all the power, to realising how women's ability to nurture is profoundly powerful. This realisation changed her life and can be considered a method of women reclaiming their power.

Pam: ... I remember my therapist had tried to get across to me that women have a power too, they have the power to nurture and I said so what who gives a shit, men can just pound the heck out of women what good is it, I just really couldn't see it, and then with her and a lot of other wonderful women around me, had a dream that really changed my life, and I worked with her on all the different parts of it and the one part of it near the end had to do with a child, that had been really really hurt and I was down on the floor rocking this child with all these broken bones, and when I woke up out of that dream I realised instantly that the only way I could heal that little child is with nurturance, there's no physical power, financial power, political power, social power, that can cure that kind of pain, only nurturance can cure that, holy shit is that ever powerful and that totally flawed me ... and that's the way I see things now, and when I see people using power to hurt or overpower others it doesn't make me scared of them or angry at them or anything I just feel sad for them.

Meaning of power. For the women in this study, the meaning of power reflects how they perceive power in their lives. The women experienced power in four main ways, as influence, personal power, money and privilege, and control versus choice. However, when Pam was asked what power meant to her, she described it as being in everything, illustrating how pervasive the experience of power is.

Pam: It's to me everything in one way or another, it can be anything from the power of a smile or a tear, to hurting and destroying somebody, and everything in between it's empowering others or empowering yourself, or disempowering others or yourself or giving up your power, I see it as synonymous with energy, it can be
positive or negative or physical or emotional.

This excerpt portrays the expansive experience of power, and the varied ways in which power can influence women's lives. The women's understanding of power can be broken down into those experiences of power between individuals and/or institutions, and personal power that comes from a sense of yourself. Both of these aspects of women's understanding of power are illustrated in their more specific experience of power in therapy, which is expanded on later. A number of women talked about power as influence, which can be power exerted towards someone or, as in the example above, something that is a personal experience. Julie described the dynamic nature of influence when she talked about the people who have been influential in her life and gave her a different outlook.

Julie: ... just taking different parts of things and incorporating them into your own beliefs, or value system and so in that respect it's quite influential if somebody says something that I can really relate to, I think is right or true.

I: Can you be influenced by somebody where it doesn't relate, is that an important aspect of influence?

Julie: Yes I think so, because otherwise if it wasn't something that made sense to me, or I held as one of my own beliefs I think that I can respect that, but it is not necessarily an influence on me because I don't adapt it to my own beliefs ... if it is an influencing force it is something that you take in, I suppose that not really true either, because I'm just thinking about hearing something I may not believe or hold as my belief, does that influence me in any way? it doesn't sway my beliefs because their fairly intact, but obviously they change and evolve as well but just by hearing that information it can have some sort of influence.

Control versus choice was an important way in which women
had an understanding of power in their lives. Money and the privilege of money was also understood in terms of the control it gives you in your life. Julie talked about this and related it to the power to influence.

Julie: ... just beliefs and values that society holds or court systems or anything that can influence your life, in that regard forcing you to live a certain way and money comes into that ... money is power and it allows you to do things, and not be able to do things and live a certain way even to afford to come to therapy.

Julie: ... just having money is power, also so you can influence with money also equals power.

Power as control emerged in various ways throughout women’s understanding of power, power in therapy, and empowerment. The meaning of power as control, as part of the context, was an important influence on a woman’s experience of power in therapy. One woman only saw power as control, and having a choice meant there is no power. Whereas, other women spoke about choice as power in a positive way. The ways in which power is perceived brings into question how this affects a woman’s experience in therapy, or at the very least her understanding of her experience in therapy. In the following excerpt, Cathy illustrates how her experience of power as control influences how she perceives the relationship with her therapist.

Cathy: ... she (therapist) seems to be a very equal person and when I thought about power there doesn’t seem to be too many direct things that she did

I: What’s a direct power thing?

Cathy: Out and out telling you you got to do this ... so that to me is a direct power thing in my line of thinking, is telling you directly this is what you
have to do and there's no two ways about it, and you
don't have a choice where as to me, she may have, I'm
sure there was power in the therapy suggestions and
models she was doing, but I sure didn't feel it
inside feel the nervousness of a power.

I: Is there a power that doesn't tell you you should or is
it always a direct power?

Cathy: Probably in my mind an indirect power is more body
language, the shire way somebody looks at you puts
their body and things like that, to me power is
dominance over somebody and they either direct
telling you or indirect by shrugging your shoulders
away from somebody because you don't like the topic
their on.

The meaning of power as control also relates to the context
of abuse that a number of the women experienced in their lives
and is explored later.

Personal power was another aspect of the meaning of power
that each woman spoke about in some way, even though some women
did not define it as power. Personal power related to knowing
themselves and being able to express their needs. Even though
this experience of power may be influenced by interactions with
others and situations they have dealt with in their lives, it is
primarily focused on how the women felt about themselves. The
following excerpt expresses what all the women spoke about around
this meaning of power.

Anne: ... the main synonym for power is integrity ... I have
tried to define what it is and I think it is
integrity, of being grounded and honest about myself.

Anne: Integrity to me means congruence and honesty in
representing myself as myself and being able to
encourage others to their own truth.

As Anne explored this in the interview, she talked about how in
most of her life she did not know what she wanted. When asked if
this related to her experience of power in general, she replied:

Anne: Yes it is related very much if you don’t know what you want, you therefore can’t ask for it, and if you can’t ask for it, you don’t get it and you still don’t know what it is you’re not getting that you really need, there’s no power there at all.

She later developed the connection between personal power and self-awareness.

Anne: ... I think I get a lot of my power out of the discovery of parts of myself, parts I didn’t necessarily know that I had and the reflection back to me by x in a very positive way, adds to my power.

When asked if awareness is a big part of power she replied:

Anne: Awareness goes back to beginning definition of power, all part of the integrity self awareness, because if you can say look this is who I am take it or leave it and mean that, then I think that’s a really good definition of power.

Abuse. As mentioned above abuse was an experience common to a lot of the women’s lives. Their experience of abuse influenced their understanding of power, and would often be a part of their decision to seek therapy. Abuse was talked about as childhood sexual and physical abuse -- physical abuse from men in their lives as well as boundary violations. The following excerpt shows the meaning of abuse for Estelle, who expressed it in terms of a lack of respect.

Estelle: Yeh I think it boils down to the lack of respect, if the person who is in a position of power is not appropriately respecting the person who is in a lesser position of power, then there is an abuse ... their integrity is violated.

Later she gives an example in regards to her work supervisor:

Estelle: ... I think of my supervisor here, I feel like it’s an abuse of power if she comes in and tells me what the story is without any kind of consultation ... so
if there is a place where my own integrity and my own connection gets severed then that feels not real comfortable to me.

It was apparent that the abuse women had suffered was ever present throughout their therapy, as the following excerpts show. For Cathy, the decision to look for a woman therapist related to the abuse.

Cathy: I felt comfortable going to a female therapist because my therapy was abuse related in a family relationship, so I personally felt more comfortable dealing with a woman.

She also described how abuse related to her definition of power.

Cathy: Maybe my definition is part of the abuse process. Power was physical power was control and through my life getting away from that.

The next excerpt shows how Pam’s experiences of physical abuse related to the way she saw herself and to the issue of trust.

Pam: When I think of things like when my first husband use to hit me and when I was pregnant when I was 16, he took me down to the hooker corner and try and make me go and hook and things like that. What I felt was a real disempowerment ... I saw him as strong and me as weak.

Later on she described how hard it was to trust following her experiences of abuse.

Pam: In the beginning definitely more afraid of that, I would fight with my ex-husband and he would hit me, I remember him grabbing my hair like this, and smashing the back of my head against this cement wall, and I didn’t feel afraid, but when I would tell people about my fears of them leaving me that’s so much scarier ... to me the trusting being more afraid and being able to be vulnerable and express myself, that’s really trusting that I’m going to get through that fear, that’s where the trust is that incredible extreme hope that they’re going to be safe.
When asked how this changed her experience of power she replied:

Pam: Well I guess before to me power was seen as other people being able to hurt me there was no issues of trust because I wouldn’t trust anybody ... I just kept everything locked up so tightly inside that I couldn’t see that there were any locks, and then when I started trusting that process work was going to make some changes in my life, then I started feeling stronger in myself.

The context of abuse for these women seemed to be connected to their understanding of power, as well as the ways in which women have learned to relate in order to protect themselves.

Family relationships. Many of the women would talk about their family relationships in connection to their experience in therapy. The relationships that were identified were parental relationships. Women talked about their unmet needs from childhood, and how therapy provided a relationship where they could meet some of those needs. Conversely, women talked about how their family relationships were being re-created. Both cases show how family relationships are another important influence from the context of their lives. Estelle, who is a therapist herself, described the therapeutic relationship as a form of ‘reparenting’. This reflects her theoretical perspective as a therapist (i.e., a psychodynamic perspective), as well as her experience as a client.

Estelle: I would say that’s one aspect of therapy for sure, there are other things in terms of parenting things that didn’t get under way when you were growing up ... there’s the rebuilding of your own ability to take care of yourself, that you normally develop in relationship with your parent, and the way they treat you, so if you didn’t have a chance to do that when you were growing up, you get to get a chance to do that in therapy so I think that is
partly what reparenting is.

The quality of parental relationships for these women seems to determine aspects of the relationship with the therapist. In particular, the context of parental relationships influences the therapeutic relationship by highlighting the unmet needs from childhood. Estelle continues later in her interview to discuss parental issues that arose in her relationship with her therapist.

Estelle: I'm being totally abandoned here, it feels awful it's like if any reparenting stuff happened, it's like oh great we're just going to go through you know parental abandonment again, it was the way it felt like my dad died when I was 14 and my mum became psychotic at that point, I had big experience of parental abandonment, felt like I was right back in that.

Work situation. A number of women referred to their work situations when discussing power in their lives. Work situations are another example of the context where these women learned about power. As Julie expressed:

Julie: Authority relates to power in the most basic sense in a work relationship, if you have a supervisor that person has authority over you, they are overseeing you, they are overseeing your work and that's power.

Conversely, Pam spoke about the work she did and how this was empowering for her.

Pam: Now I do massage and I work with people who are mentally and physically handicapped, and I feel very powerful I feel as big as the universe.

For these women there were varied experiences of their relationships to work. These experiences, as in the examples above, were often hinted at as they discussed power in their
lives. Gail discussed how her work influenced how she saw the relationship with her therapist and power.

Gail: The work I do isn't disconnected, so I was there for my own personal reasons, but at the same time I do a lot of work with community professionals around power relationships, and one of the things that really concerns me is about artificial boundaries that are put up to protect professional status, to protect professional authority. So this is something I am pretty aware of in a whole lot of different contexts, and so one of the things that comes up frequently is when someone who is playing a professional role in the community, whether they're a nurse or a psychologist, no matter what they are, when they rely on that role to define who they are, and to determine what their involvement will be, and one of the things I always try to point out to them, is the degree to which when they are setting that boundary, the degree to which it's consolidating their power within the community, and within the relationship, and the degree to which it is disempowering to other people.

This excerpt shows how a woman's values can be inherently tied to her work. The women interviewed in this study expressed varying degrees of satisfaction with their work and its importance in their lives. Five of the women worked with healing individuals or groups, and, as the excerpt above shows, affects their understanding of therapy and power.

Support systems. Another aspect of context to emerge from the interviews is the relationship to their support system and their relationship with their therapist. The relationship these women have to the support in their lives seems to affect their expectations of and relationship to their therapist. As Anne described her experience of dependence within the therapeutic relationship she made the connection to the support in her life.

Anne: ... I need to work on that part of me that wants to sabotage myself, and that's where we go back to the
issue of dependence, and a lot of the dependence is wrapped up in the fact that I have very little support system outside of x got to do something about that.

Dennise began therapy at a time when she was in crisis. She had lost a group situation that had been the main support in her life.

Dennise: I'd just left my support system and I needed somebody to talk about all this stuff, I could talk to my boyfriend about it and that was great, but I didn't want to lean on him to sort out my life, because he is my boyfriend and he will agree with whatever or not, but I wanted somebody I respected not so much respected, I just wanted a different support system I wanted to build that up.

The relationship with the therapist is a different kind of support than friends or family, and the components of this support are explored later. What emerged from these women's experiences is how their perceptions of the relationship with their therapist may be shaped by their relationship to the support in their lives.

Barb: I have some uncomfortable time and where I have been hot in my seat, and she will need to say look at this this is what it is, and I don't want to look at it. I do not want to own my problems and it is uncomfortable, but I know there is no malice. There is no major thing is she is not there to control me, she is not there to have power over me, and I can find all of those in my friends ... they have not had my experiences and truly they do not understand from any angle I come from ... they do not have the understanding or the knowledge to take me to a better place ... I find all those are reasons why a counsellor and specifically x, all those things she does not do.

I: So it sounds like that with friends there's a lot of themselves that come into the relationship with you.

Barb: They bring in their own issue with me, x does not.

Previous group experience. Dennise had been part of a
theatre group. She felt that it had been both a positive and destructive force in her life. She went for therapy after she had decided to leave this group and wanted to heal some of the effects of the abuse of power she experienced in this group. Therefore, her group experience was very much a part of the context that she brought into therapy and influenced how she experienced therapy. Throughout her interview she would make reference to this group and the ways in which it affected her in her life and with her therapist. The following is an example of how her experience affected her relationship with her therapist.

Dennise: I found it difficult because she (therapist) would get defensive of me when I would describe situations that I would put myself in, and ways in which I would give my power away to this woman, the group leader, and she would get defensive for me, Oh this woman had no right to do that, and after nine years of being with this woman I can't say I love her but I was loyal to her and for someone to come along who had no clue, I felt defensive.

Later in the interview she expanded further.

Dennise: I guess that's what made it difficult, was that this woman didn't have the right to do that, it made me feel that because I chose to be with her I had made the wrong decision, even though I disagreed with the power this woman had I still didn't feel that my nine years was a mistake.

These categories which represent the context, demonstrate the unique nature of every woman's contextual experience. It is evident that in some of the areas the experiences are similar, and in other areas, the experiences are specific in nature. However, even when their experiences are similar, the way in which that situation affects a woman shows the individualistic nature of her context.
Choice to seek therapy. When a woman comes to the point of seeking therapy, two issues are salient: (a) the choice to seek therapy, and (b) her expectations of therapy. These components of a woman's readiness for therapy, are part of the context, but are more specifically focused on the therapy. The previous aspects of the context stand apart from therapy, until the women are involved in a therapeutic relationship.

Women seem to make the choice to seek therapy for very different reasons that depend on their circumstances. Their ability to make informed and optimum choices of which therapist to work with may have been limited. One of the elements of seeking therapy that women eluded to was the amount of information they had about therapy. As Barb explains.

Barb: Between that time (referring to time from experiences with psychiatrist to present therapist) I read hundreds of books, and I think I had a better understanding of how the mind works by the time I met x, so I was probably coming at it from a different perspective as well, I was older, probably the despair as well, the whole thing from the beginning to now is 16 years, that's a long time to be trying to find yourself.

For Barb there had been an accumulation of experiences as well as her own investigations that prepared her for a more positive therapy experience. In contrast, the following excerpt shows how Dennise, even though she had reservations about her therapist was limited in her choices.

Dennise: I had spent three months trying to get a therapist and I had been through the run around in the services ... I had fought so hard to get where I was, so I thought I had to go because I had fought so hard to get there, and also after three times of going to my therapist I had joined a group for
survivors of sexual abuse, and one of the things in that group was you had to go see a therapist, so I had to if I was going to be part of that group.

Expectations of therapy. In preparing to enter a therapeutic relationship, the women had certain expectations therapy that they brought with them. The expectations seem to be derived from the women’s previous experiences of therapy, the contextual experiences talked about previously, and from a theoretical understanding of therapy. A number of women expressed a desire to seek a woman therapist based on some of these experiences, as one woman conveyed.

Pam: I wouldn’t trust men in therapy, I actually did have one male therapist I saw about twelve times ... he was really awesome, he totally blew me away he was the gentlest man up to that point I had met ... other than him I only checked out women, because I was afraid of men and I didn’t trust women.

Estelle described how her previous experience of her therapist interfered in their therapeutic relationship.

Estelle: She was my clinic supervisor when I was in going through the program, I already had somewhat of a relationship established before I asked if I could go into therapy with her ... in retrospect I think that was a bad idea because we were already starting off with a real power difference, and also she left clinic halfway through and nobody knew she was going to do that ... so because of the difference in power, I had never addressed that with her, talked about how I was really angry and hurt with that, so I went into therapy with her with this unexpressed stuff.

The expectations that result from these previous experiences centre on what is safe to express to their therapist. Expectations were also influenced by the theoretical perspectives that some of the women held. This was highlighted by what they
were looking for and the kind of connection they wanted, as Julie relays in the next excerpt.

Julie: What's important is not necessarily that my experiences are similar, but that beliefs and methods of therapy are important that mine are quite similar to hers, and that was something I was looking for ... how do they practise, what are their methods of therapy, where are they coming from, what perspective, feminist or whatever.

Later in the interview, Julie talked about the power differential she experienced in therapy, and how she had expectations of what the therapeutic relationship would be like based on a feminist perspective.

Julie: ... the understanding comes from because her basis of her practise is from feminist theory, and so having knowledge of that and knowing that part of feminist theory is to do exactly that, and break down the hierarchy, try and make it as level as it could possibly be, and so knowing that is what she practises when I came into that, I had that assumption, and being with her for a while now I've found that that was the case ... I assumed that's the way it would be, the kind of relationship we do have and the way in which the therapy is carried out and the way she practises.

Gail expressed similar sentiments about expectations that come out of a theoretical base.

Gail: It was a relationship that for me did not gel, and I think part of that was around expectations, around what would happen in a relationship between someone who calls themselves a therapist and someone who is there in the role of client, and I think those expectations are grounded in probably therapeutic theory, but also very much have elements of power relations that I, from where I come from, didn't feel positive or helpful to me, in terms of the kind of healing work I was looking to do.

Other expectations of the therapist were expressed by a number of women as the kinds of connections they were looking for
which identified a similarity between themselves and the therapist, and with this the expectation that the therapist would be able to understand them.

Cathy: She’s an older woman a little bit younger than my mother. I felt very comfortable going to a female therapist because my therapy was abuse related in a family in a family relationship ... she’s family oriented, her youngest is 13 and my only child is 8, and so I felt very close in that, and she’s a nice person I just clicked with her.

Cathy expressed the need to connect in terms of similarities in lifestyle and circumstances. Barb expressed the need to connect in terms of the issues she was dealing with in her therapy. She begins here by talking about previous experiences.

Barb: It was also different, she (previous therapist) was in her 30’s, she was not, nor had been, married. She did not have any children.

I: How did those things affect you?

Barb: I felt maybe she did not have enough experience of life in general, personal experience wide enough yet and that was affecting me, and I had never given it any thought but x is the closest in age, and this probably is making a difference as well ... there are no similarities except age. I think she (therapist) is one year younger or two because she is married and has two children. I have never been, but that fact that she had been fighting a long time what she was going to do is a very big issue and a big plus for me, because again this is another area where she can understand where I come from being at my age and not knowing what I’m going to do when I grow up, but she is also a great example for me, she started 4 or 5 years ago to go back to school, I don’t think I will go to school but at least I can see it’s possible for me to find something I would like to do.

Conversely, Pam had the need to keep her therapist in a position of perfection, and as a result had the expectation that the therapist would not divulge her vulnerability or information
about herself, and the relationship would remain within the bounds of the office.

Pam: I wouldn't want it to continue outside of the office, because it would feel unbalanced and unfair and unsafe. To have somebody know things about me that I don't know equal sort of information about them, but inside the office walls there were moments that the therapist told me private things about themselves, that made me feel a bit uncomfortable, I don't think I need to hear that.

Pam: I had put them in the same position as a child I had put my mum and had put a god figure, in that, see that person as being strong, and then when you hear weaknesses, it's very uncomfortable. You need that figure to be somehow perfect, to be able to look up to and look for guidance from.

The above excerpt illustrates the kind of connection that this woman wanted with her therapist, and how that included a need for protection through the boundaries of the relationship. Cathy expressed her expectation of protection based on the understanding she had that her therapist would behave in an ethical manner.

Cathy: ... I'm going to define you as a guardian, the relationship that we have is going to be totally different than anyone else, and because of the ethic she will do me no harm, and these are all the things inside me that I have given to her that persona, that she will never ever harm me she's not there for a harmful thing, and so it is very different from friends because friends can harm you.

In summary, there seems to be a number of ways in which the context influences the women's experience of power and their relationship with their therapist. From the women interviewed in this study, there were a number of contextual experiences that were identified: (a) experiences from their family situations, (b) societal experiences such as patriarchy, (c) the structures
of their lives including work and support systems and (d) the theoretical and meaning making experiences that inform how they see power. In addition, the context is associated with women’s needs in the therapeutic relationship and helps to shape the expectations they bring to therapy.

Relationship with the Therapist

From the interviews in this study, the category of relationship with the therapist emerged, which comprised three sub-categories: (a) involvement with the therapist, (b) support of the therapist, and (c) power dynamics. These sub-categories are addressed in the following discussion.

Involvement with the therapist. The women’s relationships with their therapists involved varying degrees of personal involvement, depending on the needs of each woman and the kind of connection she was looking for. Personal involvement entailed the amount of friendship they wanted in the relationship, and ranged from no friendship to one woman who had a friendship outside of the therapy relationship. The amount of involvement with their therapist resulted in various degrees of satisfaction and facilitation of their therapeutic process. The following excerpts show how varied these experiences are.

Anne: Both of us feel that we could have a good friendship, but we won’t do it as long as I’m in therapy with her.

Later in the interview, as she was discussing how her relationship with her therapist was different from friends, she says;

Anne: The other major difference is that I don’t know very
much about her ... which with a friend you do you find out similar types of things with friends.

I: How does not knowing her affect you?

Anne: On occasion I would like to know more and there are times when I know she is going through something difficult, for instance I know she recently developed high blood pressure and so we take a little time to find out at least where she is, it's odd when she's a person I know I would like to make a friend.

Anne's experience shows that even though the desire and intension is towards friendship, the relationship is different from that of friends. At the other end of the spectrum Pam did not view a friendship as possible even when therapy had ended.

Pam: She did always seem like a fascinating woman, even now after I haven't seen her for more than a year, I still have a bit of a god like image of her, and I feel even if she had never been my therapist I can't imagine having a friendship type relationship with her, because she still seems so much greater and wiser and more powerful, I don't see an equality between the two of us.

Later she explored further the difference between friends and her therapist.

Pam: I have two friends that are therapists and I can't imagine them being my therapists because they don't seem god like.

I: So if they weren't godlike, they wouldn't be your therapist, is that what you're saying?

Pam: Kind of seems like they have to go together to me, I have two friends who are therapists who I love very much, and I can't imagine anyone taking them seriously. I have slept with these women, I can't imagine x in any other setting. She has told me about her private life some, that she doesn't have a television, told me a little bit about the gatherings and things she's gone to and I can't imagine her loose.

Estelle described her relationship with her therapist as a
dual relationship. This involved having an ongoing social relationship, and a therapeutic relationship at the same time. The effects of this, for Estelle, were to leave her feeling confused, and ultimately feeling 'betrayed' by her therapist. The consequences of this relationship are addressed further under the core category 'power in therapy'. From the information gathered from these interviews, involvement in a dual relationship with a therapist seems to be potentially destructive, and affects a woman’s experience of power in therapy. The following excerpts from this woman’s interview highlights the kind of involvement with her therapist that a dual relationship produces.

Estelle: She’d been my supervisor and I’d been at her house a couple of times for dinner and she’d been at my house so there was big fuzzy boundaries. The only place where it interfered with therapy was the part where I felt a friendship happening as well, things like you’re part of my people and we’ll be sitting on our porch when we are 80 years old ...

Estelle: There was certainly a dichotomy there, it had more to do with being intimidated, like could I live up to this person who is relating to me in a particular way, who came from an intact family where money wasn’t a problem and who was professionally together and all that kind of stuff. That wasn’t what my circumstances were at the time I was a single mother really tired after a million years at university, so the times it would be really uncomfortable would be if I was over at her house, I wouldn’t know what to say like oh my god we are in a different relationship I don’t know how to relate to her right now so that would be confusing, that would be very uncomfortable. I’m not sure it was uncomfortable in therapy, but it would be very uncomfortable in other situations.

Self-disclosure by the therapist is a component of the therapeutic relationship that helps determine what that involvement will be. It would appear from the interviews, that
disclosure is largely at the therapist’s discretion, and so is the degree of involvement. It is assumed therefore, that self-disclosure and involvement with the therapist are important elements of the experience of power, and will be discussed later in relation to power in therapy. The women’s experiences of self-disclosure are as varied as their experiences of involvement with their therapist. In addition, women expressed varying needs in relation to self-disclosure. Julie’s experience articulates clearly the link between self-disclosure and involvement with her therapist.

Julie: There aren’t any emotional attachments to this person, well I don’t feel anyway in my relationship, so you don’t have the stuff you would have with friends, the day to day problems you don’t know a whole lot about this other person and you don’t get involved in what’s going on with them, so you don’t have the involvement in their life.

Involvement with the therapist seems to entail the amount of emotional and personal connection each woman wants with her therapist. This can be affected by the expression of friendship, the kinds of boundaries that are put in place, and the therapist’s self-disclosure. The involvement with the therapist affects the experience of power by contributing to the amount of comfort and safety created in the relationship, which is explored in more detail later.

Support by therapist. Seven of the eight women interviewed spoke about the kinds of support they received from their therapists. There seems to be a number of different ways this support is given, which can be broken down into; focus on the
client, therapist’s skill, guidance, empowering, and sharing. The support that the women received was instrumental in the changes they have made in their lives.

Many of the women spoke about the focus of therapy being their agenda, and the following excerpt shows how the process of therapy works when focused on the client’s agenda.

Julie: I think that basically what happens is that a therapist is there to guide you along and point out things as you go and in my relationship with my therapist, it has been my agenda, and so what are my issues, what do I want to look at, what have I noticed that is not necessarily working, or what do I want to work on, and from there having point things out or patterns of behaviour, and making me see the light.

Cathy described how the focus on her agenda enabled things to emerge.

Cathy: I have been doing this with her sensing that I needed to start organising and controlling the sessions, feeling free enough to tell her my agenda, like my goals, my ideas, so yeh she did allow that and we got comfortable enough that even personal things that I didn’t know came out and there was no fear for me.

For Pam, focusing on her agenda meant that anything she brought into therapy could be explored to find the deeper meaning.

Pam: She really really explored things with me and sometimes I’d say something keeps coming into my head, something happened or whatever, it really didn’t mean anything to me at all, but I can’t stop thinking about it and so she’d get talking to me and ask me is there a time when you felt like this as a kid or something and then I’d find that there was something that really came up that I had been so accustomed to shutting down.

Later she summed this up with;

Pam: ... she just seemed more than willing to discuss anything that came up, she was just really there for me.
From the data gathered in this study, the focus of the relationship between a therapist and a client is in the client. This is, in many ways, the cornerstone of the relationship where the client is validated by this attention, and able to discover new things about themselves, express repressed aspects of themselves, and feel empowered.

The main aspect of the therapist’s support to emerge from the data was guidance. The following excerpt captures Cathy’s need for guidance in providing her with answers.

Cathy: Basically I think because one of my major goals was I needed answers, I have come to a point in my life where I’ve hit the maximums, I’ve hit the end of all my major goals and I needed answers to what to do with the rest of my life. I was feeling lost and needed these answers, and if you look back on it, it’s like a shaman you go to them because they are wise and give you some answers, and it’s turned out something like that this wisdom, and just what I needed because that’s where answers could be found, and it couldn’t be found from just friends because they wouldn’t know enough of what was going on personally, and I would not feel like divulging it to them because I would have to face them again.

Barb talked about being encouraged by her therapist through difficult times. This could be described as emotional guidance, where she was given a sense of hope.

Barb: She helped me through those bad times where I did not believe in myself because she was giving me faith and support, if I hang on there it will happen and I believed her. Now why I believed her, I feel she is honest, she give me more of the time that I was paying for and I just had these gut feelings, really she was the only person I could hang onto at this time and if I wanted to make it, she was my lifeline.

The guidance and encouragement of the therapist stems from a focus on the client’s agenda. In other words, it is the client’s
process that is being guided. The next excerpt shows how this occurred for Julie, and how important the therapist's guidance is in that process.

Julie: I went with an issue of fear, so wanting to know where does this come from, why do I have fear? So the process was discussing what the fear, being more specific, her asking me more specific questions about what I am fearful of and then what has been my experiences around that topic. So a lot of questioning and enquiring about what it is I'm looking to do, so just getting more specific with it, and then linking things together and making connections, that basically is what I have done in therapy is making connections with her probing and asking questions and bringing those things out and it's almost like a light goes off, like doors open and bells start ringing, and I start making these connections, whereas before I wouldn't have done that I wouldn't have had the ability to go and figure these things out.

The support of the therapist within the relationship with the therapist for some of the women was described as a mutual process. For Cathy this was expressed in her appreciation of the different kinds of knowledge that she shared with her therapist, and how they both had things to contribute. Julie touched on how the process was mutual in terms of going back and forth between her and her therapist.

Julie: ... I'm sure she's discovering it as she goes along too so it's more of a discussion in that sense and connections I'm making and voicing, and so they're going back and forth and I'm asking questions of her as well and throwing things out, and so it's a kind of a discussion in that regard, more than her asking questions and me answering them, and also exploring other areas as well if she makes some sort of connection, goes off on another tangent or explores another area, that also happens so a flow and a discussion more than anything it's two way.

Another consideration of the mutual aspect of the relationship,
was a sense of interdependence, which Estelle identified as working together on things. She later expanded on this to identify how the therapist and client are responsible for their own internal processes, and part in the therapeutic relationship.

Estelle: The most important part of this is to deal with people in responsibility in a different way, and to move on in a different way than you have in the past. So ok you (the therapist) need to stay open to what’s happening and you need to be able to point out if you see patterns for the other person, but you also need to be able to take responsibility of anything that’s yours, and so it’s very disempowering to not do that.

When Cathy was asked whether she experienced power when she is more vulnerable, she made more of a connection with the sharing aspect of the relationship.

Cathy: I’m not sure that power is in there. No it’s right with that sharing stuff, it’s not a power if I am vulnerable. We do have a crying moment I have actually put her into tears. We’ve both put each other into tears through what we have discussed and it wasn’t intentional when I shared something and brought her to tears and so to my mind she wasn’t doing anything to bring me to tears, so there’s no power over either of us, no negative force. It’s very positive.

One of the central themes that women spoke about was empowerment. For the majority of women that is what power in therapy entailed. In the relationship with the therapist, empowerment emerged as an aspect of the therapist’s support. Generally speaking, the women defined empowerment as a process where someone enables you to access your own power. This is explored further when discussing the category power in therapy. Through the therapist’s support of her client, the client is empowered. In this regard, all of the ways that the therapist
supports her clients will potentially lead to empowerment.

Dennise: I would say through validation because that was my biggest thing, to have somebody, whether I respected her or trusted her almost didn’t matter but to just have somebody else who was outside my life say, you’re not insane or you’re not bad ... I wouldn’t say I went out and conquered the world after that but I felt like it was a good voice to add to all the bad voices in my head, it was like a way to fight back, someone said this was ok, so I’m going to hold onto that voice, rather than the stuff that’s telling me I’m lazy, so I found that to be the greatest thing of power.

From these data one could say that the therapist’s skill involves all the ways the therapist supports her client that have been mentioned above. The therapist’s skills needs to be identified as important aspects of the relationship that enable the client to trust and feel confident in her therapist, as Anne explains.

Anne: Her skills are a lot of her power. Her ability to be focused for me, to be able to see it at a particular spot that a line of questioning isn’t working, and she’s flexible enough to be able to know to reword or change direction. She really knows how to pay attention to me and direct my processes to where they need to go, and I think a really big part of it is that during an entire session she does not get bogged down in her own problems ... and she is able to stay up and focused on me without falling into the mess.

Power dynamics. Within the context of identifying experiences of power in therapy, particular aspects of power within the therapeutic relationship became evident. These included; transference, power differential, dependence, and therapist maintains distance.

Although only one woman used the word ‘transference,’ other women’s experiences reinforced this phenomenon. Transference is a
psychoanalytical term that refers to the emotional response to past individuals in a person’s life, experienced within the present day relationship. Within the context of the relationship between the therapist and client, the therapist often represents parental figures for the client.

Estelle: I think there was an abuse of power in that relationship, and it had to do with severing the connection in some ways, like putting huge limits in there and completely severing any connection and not acknowledging what was happening or being prepared to enter into dialogue either, and I think it was worse because that wasn’t a part of her, there was tons of support. I mean there was huge mummy transference going on ... and it’s like ok now I would imagine the mummy transference stuff around that was mine and not hers, I don’t imagine that she particularly wants to be my mother, I’m quite sure she doesn’t, so that’s mother transference stuff on my part.

Pam relates how her experience of a negative therapeutic relationship where her therapist did not show any interest in her, left her feeling like a ‘middle child’.

Pam: ... and this happened Tuesday, that was two more yawns and half a sandwich, ok this and this happened, oh that got your interest so lets start talking. I just felt 5 years old and trying so hard to be good for her and get her attention.

Some of the women in this study identified a difference in the power the therapist had, and the power the client had. Julie referred to this as a power differential that was a positive experience, as the following excerpt shows.

Julie: The power differential I think you can’t get rid of it, I mean I am going to somebody to have them provide a service for me, and in that opening myself up and putting myself in a vulnerable position with them, and so I think that in itself is not balanced if they’re not putting themselves in the same position in that respect. And then of course they’re
in a position of influence ... how can I change this or why did this happen or whatever it is, and this person has the advantage of being able to look in on that and make that process of change occur or not occur, but influence it in some way.

Later in the interview she was asked how the power differential affected her and her therapy.

Julie: It affects me in a positive way, as obviously I think it is important, and it’s empowering, it gives me power over the knowledge of how to do things differently, the knowledge of having insight and making changes if I want to make change, seeing things in a different light comes from that relationship specifically and the teaching me ways of doing things differently has been very positive.

Based on Julie’s experience, there is a power differential that reflects the difference in vulnerability and influence. As a result of these aspects of the relationship, the client can be empowered. Estelle experienced the therapist as inaccessible because of her position of power.

Estelle: ... it would be very uncomfortable in other situations, there was one time when we had a clinic reunion and I invited her and other people over, and I’m talking about my washing machine and driers, not normally things I would talk about, washing machine and driers.

Estelle: Yes, and I remember I had dreams before I started therapy about her and [therapist’s partner], really dressed up in multicolored fine clothing and me having a hard time getting there and not being appropriately dressed, like these guys are up there and I’m somewhere down here and so I do feel intimidated for sure.

Later in the interview she expressed how she felt at the end of the therapeutic relationship, and the effect the power differential had on her ability to find closure.

Estelle: I think it was an abuse of power in my relationship
with x, I think that the violation of my personal integrity happened in that relationship, mainly because not being willing to acknowledge her own responsibility in what had happened, or being prepared to even talk about it, being able to stand up against my anger and process it. So yeh I think that was like, ok I’m in a position of power so you can fuck right off.

Connected to the power differential is the element of a therapist maintaining her distance. The power differential provides a structure to the relationship where a therapist can take on the role of a therapist to such an extent they become inaccessible to the client. In the following excerpt, it is clear that the lack of vulnerability of the therapist can create an unnatural distance.

Gail: ... I see it as a role because I think what this person did was try to keep parts of themselves from entering into that relationship, and that’s probably appropriate in lots of situations, where your own stuff is not suppose to get in the way of the other stuff, but I actually found when I asked about that, cos one of the things I was aware of was it was really clear to me that stuff was going on with her, and she didn’t have to spend my hour telling me about it, this was my hour and I was paying for it, but it was really clear to me that it was affecting her ability to be present some of the time. So what I suggested that would be more helpful for me was if there was a little more exchange with what was going on for her ... and the response that I got was that most of my clients are so messed up that they need me to be all together, now again I’m probably oversimplifying, and I thought I don’t think so, I mean I don’t want to judge what’s going on for other clients but it didn’t feel like that was what it was really about. I would feel really patronized if someone suggested I was not together enough to handle this person as a whole human being, so that’s where roles fit into it.

In addition, it would seem that this woman’s experience shows how a lack of self-disclosure contributes to the therapist maintaining a distance.
From the data collected in this study, the experience of dependence emerged as an aspect of the power dynamics of the therapeutic relationship. The following excerpt shows Anne's definition of dependence in the relationship.

Anne: In that sense being able to continue the process of becoming more aware of my needs, and continue the process of becoming more actively involved in getting my needs, and am I going back to her dependently counting on her to help me get there?

I: Something about counting on her?

Anne: Yes yes, no no, it's not, it's more if we get there fine and good but at least in going to her I'm working at it, the process is ongoing instead of just wallowing in a mire of shit I suppose.

I: That's what you call dependent?

Anne: Dependent to me really is, would I do it without her? and if the answer is no then I'm dependent.

Estelle describes similar sentiments and highlights how dependence may be part of a certain stage in therapy.

Estelle: Where you need the other person to feel ok, that you haven't quite figured out how to move out of the muck to feel ok yourself. Then there are stages to therapy, it takes time for a person to start to be able to build up for themselves, so there's a certain period where their sense of power comes from your reflection ...

From these excerpts, dependence has aspects of the therapist's guidance and encouragement. The focus of relying on the therapist seems to be crucial in terms of dependence.

All of the components of the relationship with the therapist, which have been outlined above, play a part in the experience of power in therapy. Both the context and the relationship with the therapist contribute to each woman's
experience of power. This is evident in the following discussion of the category, power in therapy.

Power in Therapy

From the interviews in this study, the central category of power in therapy emerged. The experience of power in therapy for the client falls under three main sub-categories: expanding, limited, and blocked. In addition, the experience of power can be a combination of these three types of experiences depending on the context, the parameters of the relationship, and what might be happening at any given time in the process of therapy. The categories self-disclosure and power differential are distinct from the three categories, expanding, limited, and blocked. However, they affect the client’s experience of all three within the therapeutic process. Self-disclosure and power differential are addressed first.

Self-disclosure. All the women in this study talked about self-disclosure by the therapist. There is clearly a diversity in the experience of self-disclosure and the relationship to power. Julie discussed her experience of the difference in vulnerability of her therapist and herself. When she was asked if this was empowering or disempowering she responded in the following way.

Julie : I think at this point it is neither, initially it was somewhat disempowering in the sense that that existed and feeling comfortable with her. At the beginning it was disempowering to some degree until you overcome that or realise that doesn’t play a part in this, because certainly I know things about her it’s not as if I don’t know anything, as well having her reveal things about what she’s gone through and what she’s done has certainly taken that away and ... is empowering as knowing that this
other person has gone through their own experiences and they are not this perfect person, and I mean that disintegrates that feeling of vulnerability ... you develop a relationship of trust and you're safe so that vulnerability disappears, but that relationship of power still exists but it becomes neither.

According to Julie, self-disclosure can reduce the power imbalance she experienced at the beginning of therapy. Julie was able to develop more trust in her therapist the less she saw her as perfect. Cathy identified how self-disclosure enabled her to become more active in the therapy process and to express her needs.

Cathy: I wonder if there wouldn't be as much trust, I've thought to myself if I didn't know just a few little bits and pieces here and there maybe I wouldn't have the courage to go and write on the blackboard, or maybe I wouldn't have thought to bring pictures in, because we happened to talk and she told me she had gone to a clients house ... and we were talking about perspectives and I didn't say it to her, but I just thought maybe one saturday I will bring some pictures ... and if she didn't do some of these little things I wouldn't be able to open up, or be able to sit on the floor ...

I: On the one hand it brings up an uncomfortableness and not knowing how to respond, and on the other allowing you to go into certain things.

Cathy: Yeh we know each other well enough and that gives me an avenue to open up and relax and share some more.

Conversely, Pam did not feel comfortable with knowing anything personal about her therapist. This kept her therapist in a position of being more powerful and wiser than her. It was important for Pam to maintain an illusion that her therapist did not have a life, and in the following excerpt she explains why.

Pam: It's kind of like when your in grade two and you're imagining your teacher having sex, they don't have a
I: And it seems important that they remain in that position.

Pam: Yeh I think it's a lot harder to fool somebody in that kind of position. I think if either of my friends who are therapists, if I was to sit down with them in a therapy type situation I think I would probably find ways of trying to manipulate them. I expect because there are probably things that I would be really afraid of them finding out ... somehow it just seems so separate.

For Pam, not seeing her therapist as a real person enabled her to feel safe, and facilitated her therapeutic process. Whereas for other women, they felt safer when they knew more about their therapist.

Some of the women expressed confusion over their experience of self-disclosure.

Estelle: Well those were the things that made me feel oh ok, there's a connection here in a different kind of way, it's like ok we have common experiences of having daughters that are growing up, and what's that like. So it was joining for me to hearing stories about what was happening with her kids, and she wouldn't go on and on and on about it but it made me feel like I was part of her life in some way, and I think that was part of the problem because it was confusing whether I was part of her life or wasn't part of her life.

Cathy: I've throughout kept thinking how much do I want to know or how much I should allow myself to care ... a couple of times she shared incidences where people in her family are sick, one of her children in her twenties is very sick with a serious illness and has been all her life and I sometimes want to reprimand myself for not caring enough about another human being having to go through this, and thinking to myself, but I'm here to do a job too, here for one hour to do x because that's our agenda, that's our goal but you still feel. I'm in a real up and down ...

For some of the women self-disclosure related directly to
their experience of power. Dennise connected her therapist disclosing personal things to her experience of being told how she was suppose to behave.

Dennise: ... she hasn’t shared herself with me, but if it did happen it would change because it would become friendlier not that she was my therapist, and she would become inside rather than outside, I know that from being around people or friends when they let me in then we become woven in a little way, I don’t feel that way with my therapist, I don’t regret it or want it.

I: So that feels fine to you to not have it at all?

Cathy: And I think it is more valuable that way, it’s not oh she said or she did, it’s just ambiguous, all the thoughts and the ideas, they’re not anybody’s, they don’t belong to anybody. For example, in my nine years there were some people’s experiences that I would value more than other people’s, so because she doesn’t say I did this last week with my husband, because it is just an ambiguous example, there is no value on it, I can just take it or leave it, there’s no I should do it.

I: Does her sharing or not sharing relate to power in anyway?

Dennise: I would say it relates to influence, it relates to my relationship for the past nine years of, well I did this and I don’t want you to do this it screwed up my life. It makes me more aware of what the person like in my group shared a personal example of how not to do something. If you went ahead and did what they said not to do cos this is what happened to me, you would be seen as really stupid. How I feel in that case is I don’t get given the choice ...

Even though this woman did not see self-disclosure related to power, she connects it to being influenced and not having a choice. Both influence and choice have been identified by other women as meanings of power.

Conversely, Gail saw self-disclosure related to power by
it’s absence. She compares her experience of two different therapists, relating equality to self-disclosure through the personal availability of the therapist.

Gail: ... it wasn’t about what was expected of me in that process ... so in answer to the question what I would hope for and expect is a lot closer to the second one, where we both acknowledge we are both adults and we both have strengths we bring into this, we both have stuff we’re working on the reason we are here is because I’m here to work on this stuff, so I don’t need you to work on your stuff at the same time, so it’s more of an equal relationship even though the air time isn’t equal perhaps that sums it up ...

Later in the interview she referred to her experience of the first therapist and how that was disempowering.

Gail: In the second situation, what I experienced was a trust that I was capable of consciously or unconsciously directing my own process. In the first situation, I think the person was relying more on what they learned at school and what fit within a model to advise her about what shape this would take, and the equality first relates to whether I as a human being is recognised as having not identical skills, but a reasonable set of skills that I can contribute to this, my healing process ... it felt to me like there was a hidden agenda in the first situation that’s disempowering and it assumes that we are not equal because I can’t possibly know what the game plan is, if it’s going to be of therapeutic benefit to me ...

This woman’s experience points to how the therapist’s power is reinforced through the expectations of the roles of therapist and client. In particular the role of the therapist, that included the therapist withholding information about herself, and being guided by a hidden agenda.

The relationship of self-disclosure to power is a complex one. What is apparent from these women’s experiences, is that individual needs around therapist self-disclosure incorporate
each woman’s context into her expectations of therapy. The kind of relationship that self-disclosure facilitates depends on who the client is. So for one woman self-disclosure can feel like control and influence, whereas to another it means a connection that allows her to express herself. The only assumption we can make from this, is that the experience of power will be affected by the therapist’s self-disclosure, and how it affects the process will be determined by each client.

Power differential. The power differential is an expression of the relationship between the therapist and client that identifies perceived differences in power. The women’s experiences show the diversity in their perceptions of the power differential, and in some cases these differences are not viewed as power.

When Julie was asked what the therapy relationship would be like if the power differential was not there, she replied as follows.

Julie: ... it wouldn’t necessarily be as enlightening as positive an experience as it has been. I think that obviously you have people in your life that have some knowledge or have this, but it is a completely different situation because the power differential isn’t there ... The relationship would be completely different and not what I would consider therapeutic.

I: So it would become a different kind of relationship like friendship? What I am trying to understand is the nature of the power differential, and what you are saying is if it wasn’t there, it wouldn’t be therapy?

Julie: No I don’t think it could because the power comes from her having knowledge and insight, and passing that knowledge on to me or guiding me along. I think if that didn’t exist there would be no point having that relationship ...
Julie’s experience implies that the power differential is in some way necessary. Although Pam does not use the term power differential, her description of how she sees her therapist would indicate that her therapist was in an elevated position, and that this position was a condition of the therapeutic relationship.

Pam: ... I had put them (therapists) in the same position as a child I had put my mum, and had put a god figure. I see that person as being strong and then when you hear weaknesses it’s very uncomfortable, you need that figure to be somehow perfect, to be able to continue to look up to and look for guidance from.

Later in the interview Pam expressed similar sentiments about the relationship needing to be this way to be considered as therapy.

Pam: ... I can’t imagine having a friendship type relationship with her, because she still seems so much greater and wiser and more powerful. I don’t see an equality between the two of us.

Not all the women wanted their therapists to be in a position synonymous with ‘God’, but all the women wanted some kind of guidance from their therapist. The main outcome of the power differential seems to be in terms of influencing or guiding the client’s process. Julie expressed how this influence occurs as she discusses her experience of the power differential.

Julie: ... I am going to somebody to have them provide a service for me, and in that opening myself up and putting myself in a vulnerable position with them. So I think in itself it is not balanced if they’re not putting themselves in the same position in that respect. Then they’re in a position of influence ... this person has the advantage of being able to look in on that, and make that process of change occur or not occur, but influence it in some way ...

The therapist’s knowledge is an aspect of influence that women talked about in a number of ways. Although Cathy did not
Cathy: There are certain topics that I can feel because of her knowledge of therapy work and what's in my life, in order to have me fulfilled, certain things need to happen and she knows it. She wants to get my husband in therapy, so there would be a differential there to me, not quite a difference of opinion but in order for things to happen, nothing further will happen unless this gets done, bottom line. So to me that's where it's not even a power because there's nothing she can do to make me do anything, because I can't make my husband come so I don't have any power ... there is a differential, that word strikes my mind, there are some things that she knows as definite as far as progress, that I either won't allow in or haven't processed things enough for me to acknowledge that those other avenues or ideas are there.

In this excerpt, Cathy experiences the therapist awareness influencing the direction of her therapy.

As Gail explored the concepts of power and influence in her interview, she highlighted similar sentiments to Cathy's regarding the impact of influence and the connection to power.

Gail: ... I would have some power if I were influencing but all I can do is influence someone else's decision, the final authority rests with the person or the institution.

Gail and Cathy articulate how the power between the therapist and the client comes down to who makes the decision on what will occur. Influence is not seen as power, but it can be experienced as power within the dynamics of the therapeutic relationship. Dennise talked about influence and power from a different perspective when she was asked whether she would define power as influence.

Dennise: I wouldn't describe it that way because I know influence very well, maybe if I'd not wanted that
picture she had said, I can’t really say it was influence because it wasn’t, a you do this and you’ll get whatever.

Dennise: ... to be influenced would be like I would be moved to do something because of something I would loose or something I would get. In my 9 years I would say that I was definitely influenced because I was moved to do things for what I would loose, that to me is influence. With my counsellor I didn’t feel I would loose anything by choosing or not choosing to take in the information she gave me.

For Dennise, influence is perceived as someone having some kind of hold over her. Her perception is obviously affected by the context of her previous experience of the theatre group she was in. She went on to describe the power she sees her therapist having.

Dennise: I don’t see her as having power over me, but I see it as she has more power because she seems to me as very open, and for me right now the definition of power is being able to choose, having opportunities, that openness ... I see her as powerful because she has different angles and views of looking at things and information at her fingertips. Because she is a therapist that enables her in my mind to have power, not power over, but power in herself not to be pushed over by anyone else, just to know that what she thought was ok, and it doesn’t matter what anyone else said.

Although Dennise does not perceive her therapist as influencing her, the way her therapist expresses who she is inspires Dennise, and therefore, influences her.

From these examples, the part that influence plays in the power differential of the therapeutic relationship involves an element of choice, and the focus of the relationship on the client. The client is choosing to accept or not the influence of the therapist. Because the focus is on the client’s process and
the changes she wishes to make, the therapist’s influence is connected to her role and position, which is potentially experienced as power.

Some women had experiences that demonstrate the potential consequences of the therapist’s misuse of their power. Julie talked about the need for the power differential to be addressed in order to prevent an abuse of this power, and to provide an alternative to the disempowerment that women face in their lives.

Julie: ... I think that she tries to lesson that hierarchy of therapist\patient relationship, where they have all the knowledge and you don’t have any, and you’re just there to provide them with answers and they will figure it all out and relay it all back to you ...

When I asked Julie if she had previous experience of the traditional therapy she spoke of above, she replied:

Julie: When I say traditional it is from text books and reading, that sort of thing, so I haven’t experienced that. Well that’s not true either, I think I have experienced that in a doctor like position, patient experience, they hold all the knowledge supposedly, and you just listen to what they have to say, and you do what they say you’re suppose to do.

The imbalance of power that Julie is describing here can affect a client by the authority she may give her therapist for the things she says. Estelle alluded to this as she talked about the advice her therapist gives her.

Estelle: ... advice I don’t know, it’s hard for me to say because x just weaves a magic spell some of the time, and it would be fun to listen to it. Sometimes it would be advice and it wouldn’t disturb me at the time or disempower me. I think my belief is that it is disempowering but my experience was more like being mesmerized by a storyteller ... which is really interesting because 99% percent of people in the world, if they were to give me advice that’s not what I want. I want to be
able to process ... I want space to process or empathy. I don’t like getting advice, I only want advice when I’m really asking for advice ... I think I was intimidated and in awe of this person and all that kind of stuff.

Estelle accepted advice from her therapist that she would normally not accept from people in her life. What seems to influence Estelle is the ‘intimidation’ and ‘awe’ she felt towards her therapist. The therapist’s authority is reiterated by Julie as she expresses the importance of addressing the power imbalance in the therapeutic relationship.

Julie: Because it’s important to bring it to that level because I think if that didn’t happen it would just perpetuate what happens in society ... it would just be exactly what I’d been up against and fighting against ... it doesn’t mimic what happens in society and it means there isn’t hierarchy there, isn’t all that that exists and trying to break down all of that the difference in power we experience everyday.

I: Like providing an alternative to that and giving a different experience to oppression and inequalities.

Julie: Because that’s where I think you gain a lot of empowerment from is from not having that exist and it changes the relationship completely, as opposed to having traditional therapy, that there was this definite power differential between two people that was really distinct and noticable and authoritarian ... it wouldn’t be therapeutic, it wouldn’t be benefical to perpetuate all that horrible stuff.

Estelle’s relationship with her therapist developed as a dual relationship. The consequences of being involved with her therapist outside of the therapeutic relationship are outlined later. The following excerpts show the way the power dynamics are experienced for Estelle. In particular, when she tried to sort out her confusion over her involvement with her therapist.

Estelle: ... I was very aware of what an incredibly powerful
person she is, and I think that was one of the things that attracted me to her as a human being, is that she is very dynamic, I thought she had an incredible amount of power.

I: How would you characterise the power that she had?

Estelle: Well she’s never tentative about anything that she says, and it would come out in really strong statement stuff, which was interesting because at the end of this relationship, after all this happened, my experience of that was that to was quite irritating, that it wasn’t taking into consideration what was going on for the other person ...

Estelle highlighted how the therapist’s power can be experienced in a positive or negative way. This appears to depend on whether she feels it is being used for or against her. Later in her interview Estelle expressed how she felt disempowered by her therapist.

Estelle: It was tremendously disempowering for her not to take responsibility for her stuff around what was going on. Well I gave my power away in that, so whether it’s disempowering for her to do it, or I did it by completely buying into that ‘oh my god this is me’, but then I would say the therapy relationship is very disempowering to not be willing to process what is going on between the two of you ...

What appears to be important here is that the therapist was unwilling to deal with what happened in the relationship.

Pam’s experience shows how the power the therapist has can perpetuate the painful experiences she has encountered in her life, as she describes the kind of attention she received.

Pam: ... in the other one that wasn’t so positive she would stare out the window and yawn a lot and eat her lunch and drink her tea, and I would babble and tell her about my week until something would hit her, and then she would stop and turn and face me and say oh, and want to explore whatever it was. In both cases I felt
like child/parent and in the one it was desperately trying to get some kind of attention and in the other one the attention was always there.

As identified earlier, Pam experienced the imbalance in the therapeutic relationship in terms of her therapists being godlike. She described the difference in her experiences of the positive therapist and the negative therapist, and the consequence of their godlike position.

Pam: ... these two that I stuck with for a long time, and there always seems to be a parent/child or even more like a god/mortal sort of thing, and I spent quite a bit of time trying to please the therapist and trying to know what it was they wanted from me.

When asked what she did in response to this, she replied:

Pam: Mostly I just think the one therapist, I was constantly trying to find something to please her ... I was constantly trying to get some kind of attention or praise. She was a very condemning god, and the other one was a nurturing gentle sort of feminine aspect of a god.

Later in the interview she reiterated the difference and the effect on her.

Pam; Well one has been a powerful god-like figure who was very condemning and I was very afraid of her. The other was incredibly wise and power very very gentle and patient, and she really helped me to come into my own power.

The power differential, described here as godlike, is part of the relationship and depending on what happens within the relationship, will determine how the therapist’s power is experienced.

Contrary to these women’s experiences, some of the women described their relationship with their therapist as equal, and did not perceive a difference in power.
Cathy: ... I'm thinking of when we came to a point where I'd acknowledge she was giving me different perspectives on things, I never felt that she was more powerful than me, or knowledgable even than me, I felt we were still equals...

And later when she was asked if she experienced knowledge as power.

Cathy: No because I have knowledge and she has knowledge, and that makes us pretty equal ... I went in knowing what I know, and I know what I know very well. And in my mind she knows, what she knows and she knows it very well, so that any knowledge she had I took it for granted that we were going to partake, it's not something she is going to hold back from me.

For Cathy there was a connection between her experience of equality in the therapeutic relationship and the context of abuse that shaped how she perceived power in the therapeutic relationship. Equality is based on acknowledging differences that contribute equally to the healing process. Gail expanded on equality as she described a 'healthy power exchange'.

Gail: For me that means that it is grounded in a mutual respect, that respect is something that emerges as you get to know each other. It's not respect for a credential, isn't respect for a person's material situation in life ... what feels like a healthy power exchange to me is when I don't feel in the dark, which is about withholding knowledge and information. When I don't feel like I'm perceived to be less healthy than I perceive myself to be. When I feel what I have to contribute is valued ...

What appears to be important in the experience of equality is the attitude of the therapist towards the client. If the attitude of condescension is communicated, which can be expressed in subtle or obvious ways, the client is potentially disempowered. Barb reiterated this sense of equality, within a relationship with her therapist who she sees her as a mentor. Even though she sees her
therapist in a position of status (ie. mentor) she experiences this as equality due to the attitude of her therapist. In this next excerpt, Barb was asked whether she experienced any of her therapists as having power.

Barb: Oh totally yes. Again they had incredible power to me it was an official power, it was this sense I have with men of knowing, for them being on the pedestal, power which is infallible and know it all. I did not have this with x, I find so much more equality. This equality I felt from day one was as being a very big help for me, to get me where I am.

Later she expanded on her experience of equality.

Barb: She does not talk down to me, she never make me feel dumb, she never made me feel wrong. Even the worst thing I have done I have said which is totally accepted, I have no shame with her, she never made me feel shameful. I have this feeling she is there for me, to help me and not judge me, this makes it for equality. The flow of whatever vibration is between us is never cut along the way, ... I have never seen her once as my mother, I did not see her as my father, I saw her as a human being who wanted to help me.

When asked about her experience of the power differential, as described by others, Barb replied:

Barb: Yes power means negative. For me when I think of power there is one person who is powerful and it means automatically I am the one who does not have the power. So power for me is negative. There are two words, if I say mentor. A mentor is someone who passes on their knowledge to you and wish for you to eventually be equal. They do not work from a point of power to put you down and to lower you, they want to raise you up. I see the power with x that way, I always saw power with a man the other way ... I do lack the knowledge of course, I would not go to a counsellor who has got less knowledge than I have. I very much appreciate her knowledge and I am there to soak it up. I will go and see a good counsellor as mentor.

In summary, the part that the power differential plays in the therapeutic relationship is dependent on the perspective of
the client and the attitude of the therapist towards the client. The power differential is felt by the client when the therapist conveys an attitude that dismisses and judges the client in some way. When these situations occur the power differential is illuminated by its negative effect. Because the therapeutic relationship is perceived as a safe and healing place, when these dynamics are present even when they are subtle, the effect on the client is potentially devastating. The context of the women's lives and their perceptions of power again influence their experience of power in therapy.

Equality was described in terms of the therapist's positive attitude towards the client. This entailed an attitude of acceptance and acknowledging the client's knowledge and agenda. These women still described the therapist in a position of influence, guidance, and invulnerability. This is not always experienced as power, unless it comes with an attitude that disempowers the client.

Expanding power. In addition to the experiences outlined under self-disclosure and power differential, women discussed a number of experiences within therapy that expanded their personal power. The categories that emerged reflected the client's personal process and the therapist's part in expanding their power. The sub-categories are: self-awareness, therapist's personal power, therapist's approach, and practical issues.

Self-awareness produces an expanding sense of power through the increase in knowledge a woman acquires about herself. All the
women focused on this aspect of power. Anne described how she can become aware of the beliefs she has, and how that related to change.

Anne: ... I can come up with something I had no idea that’s what I believed, and I can see it for it’s falseness. It’s funny that how can I have believed that and yet I have done, and bringing something like that into the light of day will more often than not just change it. Just knowing it was there, how can we have these silly buried beliefs we operate on.

In the next excerpts Julie described similar sentiments.

Julie: Biggest sense of power in therapy would be linked to knowledge of what is happening internally with me, or what has happened and making connections ... figure things out, things that aren’t necessarily good parts of my personality, that I can change, that I have that power, that I have that ability because I have the knowledge making those connections ... whatever the outcome I am seeking for me, just the knowledge and that self discovery has been the most powerful thing and given me the greatest sense of power.

Self awareness for these women gives them a sense of control over their lives through the ability to change. In addition, self awareness expands their sense of who they are. Pam expressed how becoming aware of herself makes her feel good about herself.

Pam: ... she would give me just enough information in what she would see in my words, that I would go oh so I must have felt this and I would have revelations of my own that she was somehow supporting and pushing the right buttons, that I felt proud of myself for finding something myself...

There is a clear connection between self awareness and an increase in comfort with themselves. Cathy reiterated this experience in the following excerpt.

Cathy: ... we got comfortable enough that even personal things that I didn’t know came out and there was no fear for me...
In these excerpts, the women are describing a process within therapy that enables them to become more aware of things about themselves that were previously hidden to them. It is important that in this process they are supported and accepted by their therapists, in order to accept the revelations themselves. The importance of discovering things in their own time was highlighted by a number of the women. Julie explains this process in the following excerpt.

Julie: ... there have been occasions where she has thought something about my behaviour or wanted to point something out, and instead of saying this is what I think is happening for you, she allows that process where I come across that discovery myself, it's not crammed down my throat and I get defensive, it's a much smoother process in terms of me discovering it on my own and acceptance...

I: When you say acceptance is a lot easier?

Julie: Yeh acceptance of whatever it is, I know that I have certainly not wanted to hear or not wanted to discover some of the things that I have discovered ... she's sort of guided me along until I have discovered it myself at whatever point, and kind of said well this is what I think is happening and does this ring true to you and I think the acceptance is a lot easier than having her be confrontational ...

Cathy reinforces this aspect of self awareness that requires the client to be in control of her pace.

Cathy: From the learning of new perspectives different things like that, I can see the influence on that. It's allowing me to grow rather than telling me I have to do something, like smarten up instead of damn you wake up and smell the roses. It's more if we do this you'll allow yourself time to smell the roses.

Women spoke of self-acceptance as an important outcome of self-awareness, and in this way self-awareness connects the women to themselves. Barb expresses how her connection to herself has
Barb: ... now I find that my foundation is my own life experience which I accept, which before I did not accept, I did not accept my parents, I did not accept where I came from, I did not accept what I did, I accept nothing about myself, the only thing I was accepting was my outside appearance, and now I have trouble with my outside appearance still but it does not matter so much. I have had a full reversal of my priorities and what was important to me, that's the source of my power has changed, has switched. I think I have got it now from the source which can keep on feeding me, instead of physical which diminishes with the years but now for me I can see it expanding with the years.

The women's sense of expanding power related to these aspects of self-awareness. Through their connection to themselves women made changes in their lives. Change seems to come through the discoveries they make about themselves. It was important that the women felt they could go at their own speed. The control they have over how and when they make those changes is important in the effectiveness of the discoveries. Through this process the women felt an increased sense of self-acceptance that expanded their power.

The therapist's approach is an important aspect to the expansion of the woman's power. As alluded to under power differential, the therapist's attitude towards the client can affect the experience of power. Those attitudes and approaches that are expansive emerged as attentive, guiding, accepting, providing alternatives, and containment.

Pam's experience with two therapists contrasted primarily around the attention they gave her. In the following excerpt, she talks about the positive attention she received and the effect
that had on her.

Pam: It was really positive because I felt like I had her 100% attention all the time, and she always remembered everything I'd say ... it made me feel so honoured that she cared enough to remember everything I was saying, and she really really explored things with me and sometimes I'd say something keeps coming into my head, something happened, it really didn't mean anything to me, but I can’t stop thinking about it, and so she'd get talking to me and ask me is there a time when you felt like this as a kid ...

The therapist's attention is important in providing a sense of acceptance. Through the attention that the therapist gives, the client can relax and explore themselves in a non-judgmental atmosphere. Estelle uses the term unconditional positive regard to describe the connection that expresses the therapist's acceptance.

Estelle: The whole thing about unconditional positive regard and joining with the person, knowing that they look at you and think you are a great person, just that they see you in terms of your strengths ...

The quality of the therapist's attention communicates a non-judgmental attitude towards the client. In addition, the therapist's attention conveys a view that everything about the client is important, which communicates a genuine interest.

In conjunction with the client's development of self acceptance, it is important that the therapist has an accepting attitude. In the next excerpt, Estelle expresses the value in acceptance of all feelings that is empowering.

Estelle: There is such respect in not trampling on the person's feelings, all feelings are welcome.

I: Sense of allowing you to be who you are, that's empowering?
Estelle: That's right, so it's not a matter of them seeing some power in you that you forgot about, but it's more a matter of, you really are ok, and whatever your feelings are.

From Estelle's experience we can see that through acceptance of feelings the therapist conveys the message that this person is valued. Cathy goes on to distinguish two components of the therapist's acceptance, the reflection of the client's strengths, and being with all the client's feelings.

Cathy: They're both empowering, seeing the person in terms of their strengths even when they're presenting as not that way. But you also need to be able to stay with whatever feelings are happening ... I think it's empowering to be fully accepted for whatever feelings are happening, but still the reflection you get back from the person you don't look in their eyes and see yourself as a fuck up or as a problem, even though that might be your personal experience. So both receiving the feelings and receiving the reflection of strength and support and encouragement.

It is clear from this excerpt that acceptance means a non-judgmental view of the client. In accepting the client's feelings, the therapist is not necessarily accepting the client's view of herself. For example, if the client was feeling overwhelmed and inadequate, these feelings would be responded to by the therapist and acknowledged, but the belief that she is incapable would not be reinforced. Barb reiterates this process as she describes how she believed her feelings were wrong.

Barb: ... No one before had told me how painful the process was going to be. I felt drained and exhausted, she understood this and she would say to me, go home and rest, this is the understanding she had of what I was going through and I never had this before. As a matter of fact I use to think I was weak, again I felt like every feeling I had was wrong, I was not doing right, always this childish feeling that everything I do is wrong ... she reaffirmed that it was ok for me to be
like this, it was natural, it was a normal process for me to feel that way, and this made all the difference ... just confirmed my feelings were ok that's probably the biggest thing ... was natural and I was not to be blamed for it

Another aspect of acceptance is the permission for the client to talk about anything they need to. Pam portrays this sentiment in the next excerpt.

Pam: The one that was the positive one, it was safe for me to express anything that I want if I wanted to talk about something. If it seemed unimportant it never was to her, she would always look for whatever it was that was deeper ...

Guidance emerged as an important feature of the therapist's approach. Guidance and encouragement by the therapist was identified under the sub-category 'relationship with the therapist'. In this regard, the therapist's guidance was connected to her knowledge and experience, which she used to facilitate the women's therapeutic process. These aspects of the therapist's guidance are important in promoting an expanded power experience for women. The therapist's guidance is focused on facilitating the woman's self-awareness. Anne expresses the role of guidance in empowering someone.

Anne: If I were empowering the other person, it's giving them the opportunity to use their own power to get where they want to be, to answer their own questions ... guiding and directing, and that's what empowerment is to me, and that's what happens in my sessions. I get guided, and we both knew the process to begin with, so I didn't have to be taught it. But when you're in the midst of some pretty awful stuff, it's just a whole lot easier to have someone else ask you the questions than do it yourself.

Along with the therapist's guidance is the containment of the therapeutic process by the therapist. The therapist is
experienced as having a sense of direction to the therapeutic process that provide boundaries around the woman's process which support her discoveries. Barb also experienced her therapist assuring her of the path ahead of her in therapy.

Barb: ... no one before, except her told me how painful the process is. Most people go and see a counsellor and they go back to work an hour after. I felt drained and exhausted. She understood this and she used to say to me, yes you go home and rest ... this was part of the understanding she had of what I was going through ... She reaffirm that it was ok to be like this, that it was natural, it was a normal process for me to feel that way and this made all the difference.

From these data, it seems that the therapist's containment of the therapeutic process involves a normalizing of the women's experiences that has the effect of reducing their distress.

In addition, containment involves a certain amount of objectivity by the therapist as Julie reflects in the next excerpt.

Julie: It's an outside perspective, they don't have all the other stuff... I obviously don't have that perspective or ability. They have the advantage of seeing things clearly ... just a better perspective, I don't want to use the word objective because they're not, I mean as objective as one can be. They don't have the subjective influences like my own that cloud things up for me.

As Julie discussed the effect of this objectivity, she identified how this enabled the therapist to 'teach me ways of doing things differently'.

Boundaries were another aspect of containment by the therapist. Specifically, boundaries were identified as the therapist providing limits. Estelle talked about boundaries in general and how they provide a sense of safety. When she was
asked what her safety needs are in therapy, she replied.

Estelle: I think it is about knowing what the limits are, where you push up against things. Like I could come back to it's possible to have dual relationships and make them work, and my experience of having that happen is that we did one at a time, processed it a lot, and made really clear definitions of each time things changed, and that went through doing therapy together, and then doing supervision together, and being friends together. So at each part of that we really talked about what it meant, and it was really clear what the boundaries were.

Estelle's experience shows how setting limits and having clear guidelines identify what is going on in the therapeutic relationship, and that this clarity enables her to feel safe.

Containment as a function of the therapist's approach seems to include, guiding the direction of therapy, normalising the women's experiences within therapy, maintaining objectivity, and identifying boundaries. The containment of the therapeutic process in these ways enables the woman's process to unfold, and therefore promotes an expanded experience of power. In addition, containment provides safety for the woman by reducing her distress, and providing clarity regarding the therapeutic relationship.

The final aspect of the therapist's approach to emerge was providing alternatives. This relates to how the therapeutic relationship offers an alternative to the negative experiences in a woman's life. The therapist's approach is important in maintaining a position that does not reinforce the re-creation of negative experiences. Dennise explains how her experience with her therapist was different from her experience in the theatre
group. She begins by explaining how it was in the theatre group.

Dennise: ... if I didn’t talk about something then it was cast down upon like I was being non-communicative, there was no room to just go that’s enough. You had to deal with everything whether you were ready enough, or had the power or the words. So for me to be able to go in a situation where you could go and talk to someone and they wouldn’t check up on the rest of your life ... [the] situation with my therapist was very valuable because I learned that just because I didn’t talk about one of the things that was heavy on my heart, or whatever, that didn’t mean I had stopped dealing with my life, or moving ahead ... it’s basically facilitating a space that was different from the one I grew up in. That enabled me to discover and use my own choosing capabilities that were inside me, that I was never able to use or I did, but I got whipped for doing so.

In summary, the therapist’s approach promotes a woman’s expansion of their power by communicating a sense of well-being. The attitudes of attentiveness, acceptance, and guidance are the ways the therapist communicates to the woman that it is her process, and that the therapist is with her in that process. A woman develops a sense of well-being by being accepted for who she is. In addition, containment communicates that the therapist is confident and a safe person, and the feelings of security with the therapist also contribute to a woman’s sense of well being. In providing alternatives, the therapist communicates that the woman can expand her experience and sense of who she is. By communicating in these ways the therapist enables the woman to feel good about herself and this contributes to her sense of power.

Connected to the therapist’s approach is the therapist’s personal power. Through the therapist’s personal expression of
her own sense of who she is, she communicates a sense of possibilities. In the previous discussion, Pam was identified as viewing her therapist as 'godlike'. This illustrates an experience of the powerfulness of her therapist. In the next excerpt, Estelle reflects on how her own power was reflected back to her.

Estelle: She would tell me I was an incredible person, and if I'd come in feeling really undone about something she'd say, it's really hard for me to relate to that because I think of you as a very powerful person. So I think she was trying to provide a mirror for me to see my own power in the relationship ... and I was very aware of what an incredibly powerful person she is too, and I think that was one of the things that attracted me to her as a human being is that she is very dynamic. I thought she had an incredible amount of power.

Later she is expanding on her experience of her therapist's power.

Estelle: ... it has to do with being fully engaged and being alive. It's almost like you are wired to life, and you have all this electricity running through. That's power in a different kind of way, not who has power but just being a powerful person, being connected and engaged, and being willing to be out there in the world. So when I think that when we are talking about my power, sometimes I'm way out there in a similar way.

As Estelle reflects on the power of her therapist, she makes the connection to her own power. In this way the therapist's power acts as a role model for the woman to see herself. Dennise expresses this sense of her therapist as a role model.

Dennise: ... she is an example of a way to be powerful that I would want to learn and include in my life. So when I see her I feel, not free, but like I feel I have permission to be however I want to be in front of her ... the information that she has given me in our sessions, has enabled me to judge her as a
person who utilizes all the things that she's said to me, of not being pushed around by other people, and having your own choices and they don’t have to be good or bad, they just are.

The women in these excerpts responded to their experience of the therapists personal power as an inspiration to their own personal power. The therapists personal power is therefore an important element in the women’s process of expanding their power.

The practical issues that emerged include aspects of the environment in which therapy took place, and money. A couple of the women spoke about the therapeutic setting that helped them to feel more comfortable. Barb explains how this affected her in the next excerpts.

Barb: ... talking about the setting, the size of the room makes it much more interesting, much better because it’s a small room, and to talk in a big fancy furnished office is not going to be very conducive to talk. I believe in this case the simplest setting the better.

Barb: ... the good eye contact we have is what makes me want to keep going on, if she was slightly on the side or in the shadow I would not because I would feel like I have lost her or she has lost me. She also has the lights quite dim and the quietness is quiet.

Barb’s experience demonstrates how important it is to be comfortable and relaxed with a therapist. Barb felt on a more equal footing with her therapist because of these aspects of the physical surroundings compared to the psychiatrists she had seen. In this next excerpt, Barb highlights the equality that was engendered by the setting.

Barb: ... maybe the setting again was different, she’s just sitting across from me, and I did not feel overpowered by her. I felt I could talk to her like I could a
friend ...

In the next excerpt Cathy illustrates how a change in the setting can affect the therapeutic relationship.

Cathy: ... there was one time in the summer time that we went up to her upper floor and sat outside on her patio, and that was sort of like me going into more of her personal world because she had herbs and stuff like that, and I felt a little bit uncomfortable allowing myself into her personal world rather than her professional world. But she still made it comfortable enough for me to still have the trusl there that everything is ok ... but my thoughts and stuff I knew I wanted to make sure she knew I wanted to make she knew it was still just me, just as if we were still in her office ...

Although the relationship with her therapist enabled Cathy to trust that the change in environment did not radically alter the therapeutic process, she had to assert her boundaries to feel safe in the change of surroundings. These examples reveal the importance of the environment to support the therapeutic process. In addition, the surroundings can affect the power dynamics between the therapist and client, and therefore have an affect on the client's experience of her power.

Money emerged as an important factor in the experience of power. Money can produce an expansion of power through giving a woman the motivation to use therapy to her full advantage. Anne is asked in the next excerpt what makes it possible for her therapist to know her better than anyone else?

Anne: Two things, one being the fact that's what I'm paying her for. So that I go for it, I let it out because I truly want to grow and change, and the other is there is no fear of judgement ...

Julie expresses how money can enable a woman to access therapy in
the first place.

Julie: ... anything that can influence your life in that regard, forcing you to live a certain way, and money comes into that. Money allows you, money is power and it allows you to do things, and not be able to do things, and live a certain way, even afford to come to therapy.

Money can expand a woman's power in therapy in these ways, and is part of the practical structures that surround the therapeutic relationship. Money and the environmental surroundings are examples of the practical structures involved in therapy that were identified by the women in this study. It is conceivable that there may be other practical considerations involved in the therapeutic relationship that relate to the experience of power.

Limited power. The women identified periods within the therapeutic process that were experienced as limited power. These involved times that they felt overwhelmed or stuck, and at these times they experienced themselves as powerless. Women experienced these times as a normal part of the therapeutic process. The subcategories are: self-awareness, dependence, and therapist's interventions. Self-awareness reflected the new information about self that the women found hard to intergrate or deal with. Anne relates this primarily to the emotions she experienced as out of control.

Anne: ... when I get mired into emotions, where I’m crying a lot, really crying, I feel powerless. I feel stuck. This particular session I can’t remember what the session was about. But I know that I just wanted to quit, I was just exhausted. But again I got guided through it and back up, and so the disempowerment was my own emotions ... it’s my own emotions that are disempowering, or feeling a lack of control. Not being able to control it, of just going into it.
In this excerpt, Anne also refers to the therapist's interventions that are expanded on later. Julie expresses similar sentiments in regard to the discoveries she made in therapy.

Julie: Just being overwhelmed, you’ve opened up this can of worms to your soul, and you’re discovering all these things, and the more you discover, the more you know, the more you noticed, and so I know at points I’ve felt really like, oh my god there’s something seriously wrong with me, like there’s a constant overwhelmed by everything ... it didn’t feel like I had a lot of control ... I’ve discovered all of this stuff, and now what do I do, where the hell do I go from here ... I didn’t feel a sense of power even though I had the knowledge that this was what was going on with me.

Self-awareness under limited power is different from the self-awareness under expanded power. In these excerpts it is clear that as discoveries were being made during the therapeutic process, they are limiting the women rather than expanding their experience of themselves. What seems to distinguish these awarenesses is that the women had not been able to intergrate the discoveries in a managable way, and this left them feeling powerless and stuck. Cathy expresses these periods in therapy as rough times that caused life to be irregular, which her therapist warned her about as they came to some critical stages in the therapy.

Cathy: ... I might be going through something that she knew was going to be inevitable, but she sort of didn’t want to tell me that life is not going to be regular right now ...

Cathy’s experience eludes to a natural period in therapy that challenges the familiarity of her life. When this occurs, women can feel disoriented as new information and experiences of
themselves cause them to experience diminished personal power.

Not expressing the knowledge a women has about herself can cause an experience of limited power, as Julie’s experience shows in the next excerpt.

Julie: What I choose to say or not to say, or lie about, or keep from her in some way, is a form of power because it is knowledge ... I suppose it is disempowering for me if I’m not going to be honest about it then.

I: How would it be disempowering?

Julie: Well it would take away from really getting to the root of the problem, or discovering things ... half the knowledge. So I think that is more disempowering than anything.

The limited power through self-awareness covers those experiences that result in the woman being overwhelmed by new information, and temporarily unable to cope effectively with her life. In addition, a woman withholding important information can inhibit her therapeutic process.

When women are experiencing periods of limited power, dependency seems to be fostered. Dependency was briefly identified with regards to the therapeutic relationship. Dependency was articulated as reliance on the therapist. This is an important function during periods of limited power. The experiences of being overwhelmed and stuck require guidance from the therapist that can be experienced as a temporary dependence. The following excerpts highlight women’s experience of dependence through these times.

Dennise: When I didn’t have anybody to talk to about the things that were really bothering me, and she was the only one, and I definately felt dependent. I remember experience that only once when I called
her all upset, and I felt dependent because she was the only one in my environment that I could talk to about it ... I now know that if I need someone to do something, or to listen I need to know that I have a lot of options because if I have one I feel stuck ... yeh, basically when I hadn’t developed my support network I felt dependent on her ... I wouldn’t say I was dependent on her now.

Barb describes this dependency as a lifeline.

Barb: ... I just had this gut feeling, really she was the only person I could hang onto at this time, and if I wanted to make it she was my lifeline, very much so, and if I was going to see her obviously I wanted to make it otherwise I would have. I have had several times where I thought I was not going to go back. Then I was going to quietly kill myself here, and that would be the end and my solution.

When she was asked how this period of dependency affected her therapy she replied:

Barb: I don’t think it can be avoided. This process is going from one way of thinking to another, trusting my own instinct and I need the reinforcement. It’s a need of someone outside the situation who’s going to give me a very objective view or correct me when I am not objective ...

Pam describes dependency as something that is familiar and consistent. She describes a similar process of moving from one way of being to another when she was seeing two therapists.

Pam: ... if you are getting beaten up once a week, you depend on it, so that the next few days after are good. I just depended on consistency, and then after seeing her (negative therapist), I would depend on (positive therapist) to relax me ... it was something I needed to get that was familiar, it wasn’t positive it was a familiarity thing ... there were times when it felt like I really needed to see (positive therapist), and there were times when I would phone her up and say I need an extra session and I would go in twice a week because I needed somewhere safe to talk ... and then I remember the day I came to see her and tell her I didn’t need to see her anymore, and she said I know ... The way she saw it was there’s two worlds, and people live in a world where everything is cloudy and
bad and negative, and every once in a while they go and visit the sunny place, and then come back to the horrible place, and then they spend more and more time in the sunny place, until you move there.

It is clear from these excerpts that the women experience dependency as part of the therapeutic process, particularly during the periods described under the category limited power. Dependency comes out of a need to rely on someone when everything is changing and unfamiliar. It is also clear that this is a temporary state for the women in the process of finding their own power. Barb also revealed the need to share her achievements with her therapist as part of dependency.

The women experienced their therapist’s interventions as more directive during this time and talked about being guided through the times where they felt overwhelmed and stuck, and needed their therapists to help them make sense of their experience. Julie’s experience reflects what a number of women talked about.

Julie: ... she was extremely helpful in that sense by putting things in perspective. That was an empowering thing right there. To be able to clarify things, and make it seem not so overwhelming, and simplify it, and prioritize things ...

Julie: ... as far as the way in which she was assisting me was different. In the sense that before it was more of a discovery process, whereas in that period of time it was more of a teaching experience. She was trying to get ways in which to cope ...

In addition to the need for the therapists perspective on things, and assistance in developing ways to manage this period, women expressed the need for someone to give them hope.

Barb: ... I went weeks after weeks saying I don’t see any
change. I could not see my changes, I thought maybe my anti-depressant pills were doing the job and not me. The truth is she helped me through those bad times where I did not believe in myself because she was able to make me, she was giving me faith and support, then if I hang on there it will happen, and I believed her...

Limited power is experienced within a period in the therapeutic process where women struggle with new information about themselves, and their inner resources feel inadequate. The therapist’s interventions are focused on ways to manage this period, and help women to build on their own resources.

**Empowerment.** All the women spoke about how they experienced being empowered. This involved those experiences within expanded power and limited power, and that both of these were part of the therapeutic process. Empowerment occurs as a combination of these two aspects of power in therapy. The following excerpts show various expressions of that empowerment.

**Julie:** ... I went with an issue of fear ... then linking things together and making connections ... it’s almost like a light goes off, like doors open and bells start ringing, and I start making these connections. Whereas before I wouldn’t have had the ability to go and figure all these things out ... it’s the whole knowledge thing, just becoming aware.

**Estelle:** ... ultimately it’s the working through of it that allows you to be able to deal with it in your life afterwards, not in that hour together. So that when you’re feeling undone on your own, you don’t need to phone somebody up ... you’ll have some process where you can go ok I know what this is and just work it through ...

**Pam:** The things that felt empowering to me with x would be that she wouldn’t tell me what to do in any ways, or use a tone of voice that was at all shameful ... she would give me just the right information ... I would have revelations of my own ... I felt proud of myself for finding something myself ... remembering everything
made me feel really special, and all the names. Yeh that was really empowering, and she would get excited for me ...

Denise: I would say I’m discovering my power the same way she is shining a light on it for me, and I’m not sure I would say I have power like her, but I’m just becoming aware of it in everyday life from being with her ...

These women’s experiences show how empowerment relates to being able to deal with things in your life, and feel good about yourself as a result. Women felt supported towards finding their own potential and solutions.

Changes in concepts of self and others. Women’s experiences of empowerment in therapy resulted in changes in their self-concepts and feelings towards others. The sub-categories that emerged were positive experience of self, new perspectives, responsibility for self, and relationship to therapy.

When therapy facilitates empowerment women experience a positive view of themselves. For these women their experience of themselves changed during therapy. A number of women identified how this change developed through acceptance of themselves, which is connected to their experienced of power.

Anne: From point of view of me having the power, gives me more confidence, clarifies thinking for me ... it is making me less conflicted in presenting with my own conflicts or difficulties, and working on them ... Much more able to accept all the parts of me ...

Women expressed a comfort with themselves that developed through therapy. Julie also reiterates this sense of acceptance as an expansion of her experience of herself.

Julie: ... opened up a part of myself that wasn’t there
before. Just focusing on me and being a lot more comfortable with myself, and a lot more comfortable with the way I am ...

The women's experiences illustrate how increases in acceptance can be a result of becoming more connected to themselves. In the next excerpts, women express another aspect of a positive experience of themselves.

Pam: ... I feel more real in myself than I ever have before, and I feel more alive and a part of something ...

Cathy: ... this change has happened in me that I have this perspective that I'm a person I can sit tall, I'm here, I've arrived ...

These women express a sense of their presence in the world that reflects their experience of power from within.

Women identified new perspectives resulting from changes that occurred through the therapeutic process.

Cathy: ... one of the biggest things she's given me is different perspectives on what I'm seeing, and doing, and thinking about, and I guess changing definitions is part of the new perspective ...

Julie's experience concurs with Cathy's as she stated a change in values that gave her new perspectives.

Pam expressed new perspectives on her past experience that affected the experience of herself.

Pam: ... in the last 2 years I've finally stopped wishing I was dead. I'm glad to be alive. I use to wish I was dead even if things would be good for weeks on end. I was stopping and thinking is this worth it yet, no still wish I was dead, still not worth the memories, and now I'm glad even if things are really bad I can stop and think, and go it's still worth it, it's great. And I even see all the hurtful things when I was younger as positive now ...

Pam's experience shows how her perception of the context is
affected by her experience of empowerment. In the next excerpt, Barb talks about how she changed from seeing herself only having sexual power to having personal power.

Barb: ... my power came from my body, from sexual power, that is the only one I use to have so far, and it has diminished ... but I feel better than I ever felt, I feel way more confident my partner really can see that I do like myself. I have find my, lots of personal power through the work I have done with x. I have lost my sexual power which is the only power I had before, and I find I have gained this through the work I have done with her about accepting that I am an interesting person, I am an intelligent person and I have finally grown up ...

Barb also talks about a change in what she expects from other people as she talks about her partner.

Barb: ... many times I have wanted to break up my relationship because I could not deal with myself, my anger, the way I am, and somebody next to me who does not have any understanding of what I have gone through ... eventually x has told me it’s ok he doesn’t have to understand you can accept that. I have come to accept that and I have come to accept, I kind of laugh about it now. I accept the fact that he won’t understand it and he does not want to understand it, but I don’t have to have him understand it anymore ... I can accept he is a good man otherwise and he does not have to understand after all this is not something I have to hang onto ...

From these excerpts it seems that a change in perspective can cover how the women see themselves, as well as how they see the world and others.

Becoming more responsible for themselves and their lives emerged as another aspect of the changes in the women’s experience of themselves. Julie highlights what a number of the women spoke of as she reflects on the effects of therapy.

Julie: ... just a more active role of where I want to go, and what I want to do, and who I want to be, as
apposed to going along with whatever. Like allowing things to happen to me ... I have more control over my life, and who I am, and who I associate with ...

In conjunction with a sense of more control over their lives, the women expressed being able to trust themselves, as Pam relates in the next excerpt.

Pam: ... being able to be vulnerable and express myself. That’s really trusting that I’m going to get through that fear, that’s where the trust is ...

Responsibility for self included being able to accept their feelings and know that they could take care of themselves through painful times.

The women expressed changes in their relationship to therapy because they experienced more of their own power and a diminishing need for therapy. Pam identified her process of the end of therapy and how this related to empowerment.

Pam: I’ve no sense of being loyal to her, and continue seeing her after I felt better and I went back once or twice for a tune up ... the last three months I was seeing her things were getting steadily better and better, and there were times when things got bad and I wanted to see her but I got through it, and oh, I guess I didn’t need her after all.

Barb expressed a change in the way she experienced herself as an adult within the therapeutic relationship that was empowering.

Barb: ... She’s probably the only person I felt like an adult before too many times I felt like a child ...

I: Did the psychiatrists that you saw, did they do things differently that way?

Barb: I don’t remember, if I had to do any work but I do remember constantly having the feeling I was a child, yes, and he was a teacher at school and I flunk the test all the time, and I never felt that with x, I
never flunked ...

It took Barb some time within this therapeutic relationship to feel like an adult as opposed to a child, as she revealed later in the interview.

Barb: ... when I met x I think the child was in a terrible shape, and because my mother is dead there is a grown up person literally wanting to come out but did not know how. But my power before was coming only from a child power. Never had before adult power ... with x I just accepted, you are a child, and I went as such .. and eventually, the child is there I still have some stuff to do and work on, but overall I can catch myself and realise who I am, and where I am, and what can I do now.

A number of the women implied that a change occurred in their approach to therapy, as well as their experience of themselves within that process. Julie stated that it was important to her that therapy continue to assist her. Julie articulates in the next excerpt how she sees therapy as part of her ongoing process of growth.

Julie: Ongoing that I don’t think will ever end. Not that I will be in therapy for the rest of my life, but certainly the process of growth and change, and discovery is ongoing throughout your life ...

This shows how therapy for these women becomes a process within their own exploration of themselves instead of looking to therapy for the answers.

Blocked power. The category blocked power emerged as the ways women experienced the therapeutic process as obstructing their process. The sub-categories that evolved were, dependence, dual relationship, therapist approach, and structural limitations.
Dependency that is reflective of blocked power leaves the women with a sense of inadequacy. The women’s experiences show how the therapeutic process engenders this sense of inadequacy. Dependency seems to be different from the limited power experiences, where the therapeutic relationship was experienced as moving them beyond this sense of inadequacy. Gail expresses her view of how dependency is negative.

Gail: ... dependency does seem to be a pretty important component of the helping profession, the industry. And that’s for a whole lot of reasons and a lot of it’s economic ... there’s definitely a work culture within the helping professions that helps to create a dependency, and that’s partly because people want to help so much, and it’s real hard not to be needed, and that happens a lot. There’s also an assumption that people don’t have the capacity to become as healthy as they can, and so there’s some kind of investment in keeping people poor, and there’s a lot of emphasis on education as opposed to empowerment so if we just teach people these skills, if we could just educate them. So that’s all about dependency.

Gail describes an unhelpful process that encourages women to look outside themselves for strength and power. Estelle reiterates this when she is talking about dependency.

Estelle: Where you need the other person to feel ok. That you haven’t quite figured out how to move out of the muck to feel ok yourself ...

Previously dependency was discussed as a function of limited power and it was identified as part of the process of therapy. It is clear from women’s experiences that dependency could be encouraged as a central dynamic within the relationship.

Barb highlights the potential dangers that could arise during a period of dependency.

Barb: ... the dependency I see as helping. If I was to see a
rejection on her part at that point it would be, because this dependency, it's not an adult dependent it's got to be back to the child. It would be a rejection directly, the worse thing that could happen. Again I never felt abandoned by x ... Dependency, in this sense, has the potential to encourage a woman to remain childlike, and the therapist's responses could have a devastating effect.

Estelle highlighted another way in which the therapist could encourage dependency.

Estelle: ... she moves a little quickly into the empowering without necessarily staying with my reality at the time ...

Estelle: ... I think it would have been a lot better to work through that stuff. I think it would have been a lot more therapeutic to have really hung out with all of those things, and understand the meaning of where they came from ... it doesn't necessarily go away, it maybe changes your experience from the moment but then the other person is your crutch in a certain way, or you're dependent on them ...

Taking a woman out of her pain by focusing on her strengths can take away a woman's power and create a dependency.

Although dependency as a function of limited power reflects similar aspects, such as, the women feeling that they needed extra guidance from their therapist; it is clear that if the therapist's guidance does not re-route them back to their own inner resources, they are in danger of an unhealthy therapeutic process. In addition, dependency that blocks the woman's power can be a result of the therapist's resistance to facilitating the client's experience of pain.

As discussed earlier the therapist's approach is an important factor in the experience of power. In addition to the
therapist's attitude, which is revealed in regards to dependency, the therapist's approach can block a woman's power in a number of ways. Pam talked about one therapist who gave her the impression that she was not interested in her.

Pam: Her power, kind of like her attention, and it's like she would give it to me only in very small doses when her interest was tweeked, it just felt so desperate all the time ...

Apart from feeling desperate, Pam felt afraid to say the wrong thing for fear of rejection. Pam also identified how the attitude of the therapist affected her therapy overall.

Pam: ... very much afraid of her condemning me, or abandoning me. Never really being able to be myself with her at all, or express myself, or get down to things that I knew needed to be worked on, but without safety I couldn't.

Estelle discussed how she was blocked in her process by the therapist not addressing her concerns.

Estelle: ... I wrote a letter saying I'm really confused here, and really hurt and angry. I was getting double messages about our relationship being personal and being therapeutic. I don't know where I stand ... she just said this is all your stuff, doesn't have anything to do with me, you're on your own with this, and so I felt totally betrayed ...

Later in the interview Estelle does highlight how it was an abuse of power for the therapist to not acknowledge her part in the relationship.

Estelle: ... there was an abuse of power in my relationship with x ... the violation of my personal integrity happened in that relationship, mainly because not being willing to acknowledge her own responsibility in what happened, or being prepared to even talk about it ...

In addition to the therapist not responding to the client's
concerns about what is happening in the relationship, Estelle highlighted how not acknowledging all of her feelings and experiences is disempowering.

The ways in which the therapist’s approach can block the woman’s power involve an attitude that is restrictive, and fails to give attention to the woman’s concerns. These women’s experiences show a contrast between the therapist’s approach that is expanding power, and the therapist’s approach that blocks power. The attitudes identified as blocking power are the reverse of the acceptance and non-judgmental attention that is identified as expansive of the women’s power.

Estelle experienced her power being blocked due to the dual relationship she had with her therapist. As identified under the category relationship with the therapist, the dual relationship involved a therapeutic relationship and a friendship relationship. What seemed to be particularly problematic was how Estelle experienced the friendship relationship. Estelle felt intimidated in social situations with her therapist, and this was not something she normally experienced with other people. In addition, the friendship caused Estelle to expect a special connection with her therapist in group situations, and when this did not happen she felt very hurt, as the next excerpt shows.

Estelle: ... I went to a workshop that her and x were doing later and I was just fumming. I felt no connection from her to me, and I was wondering what is this, is this all me. Like all this stuff about your part of my people, your part of my community, was that all bullshit or what?

The friendship led Estelle to feel a part of her therapist’s life
and when the therapeutic relationship ended badly, the loss of the friendship resulted in a great loss. In addition, the transference feelings of parental abandonment intensified this loss.

Estelle: ... if any reparenting stuff happened it’s like, oh great we’re just going to go through you know parental abandonment again. It was the way it felt like my dad died when I was 14, and my mum became psychotic at that point. I had big experience of parental abandonement felt like, and so I was right back in that ...

From Estelle’s experience it is clear that the dual relationship complicated her experience and left her with more unfinished business to deal with. In addition, how the therapist dealt with these issues, as highlighted under the category therapist’s approach, added to Estelle’s frustration and lack of power.

**Limited growth\Disempowering.** When women experienced a therapeutic relationship as blocking their power they described various outcomes that ranged from limited growth to disempowerment. Women spoke about times they felt disempowered as part of the processes identified under limited power. This entailed times during the therapy process where the woman felt disempowered through being overwhelmed or stuck. Disempowerment was also expressed as a result of the totality of the therapeutic process.

Under the category therapist’s approach, Pam expressed her inability to be herself, and that the consequence of this was to limit the amount of work she could do in therapy. Barb also alluded to a lack of growth with some of the psychiatrists that
she had seen.

Barb: ... I have felt like I have said, I was in a lab. I am like another of those things under a microscope, like he has seen before and knows what to do, and he's going to put in this solution, and he's going to get a particular result, that is the way I felt ... with her (therapist at UBC) I did more of getting rid of my feelings for my parents ... but I did not learn any skills to live in my present life ...

These women's experiences show how blocking a woman's power can have consequences for their emotional growth, and their ability to learn how to live more effectively. For Estelle the consequences of being blocked felt more severe to her. She experienced the dual relationship she had with her therapist as being destructive, and disempowering. When she was asked to describe disempowerment she replied:

Estelle: There's a lot of things connected to helplessness. You make a person helpless when you disempower them. You stop being in connection with them ... it's not about the whole thing about saying no, it's more to do with not maintaining that connection with that person when you are saying no to them.

I: Something about not acknowledging.

Estelle: yeh, not acknowledging who they are, how they might feel or their part in this ... I think that the other thing that's disempowering is when you start pigeon-holing a person, particularly in terms of pathology, or not seeing their personhood or their point of view ...

Concepts of self and others. A therapeutic process that limits or disempowers women results in inadequate self-concepts. The sub-categories that emerged were taking responsibility, feelings about themselves, and feelings about therapy.

Estelle was left with unresolved feelings about her
relationship with her therapist. She was left feeling responsible for what happened.

Estelle: ... I had a million different roles with this woman, and I keep feeling that there needs to be a way to figure out how to do this, and I've failed because I couldn't figure out how to do that ...

Estelle described the ending as being a piece of 'unfinished business' when her therapist did not respond to her concerns and take responsibility for her part in the relationship. This left Estelle with confused feelings about the relationship.

Estelle: ... I'm sure I got my own stuff in that, that I need to work through. But it's hard to work through it on my own so you get a bit unclear when I talk about it ...

Because Estelle did not have a way of finding closure with her therapist she struggled with taking responsibility herself, as identified above, and holding her therapist accountable.

Estelle: ... ultimately the only way I had to take some of my own power back, and say wait a second, I think she screwed up here, I think this is really unprofessional of her ...

Women talked about various feelings that were associated with a negative therapeutic experience. Estelle had a lot of anger about the situation that was connected to the way her therapist was unwilling to respond to her when she wrote a letter.

Estelle: ... I wrote a letter saying I'm really confused here and really hurt and angry. I was getting double messages about our relationship being personal, and being therapeutic. I don't know where I stand ... and I don't feel safe with this, and so she just said this is all your stuff, doesn't have anything to do with me, you're on you're own with this, and so I felt totally betrayed, and really stung by all of this ...
As identified earlier, Pam experienced feeling condemned and insignificant by one of her therapist's. Other women spoke about feelings that came up during periods in the therapeutic process where they experienced limited power. Even though this was a temporary state it illustrates how women can be effected by this kind of experience.

Anne: ... when I get mired into emotions where I’m crying a whole lot, really crying, I feel powerless. I feel stuck ...

Anne: ... of feeling a lack of control. Not being able to control it, of just going into it.

Julie: ... I know at points I’ve felt really like oh my god there’s something seriously wrong with me. Like there’s a constant overwhelmed by everything, and for a brief period that certainly didn’t feel very good, and it didn’t feel like I had a lot of control because everything was sort of coming at me at once ... felt very vulnerable ...

For Barb and Pam the negative therapeutic experiences they had did not stop them pursuing therapy, although Barb took a number of years before she tried to find her present therapist. Estelle expressed a need to work with someone else but had not attempted to contact anyone at the time of the interview. Gail expressed mixed feelings about the usefulness of therapy after her experience.

Gail: ... I’ve continued to read and proccess and that. I’m also at a place where I don’t see therapy as the most useful healing tool in a lot of situations as well. I think it’s one of many tools and again a much more holistic integrated approach to me is what makes more sense ...

There is some indication from these women’s experiences that subsequent therapeutic relationships are impacted by previous
therapeutic relationships. This can leave a woman feeling apprehensive or resistant to further therapy.

Direction of therapy. The experience of power in therapy is also influenced by a general progression of the therapeutic process. Where in that process a woman is, affects her experience of her power and that of her therapist's power. Women who had a positive experience of therapy expressed various differences in their relationship with their therapist as time progressed. The sub-categories were stages of therapy, increase in trust, and decline in dependence.

Estelle implied that there were different stages that therapy would typically follow.

Estelle: ... there are different stages in therapy because it takes time for a person to start to build up for themselves. So there's a certain period where their sense of power comes from your reflection ... there's the grief and loss or whatever it is people have to go through, where you just stand beside them for a long time sometimes.

A number of the women talked about going through periods of dependency on their therapist under the category limited power. This reinforces the idea of stages, that progress from the initial building of the relationship to a period where more intense work occurs for the women. In addition, there seems to be a final stage where the contact with the therapist diminishes, as Pam described under the category changes in concepts of self through empowerment.

Women's experiences described above, and under the category limited power, show how there is a decrease in the dependency on
the therapist. This change occurs as therapy progresses.

Another theme to emerge in the progression of therapy was an increase in trust that develops through an empowering therapeutic process. Women highlighted different aspects of the relationship that they trusted. Pam talked about how she learned to trust that despite her therapist showing anger the relationship was not going to end.

Pam: ... she tried calmly to get points across that women have something really good, and then it started to get really heated between the two of us, and then she said this isn’t working, this conversation isn’t working and we are going to have to stop it, and it felt really scary for me. I thought she wasn’t going to work with me ...

Pam: I was afraid that since she was angry at me she wasn’t going to want to be around me or have anything to do with me ...

Pam: ... it took a while for me to realise that it was going to be ok for me to keep seeing her. I think for a little while I was nervous and careful about things I was saying around her ...

Cathy explained how trusting her therapist affected her.

Cathy: ... we got comfortable enough that even personal things that I didn’t know came out, and there was no fear for me ...

These examples indicate how trust is developed throughout the therapy.
Chapter V: Discussion

In this chapter an overview of the theory is presented first. Next, the theory is discussed in relationship to selected literature on power in therapy. This is followed by recommendations and implications for therapists, and finally, concluding remarks are offered at the end of the chapter.

Overview of the Theory

The focus of this study was to develop an understanding of power in therapy for women with women therapists. In order to do this, the following questions were addressed.

1. What does power mean to women from their general experience?
2. What is women’s experience of the therapeutic relationship?
3. How do women experience power in therapy?
4. How do women distinguish between empowering and disempowering experiences?

The analysis of the data collected from these interviews formed a theory of power in therapy for women. The following is an overview of the main components of the theory.

The experience of power in therapy for women entails three central aspects: expanding, limited, and blocked power. Self-disclosure by the therapist, and the power differential emerged as important aspects of the therapeutic relationship that influenced the women’s experience of these three types of power.

Self-disclosure could give women a sense of equality within
the relationship, and for others, it interfered with their empowerment within the therapeutic relationship by moving the focus away from their needs or confusing their sense of themselves.

The power differential was also experienced on an individualistic basis. The power differential is defined as the difference in the power of the therapist and client based on a difference in vulneralibity and knowledge. The women had various experiences of a difference in power. Some women did not perceive their therapist as having more power whereas others perceived their therapist's power as a natural function of the relationship.

The main influence on the individualistic nature of the women's experiences is the context. The context is defined as everything in the women's lives that shapes who they are. The effect of this specifically on the experience of power is to inform the issues they are dealing with in therapy, and the way in which they come to perceive power. The context becomes evident as the women deal with their therapeutic issues and experience the relationship with their therapist. The needs each woman has within the therapeutic relationship are a reflection of her context. Power is experienced in the interaction between the context and the relationship with the therapist.

The women's expanding power entails those experiences that expand their sense of themselves. This expansion of power occurs through both the actions of the therapist and the responses of
the woman by enhancing her self-awareness. The main aspect of expanding their power is knowledge of themselves. At times in the therapeutic process, this awareness can be overwhelming and produces a temporary sense of powerlessness, which is termed limited power. Within the context of a therapeutic process that is primarily aimed at expanding the woman’s power, she moves in and out of limited power and expanding power towards empowerment. The result of an empowering process is a change in the woman’s concepts of herself. She sees herself as capable and in charge of her life.

A woman’s power is blocked when the therapist’s actions and the power dynamics restrict her awareness of herself and does not meet her needs. In this situation, the therapeutic process may contain times that are supportive of the woman and times that she has limited power, but the overall experience limits her growth by restricting who she is and who she could be. The outcome is a negative view of herself and the therapy relationship. Some women become disillusioned with therapy and are unwilling to try again, and others carry the effects of these difficult experiences into subsequent therapeutic relationships.

The experience of power in therapy occurs within a dynamic process that is constantly changing. However, despite the changeable nature of the therapeutic process, there appears to be a general direction of therapy that has different stages and changes within which the experience of power is encapsulated. The experience of power is influenced by the context of the woman’s
life and the context of the direction of therapy. At any given time, the factors that influence her experience of power come from these sources.

For each woman the context will determine some of the ongoing variables, as well as those aspects of the context that emerge in the moment and influence the experience of that moment. For example, if a woman experienced her needs being ignored in her life, she may not want her therapist to self-disclose, and she will be sensitive to any indication that her therapist is not listening to her. This is likely to remain a constant issue for her throughout therapy and influence how she experiences power. On the other hand, the context can emerge through something that happens between the woman and her therapist that brings a particular experience into view at that moment.

As the woman’s experience of her power changes within therapy, her perception of the context can change. For example, if she learned growing up that men had all the power, and then through therapy she discovered her own power, her perception of her experience growing up changes. These changes occur within the expanding and empowering therapeutic experiences. When a woman’s power is blocked in therapy, it is more likely that she will have these restrictive experiences reinforced, and therefore, little will change in her perceptions of her context. It is unlikely that a woman whose context taught her that she had power would stay very long within a therapeutic relationship that limited her.
My initial review of the literature and research on the therapeutic relationship and power dynamics identified a number of areas that relate to women's experience of power in therapy. First, I discuss the therapeutic relationship as it relates to the emergent theory, then literature and research as it relates to the power differential, therapist self-disclosure, and power and awareness.

The Therapeutic Relationship

The results of the present study identified the importance of the therapeutic relationship to the experience of power and the ways women are empowered through this relationship. Important elements of the relationship to emerge were: (a) different kinds of personal involvement with the therapist, (b) ways in which the therapist supported the women, and (c) the power dynamics.

The three components of the therapeutic relationship outlined by Gelso and Carter (1985) emerged in this study as aspects of the relationship -- the working alliance, the transference relationship, and the real relationship. This present study addressed the experience of power for women, and therefore, related three components of the relationship to power. In addition, this study highlighted the power dynamics of the therapeutic relationship as an important factor in the therapeutic process.

The working alliance is defined as a contractual connection that the therapist and client establish, which forms the foundation for therapy to proceed. Importantly, the working
alliance is established early in the therapeutic relationship. Many of the women described a connection with their therapist that occurred during the initial contact. These connections are based on personal similarities, theoretical perspectives, and life experiences. The women’s experience of her therapist’s support was often identified early as creating an atmosphere that enabled them to trust her enough to proceed with therapy. Gelso and Carter (1985) make the assertion that an initial working alliance has to be created for therapy to be successful, but if the therapy requires the woman to reveal more aspects of herself in order to heal and change segments of her psyche, feelings, and behaviour, the working alliance needs to be stronger. In this regard, it is something that changes and develops as therapy progresses. This study supports this assertion. Women who experienced an unsatisfactory therapeutic relationship identified that they were unable to go into deeper issues because the trust they needed had not been developed, and/or they were not in agreement about the way therapy should proceed.

The data from this study suggests that a working alliance is informed by a woman’s contextual experience, and therefore, the quality and the expectations of the connection are in part determined by her context. For example, Julie clearly sought out a therapist who identified herself as a feminist, and had expectations that the therapist would encourage an egalitarian therapeutic relationship. Julie’s perspective originated in her previous experience, and determined how the therapist and herself
were going to work together. This is an important addition to our understanding of how the working alliance is determined and its connection to a woman’s experience of power.

The working alliance is one of the factors that determines how the relationship is experienced, and how it can promote an atmosphere of trust building, or simply an agreement to proceed in therapy. This study shows how important the therapist’s response is to predicting the women’s experience of power. An important factor connected to empowerment is the therapist’s non-judgmental attitude, and conversely, how an attitude of rejection or disinterest contributes to a disempowered experience. A woman’s context may influence her to form a working alliance that is rooted in her own powerlessness if, for example, her previous experience has informed her that people in authority are the experts, and that she should defer to them. If a woman connects with her therapist in this way, it is not possible for the woman to access her own power unless the therapist provides an alternative experience. Thus, the therapist’s responses to the woman are crucial as they provide the direction of therapy. The working alliance is instrumental in determining the kind of experience a woman will have of power in therapy, and is determined by the interaction between the therapist’s attitude towards the woman, and the woman’s own expectations.

The second component of the therapeutic relationship identified by Gelso and Carter (1985) is the transference relationship. Transference is defined by Gelso and Carter (1985)
as:

a repetition of past conflicts (usually but not always beginning in early childhood) with significant others such that feelings, behaviours, and attitudes belonging rightfully in those early relationships are displaced; in therapy, the displacement is onto the therapist. (p. 170).

The findings from this study support the presence of the transference relationship as outlined by Gelso and Carter (1985). However, transference as defined above was only one aspect of past conflict and experience that is repeated within the therapeutic relationship. This study points to an even broader perspective that includes all aspects of a woman's previous experience, and can influence how she relates to her therapist. Her early relationships with significant others do create the most intense feelings and needs expressed towards her therapist. In other words, women from this study consciously identified experiences from childhood relationships that were reflected in the relationship with their therapist. For example, Pam identified the effects that patriarchy had on her, which left her with feelings of powerlessness. This part of her context became a crucial focus for her as she worked with her therapist to access her power. However, this aspect of her context was not recreated within her relationship with her therapist, as her childhood relationships were.

This study shows that the transference relationship has implications for women's experience of power in the therapeutic
relationship. The transference relationship seems to be the aspect outlined by Gelso and Carter most associated with the power dynamics within the relationship, although they do not discuss power in this context. Because the transference feelings and behaviours often originate in childhood experiences, women may feel powerless in the same way they were powerless as a child. The transference may be valuable in providing a woman with the opportunity to find her power as an adult as she works through the transference, or it may reinforce her powerlessness if the therapist's responses are reminiscent of her childhood experiences. At the end of her therapy experience Estelle felt abandoned by her therapist, reinforcing the powerlessness she felt as a child. Conversely, Pam received the attention and interest from her therapist that she did not receive as a child, and experienced this as empowering. In addition, this study expands the concept of the transference relationship to include all aspects of a woman's life that she brings into therapy, and their importance to the experience of the therapeutic relationship and her experience of power in therapy.

The third component that Gelso and Carter (1985) identify is the real relationship. They explain this as follows:

In a real relationship, one's perceptions and interpretations of another's behaviour are appropriate and realistic, the feelings are genuine, and the behaviour is congruent. (p 186).

The real relationship occurs when the therapist and the client
responding to each other in the present, and develop a bond that reflects a genuine connection. Geslo and Carter (1985) do not address the effect that the real relationship has on the client's experience of power in therapy, but they do acknowledge that the degree to which the therapist and the client can be open and genuine about their feelings are likely to be different. Data from this study shows that there is a difference in the therapist's and client's vulnerability that can be experienced as power.

An important aspect of the real relationship to emerge from this study was the degree to which the therapist disclosed personal information. A fuller discussion of the therapist's self-disclosure is addressed later. There were a number of important aspects of the real relationship that influenced the women's experience of power. Many of the women described a connection with their therapist that was based on liking each other and possible friendship. On the other hand, some women wanted their therapist to remain unknown to them. For example, Pam perceived her therapist as 'Godlike', and wanted her therapist to remain personally inaccessible. This would indicate that there are variations in the degree to which a real relationship exists for different women. Consistently, the therapist's genuine presence was associated with an empowering therapeutic experience. The quality of the therapist's attention and presence reflects characteristics of a real relationship as outlined by Gelso and Carter (1985). For example, Pam always
experienced her therapist as interested in anything she had to say, and in this respect, it was important for her to experience the 'real' connection with her therapist.

The data from this study confirms the importance of a real relationship, and illustrates how this component is connected to power. Gail perceived her therapist as maintaining her distance by not being genuine or open to her as a real person. Gail viewed this as a negative use of her therapist's power, which resulted in an unsatisfactory therapeutic experience. It would appear that the lack of a real relationship can be equated with a disempowering therapeutic experience. The real relationship differs from the transference relationship by its accessibility to the client. For example, Dennise experienced her therapist as a role model for accessing power. She experienced her therapist as possessing characteristics that illustrate a way to be in charge of your life. This was an important attribute that Dennise wanted to develop, and because she experienced this in her therapist in a real way, it was attainable. Transference attributes are less accessible to the women because of their unreal and illusionary nature. In this regard, the real relationship is an important component of the women's ability to access their power. The findings from this study are important because they highlight the importance of the women's context to the therapeutic relationship, and provide information about its connection with women's empowerment.

Claiborn and Strong's (1982) theory links therapeutic change
to both the power of the therapist to influence and the dependence of the client. Claiborn and Strong view the therapeutic relationship as an interaction that is based on the client being more dependent on the therapist, which results in intrapsychic and behavioral changes for the client. This study confirms that each woman had needs of her therapist, such as, safety, attention, support, and guidance in creating an environment that allows changes. The women in this study did not experience a dependence on their therapist until they encountered a lack of control in their lives, and they were in crisis. In other words, dependence did not become an issue in the therapeutic process until the women felt powerless and needed more guidance from their therapist.

Feminist theorists have proposed a model of the therapeutic relationship as an interdependent interaction based on mutuality and equality (Jordan, Kaplan, Miller, Stiver, & Surrey 1991). Mutuality is defined by Jordan (1991) as a caring in both directions, emotional availability, and openness to change on both sides. The findings from this study support the emergence of a mutual therapeutic relationship. The women's experiences differ in the degree of mutuality that they desired, and the ways in which they experienced the relationship as mutual. Cathy, for example, experienced her relationship as mutual through the different kinds of knowledge that she and her therapist shared. She expressed how in this way they both had something to contribute to the therapeutic process. Julie experienced
mutuality in the way she and her therapist would explore an issue through discussion.

This study shows a limitation in the degree of mutuality that exists between therapist and client. None of the women revealed a sense that they had an impact on their therapist or affected her growth. The women’s experience of mutuality focused on their therapeutic process and facilitated their self-discoveries. In addition, the degree to which each woman wanted her therapist to be open and reveal herself varied. Anne had a desire to be friends with her therapist, whereas Julie and Dennise were clear that they did not want any emotional attachment to their therapist. According to Jordan (1991), mutuality facilitates empowerment through facilitating connectedness in relationships.

These theories (Claiborn & Strong, 1985; Jordan et al., 1991) are explored in more depth in the discussion of the power differential. The data from this study illustrates the importance of the therapeutic relationship to the experience of power for women, and the ways in which the components of the relationship vary as a result of the women’s context.

Power Differential

The findings of this study highlight a number of aspects of the power dynamics within the therapeutic relationship. There are three main areas that emerged: the power differential, dependence, and the transference relationship. Dependence and the transference relationship are discussed as a function of the
power differential because they occur within the therapeutic relationship which would appear to be constructed on this difference in power. A number of the women experienced the therapist as having greater power because of her ability to influence their process either in a positive or negative way. The ways in which the power differential is perceived and experienced by the women varied as a result of their context and the attitude of the therapist.

The power differential in the therapeutic relationship has been identified by feminist theorists, and its effects addressed within the context of women's oppression in society (Douglas, 1985; Greenspan, 1983; Laidlaw & Malmo, 1991; Worell & Remer, 1992). Lerman and Rigby (1990) identify the way the power differential has come to be perceived by feminist therapists:

As the theory and practise of feminist therapy has matured, most feminist therapists have come to recognize that the goal of eradicating all power differentials between therapist and client is an impossibility. We have learned about the power that is inherently in the very role of therapist. (p. 52).

Douglas (1985) identifies the power of the therapist in terms of French and Raven's (1959) five sources of power, and power that results from the inequality of the sexes. Claiborn and Strong (1982) focus on three of these sources of power: legitimate, expert, and referent (French & Raven, 1959). Lerman and Rigby's (1990) expression of the power of the therapist as contained in her role can be equated with French and Raven's sources of power.
These sources of power were supported by the findings from this study. The legitimate, expert, and referent power of the therapist was expressed by women in their descriptions of the ways in which their therapist influenced and guided them. For example, Cathy talked about the knowledge that her therapist had about the therapy process, and how her therapist knew what needed to happen for her to progress. When she first contacted her therapist Cathy decided that this therapist had all the necessary requirements to build a trusting relationship, and to embark upon a therapy process. In addition, she very quickly identified personal similarities with her therapist that were important to her. Barb particularly stressed that the similarities she experienced with her therapist gave her confidence in her therapist.

This demonstrates the three sources of power as described by French and Raven (1959). However, Cathy did not perceive her therapist as having power because she saw it as up to her to accept her therapist’s suggestions and comments. In other words, her therapist could not make her do anything without her agreement. Cathy’s view of power was influenced by her past experience that taught her power was control and force. Cathy would therefore only experience power in the therapy relationship if it fit her perception of power as a negative force. These findings provide evidence that the power differential is present in the authority that is inherently in the therapist’s role, but the women only experienced the power differential if their
experience fit their expectations. Julie acknowledged the power differential and perceived it as necessary to facilitate her therapy. Her perception was influenced by her understanding of feminist theory. Theoretical understandings of power were important in determining how power was experienced. The women's theoretical knowledge is another example of the influence of their context in their experience of the power differential.

The data from this study also confirmed Claiborn and Strong's (1982) assertion that the therapist's power is necessary to influence the client to change. Gail did not form a working alliance throughout her therapy because she did not have confidence in her therapist's way of working, which included her theoretical outlook and her personal presentation. All three forms of French and Raven's (1959) sources of power were missing for Gail, and her therapeutic needs were not met. Julie and Pam both identified how the therapist's greater power position was necessary for therapy, and without it, it would not be a therapeutic relationship.

Claiborn and Strong (1990) highlight important aspects of the therapist's characteristics, and how she presents information to the client. Those characteristics include the authoritative aspects outlined above, in addition to the attractiveness of the therapist to the client. The nature of the presentation is attributed to the therapist's interventions:

Many of the therapist's interventions do not seem to the client like influence at all, because the counsellor may
simply help the client focus on his or her own behaviour, and the client is led to attribute changes in intrapsychic rather than interpersonal processes. Attitude change in counselling and psychotherapy is seldom the consequence of overt persuasion; it results from the therapist's creating the conditions for change which, in turn, appears spontaneous to the client. (p. 54).

The conditions for change that Claiborn and Strong highlight refer to the therapist affecting attitude changes in the client from the things that the therapist does, such as, suggestions to pursue a topic, or focusing on feelings, and interpretations. This study adds valuable information about the attitude of the therapist towards the client that creates conditions for change and the women's experience of power. Consistently, the therapist's acceptance and non-judgmental attitude towards the client facilitated an empowering experience, as did the therapist's guidance that focused on the client's connection to her own inner resources.

Claiborn and Strong do not address the different kinds of effects of the therapist's power, nor how it can be used against the client. Feminist literature is concerned primarily with identification of the power differential and ways to reduce the inequality to facilitate women's empowerment (Douglas, 1985; Jordan et al., 1991; Greenspan, 1983; Laidlaw & Malmo, 1991; Worell & Remer, 1992). The findings from this study support both aspects of the therapeutic experience for women, that is, a power
differential supports women's empowerment when it is used to facilitate their own awareness and direction, and it is important to reduce the negative impact of the therapist's power position.

The context of women's lives has emerged in this study as important in determining what happens in the therapeutic relationship and their experience of power. The initial literature review identified how women's experience of power in society contribute to their perception of women's lack of power, (Johnson, 1994, 1996, 1998; Lips, 1991; Maccoby & Jacklin 1974). Women generally experience their power in terms of their sex appeal (Lips, 1991). A number of the women expressed how they had not seen themselves as powerful, or how it had been limited to sexual power and stereotypical roles for women prior to therapy. Through an empowering therapeutic process, women were able to see themselves differently, and reframe the negative impact of their context.

Feminist theorists have focused their approach to therapy on changing a woman's self-concept, which was developed as a result of patriarchal oppression (Worell & Remer, 1992). From this point of view, feminist literature addresses the issues a woman brings into therapy as a result of her context. However, the way in which a woman's context affects how she approaches therapy, and what she needs from therapy varies from woman to woman.

Feminist therapy advocates an egalitarian relationship, which is established through the therapist's personal involvement and self-disclosure, and an attitude that views the woman as in
control of her own process (Worell & Remer, 1992). The findings from this study demonstrate the complexity and diversity of how a woman is empowered through the relationship. For example, Pam expressed her experience of the power differential by viewing her therapist as 'Godlike'. She wanted her therapist to remain in this position to provide her with the confidence to reveal more vulnerable aspects of herself and to feel that her therapist was focusing her attention on her. It could be concluded that on some level this therapeutic relationship was reproducing the power imbalances women experience in society. However, Pam went from seeing herself as having no power to valuing her power as a woman, and feeling that she was in charge of her life and capable of achieving all that she wanted. This therapeutic relationship show important elements in creating a relationship that reduces the negative effects of a power imbalance, such as, focusing on the clients agenda, an accepting and non-judgmental attitude, and guidance from the therapist. The findings from this study place importance on the individual needs of the women in therapy and their involvement with the therapist, and conversely, the therapist’s attitudes in creating a therapeutic relationship that is an alternative to the restrictive conditions that oppress women.

The transference relationship was identified as an important element that reflects an aspect of the women’s context, and is expressed through the therapeutic relationship. The findings from this study show how transference is present. Moreover, the women
expressed both feelings of admiration, awe, and of intimidation, which reflected a transference relationship. The transference relationship is an important aspect of the therapeutic relationship. Working through of the transference will lead to a freedom from past pain and unsuccessful relationships (Kohn, 1992). The data from this study shows that dealing with the transference issues can lead to alternatives that are liberating and empowering for women, such as Pam's experience of receiving missed attention from childhood. Alternatively, confronting the transference in the therapeutic relationship can be experienced in a way that blames the woman. For example, Estelle expressed her anger towards her therapist who refused to acknowledge her feelings and reflected them back as Estelle issues. Estelle acknowledged her part in the interaction but ended up feeling powerless because of the lack of a real response to her concerns.

It is unclear from the findings of this study what the connection is between transference and the power dynamics in the therapeutic relationship other than that it exists. The focus of this study did not address the transference issues of the women, and therefore, important questions are unanswered about how transference issues were resolved within the relationship, and how they affected their experience of power. What can be inferred from these findings is that transference feelings were often associated with an elevation of the therapist's position in relation to the woman. It could be speculated that this occurs because the transference feelings originated in childhood in
relation to adults when the child was powerless. Therefore, the potential for the therapeutic relationship to reproduce an imbalance of power for women through transference issues is evident, and will greatly depend on how the transference is addressed in therapy.

Dependency is an aspect of the power differential that Claiborn and Strong (1985) maintain is inherent in all relationships to varying degrees. They view the client as more dependent on the therapist because of their needs, and that dependency is a result of needs. They assert that if this dependency did not exist the therapist’s power to influence would not be effective, and the relationship is unlikely to exist at all. The findings from this study reveal a range of needs expressed including a need for safety, involvement, attention, new perspectives, and direction about ways to cope. Dependency was not articulated as something the women experienced until their emotional need for the therapist was felt. For example, Barb described how her therapist was at one time her lifeline, and she identified her dependency on her therapist at this time.

A number of women who spoke about dependency expressed it as a temporary state during a time of crisis, or when they became overwhelmed with new information about themselves as a result of the therapeutic process. Within an empowering process these periods of dependency are temporary states, and the therapist’s intervention and support re-directs the women’s need for environmental support back to self-support. The process described
here demonstrates the temporary inequality that Miller (1986) defines as reflecting the power dynamics of the therapeutic relationship. It is clear that this state has the potential to become a central characteristic of the power relations between therapist and client. In addition, it can be inferred that dependency relates to the transference relationship by symbolizing a parent/child interaction. For example, Barb expressed how during this period her feelings of dependency were coming from a child place, and many of the women talked about needing more guidance and direction during these times.

Claiborn and Strong (1985) did not illustrate how the dependency of the client could be dangerous. Feminist literature criticizes traditional therapy for fostering dependency of women clients through a lack of choice in the treatment process, and through the therapist maintaining her expert position (Lerman & Porter, 1990; Worell & Remer, 1992). The data from this study recognizes dependency as a natural part of the process, and supports the view that at these times the therapist’s power can be beneficial to the woman. The findings from this study also show how women felt inadequate and powerless at these times; therefore, it can be inferred that dependency has the potential to be destructive to the woman’s self-concept if it becomes a permanent feature of the relationship. These findings add to the literature by confirming how dependency becomes an issue within the therapeutic process.

From the findings in this study, dependency could be
fostered through a lack of attention to the woman's vulnerabilities and painful feelings. When the therapist only supports the woman's strengths, the woman could become dependent on the therapist to validate her. In working through the areas in her life that she has difficulty with, or allowing her to experience feelings of grief and helplessness, women learn that they can manage these feelings and come through them. What seems to be a particularly important process is that when a woman is struggling and a therapist intervenes by validating her strengths (presumably with the intention of empowering her), the opposite occurs, and the therapist becomes a potential crutch for her to feel good about herself.

This adds important information about empowerment and considerations for the therapist. Worell and Remer (1992) identify the importance of integrating all aspects of a woman's personality, and at the same time, emphasize the need to identify a woman's strengths. They stress how patriarchy has devalued feminine characteristics, and that it is important for the therapist to revalue and redefine these in a positive way. The data from these findings show how it is important to illuminate her strengths within the context of her therapeutic process, and to be mindful of her agenda and needs within that process.

**Therapist Self-disclosure**

The literature regarding therapist self-disclosure has primarily focused on positive and negative implications. Literature that focuses on how self-disclosure violates the
therapeutic relationship and prevents transference issues from being addressed reflects the psychodynamic model of therapy (Palombo, 1987; Tansey, 1992). Research that promotes the effectiveness of therapist self-disclosure has suggested that there is a lessening of the power of the therapist resulting in greater freedom for the client to disclose, and self-disclosure offers hope and connection to others (Anderson & Mandell, 1989; Pugh, 1990; Simon, 1988). Most research investigates self-disclosure from the clinician’s point of view. Wells' (1994) study which does focus on the client’s experience of therapist self-disclosure and the effects on treatment, compliments the findings from this study. The existing literature, however, does not address the relationship between self-disclosure, empowerment, and the influence of a woman’s context. The results of the present study add valuable information about the effects of self-disclosure on a woman’s empowerment.

The findings from this study show the diversity of self-disclosure experiences that the women had and how these experiences affected their experience of power. Wells (1994) does not discuss the relationship of self-disclosure to power. Some women in this study identified that the power imbalance was reduced when the therapist self-disclosed, and others felt empowered. Conversely, other women felt mistrustful of their therapist as a result of self-disclosure.

Wells (1994) described the connection between the degree of trust that had been built between therapist and client before the
disclosure occurred. She found that the respondents who reported a negative effect on therapy did not have a very high degree of trust or confidence in their therapist prior to the disclosure. These findings support Mathews' (1988) study that emphasized that therapist's tend to disclose more later on in the therapeutic process. The findings from the present study do not support these data. For example, Gail did not have confidence in her therapist and was unable to pursue her therapeutic issues, because she needed her therapist to disclose more of herself in the therapeutic process. Pam was able to develop trust but continued to need her therapist to keep details of her experiences out of the therapeutic relationship. On the other hand, Dennise who had been in therapy for the shortest period of time was still in the process of learning to trust her therapist and anticipated feeling controlled by the therapist's self-disclosure. The relationship between the amount of trust built up and the kind of impact on the therapeutic process is unclear from this study. The discrepancy between Wells' study and these findings may be explained by the various needs and previous experiences of the women that influence how they experience the therapeutic relationship. Wells does not specifically identify the respondent's context as an important factor in their various experiences of self-disclosure which this study highlights.

All of the women in this study expressed the importance of their therapist's genuine expression of support and a sense of knowing from her actions that they were accepted. This could be
described as self-disclosure that communicates the therapist's feelings about the woman and does not produce the confusion of overt self-disclosures, as Khan (1991) points out:

There is first of all the question of sincerity. A client could be forgiven for wondering if statements of affection and esteem are little more than what therapist's say to all their clients. That problem seems lessened when therapist's communicate positive regard by what they do and how they do it, rather than by what they say ...real regard is communicated by subtle cues and by actual behaviours.

(p. 140).

This study shows a clear connection between the women's empowerment and the therapist's expression of her acceptance, support, and genuine caring.

Some feminist literature highlights the importance of responding to the women's individual needs when therapist's disclose (Brown, 1994; Greenspan, 1986). When the respondents in Wells' (1994) study were asked what recommendations they would make, they all spoke about the importance of the therapist making disclosures in response to the client's needs and knowing the client. The findings from this study support the importance of knowing the individual needs of the woman in relation to her context. Related to the importance of the context is the transference relationship that influences the experience of the therapist's self-disclosure (Greenspan, 1986; Khan, 1991).

Wells's study indicates that when the self-disclosure recreates a
familiar and threatening dynamic, it can cause disruption in the client's therapy. Findings from this study confirm the existence of the transference relationship within the therapeutic interactions around self-disclosure. Pam identified how she viewed her therapist in a similar position to the one she had put her mother in when she was a child. Pam saw her mother as strong and needed her to be perfect. Therefore, she did not want her therapist to disclose personal information because this altered the perception of her therapist as strong.

The findings from this study concur with Wells (1994) in showing how self-disclosure can produce confusion for the client. Various ambiguities arise from overt self-disclosure including: uncertainty about how to relate to the therapist, uncertainty about why they are being given this information, and the boundaries of the relationship. Wells's study reveals that despite the initial negative feelings that some clients had about disclosures, the overall impact on the therapeutic relationship was positive. What this points to is that self-disclosure is not detrimental to the therapeutic process simply because the client feels uncomfortable, and suggests that the way in which the therapist deals with this issue will add to the therapy. In addition, this study revealed possible implications to the boundaries of the therapeutic relationship that arose from self-disclosure. For example, Cathy was unsure how to respond to her therapist when she disclosed, even though the overall effect on therapy was a positive one. Cathy revealed that she did not want
her therapist to self-disclose too much information because she did not want to care about her therapist when the relationship had to end at some point.

The data from this study did not show any detrimental effects of the therapist's disclosures but highlighted the variations in experience of disclosure and the effect on the power dynamics. In the cases where disclosure was not welcomed, for example with Pam and Dennise, it was not clear that negative effects occurred because these women were in therapeutic relationships that met their needs.

**Power and Awareness**

The discussion to this point has highlighted those factors which influence a woman's experience of power, that is, aspects of the interaction in the therapeutic relationship, and the woman's context of her life's experiences that she brings into therapy. In this section, I address what the experience of power is like for these women.

The data from this study identifies the experience of power for these women through awareness. All of the women expressed this aspect of their development of personal power. Some feminist literature highlights awareness in regards to the goals of feminist therapy as facilitating a woman's awareness of the effects of patriarchy on her life, and awareness of her needs and strengths (Avis, 1991; Smith & Douglas, 1990; Smith & Siegal, 1985; Worrell & Remer, 1992). The data from the present study supports both of these assertions.
Many of the women spoke about changes in their concept of themselves that reflected a redefining of how they perceived and felt about themselves as a woman. For example, Barb identified changes in her perception of power from sexual power to personal power, and through this change she came to value who she is. Smith and Siegal (1985) capture the connection between empowerment and change in perception of self:

As feminist therapists we are in a position to empower the woman, that is, to enable her to reclaim her own power by renaming certain aspects of her behaviour, especially that called manipulative or crazy, as attempts to achieve the goals of control and influence under given societal constraints. (p.14).

And later:

A focus of feminist therapy is to empower women to become self-defining. As the therapist gives positive acknowledgment of women's needs, needs not approved of by the dominant male culture, women's self-esteem rises and they begin to explore the risks involved in using power more directly. (p. 16).

Conditions within the process of therapy are important factors in the facilitation of women's awareness. The conditions of particular significance were acceptance and containment of the therapeutic process by the therapist. Acceptance relates both to the therapist's acceptance of the woman and the woman's acceptance of herself. As identified previously, the therapist's caring attention conveys to the woman that she is valued.
Attention to all of her feelings and concerns gives another message, that all aspects of her are important. Worell and Remer (1992) point to the acknowledgment and valuing of female characteristics, such as, empathy, nurturance, and intuition as a redefining process. The appreciation of these characteristics highlights the conflicts that often surround them due to the double bind placed on women by patriarchy (Worell & Remer, 1992). The findings from this study substantiate this literature. Many of the women spoke about the resolution of internal conflicts connected to their roles in society. Resolution of these conflicts was linked to feelings of empowerment by resulting in acceptance of themselves.

The data from this study contributes to an understanding of the interplay between limited power, empowerment, and awareness. Women identified that during the period of limited power, they often became overwhelmed with new awareness but felt powerless. In particular, women often did not feel good about themselves and identified feeling out of control of their lives. This suggests that awareness in itself is not enough for the women to feel empowered. What seems to be important is the integration of this new material into a sense of who they are. Women were able to access their power through a process of increasing their knowledge of themselves that expanded their repertoire of who they are. By connecting with themselves in this way, which requires that they resolve internal conflicts, they developed self-acceptance.
Containment by the therapist is an important condition that facilitates empowerment and awareness. The literature that addresses containment focuses on boundaries and the violations of boundaries (Brown, 1994; Lerman & Rigby, 1990; Margolies, 1990; Peterson, 1992). The literature does not make a clear connection between boundaries and awareness or between boundaries and the empowerment of women through facilitating their awareness. The findings from this study illustrate how containment benefits the relationship, and thereby facilitates a woman's self-awareness. This study portrays a number of aspects of the therapist's containment of the therapeutic process. Containment includes the following elements: (a) communicating the therapist's confidence and providing safety, (b) providing direction and knowledge of what to expect within the therapeutic process, (c) normalizing the client's experience, and (d) allowing for insights into the client's process. These elements, along with the communication of acceptance, provides the safety needed for the women to explore the therapeutic process that can at times be very painful and confusing. It is through this exploration that women spoke about gaining new information about themselves, which ultimately was empowering.

Conversely, data from this study point to the way in which a woman's power is restricted by a lack of acceptance and results in her awareness being blocked. Some women in this study talked about experiences in therapy that were negative or unsatisfactory. The main outcome of their experiences was that
they could not explore what they knew they needed to explore, and were left feeling bad about themselves. This restriction gave them the message that they were not valuable because their concerns or needs were not valuable. The literature on boundaries validates this finding, and highlights how boundary violations occur when the focus shifts to the therapist (Brown, 1994; Peterson, 1992; Smith & Douglas, 1990). Smith and Douglas (1990) posit that it is unethical to enter into a power struggle with the client by identifying her concerns as 'resistance'. This was true for Estelle who confronted her therapist with her concerns and her therapist dismissed them as transference.

Brown (1994) identifies guidelines for therapists regarding boundary issues. She comments on the importance of the individuality of each case and how the therapist's understanding about boundaries comes, in part, from the client's input about who they are and what they need. Brown identified three dynamics for the therapist to watch for: (a) objectifying the client, (b) acting from impulsivity, and (c) the therapist's needs becoming centre stage. These issues illustrate the way therapists may not be attending to clients needs and the uniqueness they express. The findings from this study do not specifically support Brown's concerns but do suggest that women's power is restricted by a lack of attention to their needs. For example, Pam's experience of her therapist yawning and looking out of the window until Pam expressed something that caused her to give her attention, suggests that the therapist had a need for Pam to be interesting.
The data from this study also highlights the restrictions to the
development of self-awareness that occur when there is a lack of
attention given to the client. When the woman is not given
attention from her therapist, she is not encouraged to focus on
herself.

These findings suggest that the road to self-awareness and
self-acceptance for these women involves a number of processes
that compliment each other and expand the woman's view and
experience of herself. These processes involve the dynamics
between the therapist and the client but are influenced by the
context of the woman's life, in particular, the effects of
patriarchy and the transference issues she brings into therapy.
Self-awareness brings the woman into contact with herself, and it
is this connection with herself that gives her access to her
power.

Pam: ... I feel more real in myself than I ever have before,
and I feel more alive and a part of something ...

Cathy: ... this change has happened in me, that I have this
perspective that I'm a person, I can sit tall, I'm here, I've arrived ...

Recommendations for Therapy

Based on the conceptualization of power that has emerged in
this study and the supporting literature, recommendations can be
made for the practising therapist and for future research. The
recommendations for therapists are presented first.

Therapy Practise

The implications from this study for therapists, and how
they support women in accessing their power, cover a number of
areas. The first area to address is the effect of a woman's context on her therapeutic process. It would appear that the context is important in determining how a woman perceives and reacts to the therapist. The issues that arise from the context appear to do so as part of the ongoing therapeutic process. Getting background information at the beginning of therapy may be helpful in the development of a broad picture, but it will not determine the specific needs of each woman. For example, if a woman has suffered abuse, she may view power as control. This could affect her in a number of ways; she could be sensitive to any sign of control in her therapist and perceive the therapist as having power, or because the relationship is so different from her experience, she could perceive her therapist as not having power. The ways in which the context affects each woman can not be predicted. It is, therefore, important that therapists remain mindful of their assumptions and stay open to the individuality of the woman.

As part of the context, it would appear that women are affected by the oppressive power of patriarchy which limits who they perceive themselves to be. Women are empowered through becoming aware that they have value and through expanding their sense of who they are. It is important for therapists to counter patriarchal oppression. It may not be important to be 'educative' about this, but a continual valuing of the woman's needs and aspects of herself changes the oppressive messages that she has internalized. In particular, valuing those aspects of her female
characteristics that are seen in a negative light expands her experience of herself.

Self-awareness is one of the most important requirements for a woman’s empowerment. Awareness occurs on two levels: (a) how she experiences herself, her feelings, needs, desires, and behaviour, and (b) the ways in which her life and society have affected and limited her. The way in which a therapist facilitate these awarenesses should be consistent with a woman’s pace and agenda. Awareness can not occur without the woman’s connection to the information or experience. Without this, it remains the opinion or insight of the therapist. It is, therefore, important for therapists to facilitate self-discoversies. In addition, awareness contributes to an integration of new information into the client’s psyche and sense of being.

Another aspect to valuing all aspects of a woman is the need for therapists to give attention to all of her feelings, including feelings that might be judged as negative, such as, depression, helplessness, and inadequacy. It is important for women to discover their power by learning to deal with difficult feelings, rather than feeling they have to rid themselves of a part of themselves or depend on someone else to make them feel better.

Self-disclosure was experienced very individually. Therapists need to be mindful of the differences in women’s reactions to self-disclosure. The most important aspect of the therapists use of self in the therapeutic process appears to be
the expression of genuine caring and acceptance. Thus, it may be less important to focus on overt self-disclosure. This study also implies that the reactions to self-disclosure could be important information about the woman, and possible material for therapeutic work. It is, therefore, recommended that therapists explore these reactions and feelings about self-disclosure. In addition, it would seem that self-disclosure may have the most positive effect in the context of a good working alliance and the development of trust.

From these findings, it is important that therapists concentrate on ways to be present with the woman and be with her in her process. Therapists, especially inexperienced therapists, are often too concerned with techniques and rules that tell them how to be good therapists. Techniques do not empower women but the acceptance and attention of therapists do.

Finally, this study supports an ethical code that recommends against undertaking dual relationships of any sort with clients. Therapists are encouraged to focus on women’s needs and give attention to their concerns. Therapists are encouraged to reduce the power differential by facilitating the women’s control over their own processes, and at the same time, maintaining responsibility and containment for the therapeutic process.

Future Research

The limitations of this study centre around the lack of saturation of the categories and the relationships between them. Due to the limitation of a masters thesis, it was not possible to
continue sampling to increase the depth of the data. In writing the emergent theory, questions arose which required further theoretical sampling but these were not explored, leaving certain areas of the findings incomplete.

The first of these areas was in regards to self-disclosure. The study did not investigate different types of self-disclosures and the different effects on the women's power. In addition, comparing therapists' overt and covert use of self in the therapeutic process would give further information about the importance of self-disclosure in therapy, and its importance to the women's experience of power.

The transference relationship emerged as an important aspect of the therapeutic relationship, but it is still unclear exactly how this relates to the women's experiences of power. Further research is needed to explore the connection between the context and the transference relationship, and to investigate the difference in the women's transference context and other areas of the context. Also, the way in which the transference issues are dealt with in the therapeutic process, and the effect this has on a woman's experience of power, would be important to investigate.

Although the data supplied information about the ways in which therapists block women's power, there was a lack of variation in types of experiences and therapeutic relationships. It would be important for further research to investigate this area with a focus on experience of power rather than boundary violations.
Further research could also investigate this phenomenon using different populations, such as, women clients with male therapists, lesbian clients, and male clients, and the therapists' experience.

Conclusion.

The data from this study have highlighted a number of areas that are important to a woman’s experience of power, and the therapeutic implications for therapists.

The data show the importance of the dynamics of the therapeutic relationship to the woman’s experience of power in therapy. The therapist’s acceptance towards her client, and her genuine presence are important in facilitating a woman’s empowerment by allowing her to experience and validate herself.

This study identified a power differential between the therapist and client that could either promote an empowering therapeutic process, or limit and disempower women. In addition, the therapist’s self-disclosure emerged as a factor that could have an effect on the power differential.

In all aspects of the data, the context of a woman’s life and experiences had an effect on how they experienced and perceived power. The context relates to the variations in experiences within the therapeutic process and the individualistic nature of the experiences of power.
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APPENDIX C