Exploring power in therapeutic relationships

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We devised a staff workshop entitled 'Formulating power in therapeutic relationships'. We would like to share our story of how this workshop emerged, the conversations it has enabled and what we have learned in the process. We would like to begin by contextualising ourselves, our ideas, and our relationship and experience of power.

Personal context

I (Sherry) see myself as having multiple and fluid identities; I am an Egyptian-British heterosexual woman from a working-class background. Power is an issue that has always been close to my heart for many reasons. I have personally experienced marginalisation, largely due to my being from an ethnic-minority group but, even more so, I witnessed members of my family being oppressed due to class, ethnicity, disability and religion. I have felt uncomfortable with the associated privileges that come with my profession; namely, the power and middle class status and the potential for this position to be easily abused. Given that I understand power as such a key issue in the cause and experience of psychological distress (as witnessed in both my personal and professional life) it has always interested me to know why it is not more considered in our models of helping distress. It is through dialogue about psychological theories, personal and professional contexts, power-knowledge relations and society at large (institutional power) that I have been able to keep in mind the relevance of power to our discipline and critically consider what I do in my practice and how I do it.

I (Manus) also see myself as having different, interacting and sometimes conflicting identities. I am a white Irish heterosexual male. To some extent these attributes can position me as an exemplar of patriarchy. However, my Irish-ness can, and does, create contrasting experiences of power in relationships. For example, in practice-based contexts my professional and Irish selves can simultaneously interact to legitimise and de-legitimise my contributions. It is this interaction of competing ideas or *"intersectionality"* (Crenshaw, 1989) that I have always found most interesting and revealing about myself in relation to societal values expressed in daily social-practices. In this respect, reflection on, and hypothesising about, power in relationships has become central to my professional practice.

The professional context

MOSAIC is a multidisciplinary disability children and families service in Camden. It is one service within the multi-trust partnership of the Camden Integrative Children's Service. In practice, MOSAIC acts as an umbrella term for a collection of services; with CAMHS as both a stand-alone team and acting into the child development team (CDT), social communication assessment service (SCAS), feeding clinic, and sleep clinic. In this way, CAMHS clinicians can work reflexively across multiple levels of context in service (Pearce, 2004, 2007). By this we mean hypothesise, reflect iteratively, and respond with our colleagues both on the immediate work, but also on other possible interacting levels of meaning making, for example family, professional, cultural scripts about gender, race, (dis)ability etc. (Burnham *et al.*, 2008).

The child development team recently underwent a restructure and the model that emerged has been presented as a gold-standard model of care (Patten & Burkitt, 2016). This model created centrally coordinated multidisciplinary assessment pathways for cerebral palsy, developmental delay and autism spectrum disorder in line with national guidelines (NICE, 2011/2017). This reorganisation improved wait-times, wait-lists and through-put. However, it also harmonised families' journeys through the process and is reflected in consistently improved feedback on the 'friends and family test', a key performance-indicator for the service.

Importantly, this new model created a series of post-assessment pathways for families who go through the assessment cycle. Thus, both families meeting a diagnostic criteria and those not, are now offered packages of care. This recognises that families with a person with a learning disability are often unaware of their rights and fail to understand those rights in terms of choices and access (Bubb, 2014). Furthermore, it also marks a move away from organising care around a diagnosis and towards a model of care based on the family and their needs. Nevertheless, the service exists in a climate of limited resources. In child and family services psychoeducation groups have been suggested to be both cost-effective and create helpful sharing and comparing experience for families (Carr, 2009). As part of the assessment pathway, families are offered both individual and group interventions.

My C.H.I.L.D.

My C.H.I.L.D. is a five-week multi-disciplinary programme developed in MOSAIC and offered to families who do not meet criteria for a diagnosis of autism and are thus not eligible for EarlyBird™ (National Autistic Society, 2008). My C.H.I.L.D. stands for 'communication, health, independence, learning and development'. It has a fixed schedule and covers topics like 'play and communication', 'sensory and behaviour', and 'visual supports'. CAMHS typically run the session titled 'family well-being and relationships'. While the workshop schemes have been prepared, clinicians are encouraged to add and/or change the content according to each group.

To prepare for our workshop we (Sherry and Manus) reflected on our own context and began to hypothesise about the families we were meeting (Cecchin, 1987). We asked:

- **What would these families think of our service and what we were offering?**

  We reflected that these families had come through an autism spectrum disorder diagnostic pathway and had not met criteria. This could lead to feelings of relief but also frustration. We hypothesised about *"relationship to help"* (Reder & Fredman,

1996) and how this, and other, 'helping' relationships in our service have been experienced.

- **What skills and knowledge could families bring?**

  We thought about the families who come to services as potentially feeling deskilled, confused and overwhelmed (Edwards, 2010). However, in this instance we both reflected on our own context as people without children of our own. Thus, we endeavoured to make space(s) to enable parents to own, share and value their own resources in our workshop.

- **How can different skills and knowledge be shared?**

  We thought about ourselves as being potentially positioned as powerful 'experts'. However, we hypothesised about ourselves as having different experiences and knowledge(s) to share. Thus, enabling contexts where knowledge(s) could *"be-and"* (*"être-et"*) was important to us (Deleuze & Guattari, 1970).

Lyotard (1984) suggests that language systems contain hidden mechanisms of coercion that can privilege and/or oppress. We hypothesised that the discourse of *"professional"* and/or *"psychologist"* can privilege *"expert"* knowledge(s) over families. We wondered if positioning ourselves reflexively by openly sharing some of our values and knowledge(s) might make public this potential privilege and thus allow us to bear this in mind during the workshop (Hedges, 2010). We shared with families that we are not parents but have experience of working with children and families, and invited them to share their experiences as parents, as partners, as individuals etc. both at the outset and throughout. We thought of this as taking a *"one-down position"*.

The feedback from the workshop was extremely positive. Families fed back to keyworkers that they found it refreshing that we were so candid and this made them feel like they could share more openly in the group. The keyworkers interpreted our hypothesis about a potential power asymmetry and subsequent approach of adopting a one-down position as self-disclosure. Dilemmas about giving advice from a systemic perspective have been well reported (Silver, 1991; Roberts, 2005; Anderson, 2012). Other workers also expressed an interest in our approach given the feedback. In response to this, we devised a workshop for the whole multi-disciplinary team titled: *"Formulating power in therapeutic relationships"*.

Workshop

The workshop was well attended; fifteen multi-disciplinary team members were present. We adopted a similar approach again (i.e. contextualise ourselves and our ideas with reflexive statements) in the staff workshop to model this in action. Several interesting conversations emerged during the workshop of which we will discuss three: 'naming mothers', 'self-disclosure' and 'self-reflexivity'.

Naming mothers

We thought about power not as a thing itself but a way of organising knowledges/relationships so that certain ways of seeing the world appear more plausible than others (power-knowledge relations) (Foucault, 1982). Mainstream psych-theorists have thought about the establishment of an identity as central to development and ubiquitous to the human condition (Erikson, 1968; Newman & Newman, 2003). It has also been influenced by the idea of a stable core-self, which is somehow revealable and realisable (*a la* Freud, Maslow or Rogers). However, psych-theory and psych-practice has come under increasing pressure to acknowledge geo/ethno-centric assumptions embedded in its thinking, methodologies, and propositions about the world (Danziger, 1997). In this light the idea of 'identity' could be seen as defining and thus confining (O'Farrell, 2005). It has been suggested the term *"subjectivity"* is more open to the possible expression of multiple-identities that are enabled in different contexts (Burr, 2015).

In our workshop, the team talked about calling women who access the service *"mum"* and not their name. Some people shared that *"mum"* felt more family-friendly. However, others felt that *"mum"* defined women as mothers only and implicitly this act limits their ability to express other important aspect of their identity/subjectivity, interests, abilities and relationships. Moreover, we reflected on the notion that *"mum(s)"* should be happy as another discourse shaping women in society. Thus, defining another becomes an inherently powerful act. In this way, the confining and defining of the identity of others becomes not just an intellectual question but potentially limits therapeutic interactions that are possible.

One idea that emerged about how to work with this power-based dilemma was the idea of 'curiosity'. The team thought about being open to the different experiences of motherhood and defining the other. It was suggested that rather than making assumptions, a more family-friendly approach may involve asking people *"How would you like me refer to you?"* Their answer re-positions the power of definition with the family and in doing so, creates a context for different types of therapeutic interactions.

Self-disclosure

As already outlined, the workshop arose from discussions about the use of self-disclosure. In the workshop, we shared the process of arriving at this as discussed above. In so doing, we attempted to create the context to shift discussion away from a thing (self-disclosure) to a way of doing (e.g. hypothesising and one-down posturing). We proposed one-down posturing as part of reflexive practice that is active and evolving in a therapeutic encounter. Thus self-disclosure could be seen as one possible, but certainly not the only, way one can work with assumed or actual power asymmetries.

In order to model other ways, we thought about power in the workshop and assumptions about teacher-student relationships, psycho-geography of classrooms etc. Instead of taking up a didactic position we chose to create a context for sharing experience and expertise in the room. We asked:

1. *How have you experienced power-dynamics in your therapeutic relationships?*
2. *In what ways have you tried to work with this in the past, and what were the outcomes?*

The group discussed the challenges faced in therapeutic encounters where families wanted *"the answer"*. This is particularly acute in an assessment service and is exacerbated in some instances when children do not meet a threshold for diagnosis. These families often feel they are failing and unsupported by a service that has failed to understand them. Furthermore, parents can come to groups feeling their parenting and ability to cope is being questioned. More generally, parenting appears to be increasingly professionalised as evidenced by the ever expanding plethora of *"experts"* advising in both print and digital platforms (Hansen, McHoul & Rapley, 2003). In this context, the idea of the *"good enough"* parent (Winnicott, 1973) can be thought of as a *"shy story"* (Partridge, 2005). Our group hypothesised that parents' skills and resources can be made public by adopting a one-down posture by asking questions like:

1. *What ways have you worked with this* (parenting) *dilemma to date?*
2. *Who helps with this?*
3. *What have you found useful about this approach?*
4. *What gets in the way of you working through this dilemma?*

The group recognised the role self-reflexivity can have in positioning the clinician and also in enabling contexts for families to create different ways to position themselves.

Self-reflexivity

Systemic ideas suggest that each of us come with a range of *"pre-understandings"* (Andersen, 1996) or *"prejudices"* (Cecchin, Lane & Ray, 1994). In our work, we understand these to be the assumptions we hold that we may not necessarily be aware of. Our assumptions are informed by our personal contexts, and influence how we join with, and what we bring to conversations we have with, our clients and their families. For us, self-reflexivity involves us becoming curious about our assumptions and the contexts that inform them (Burnham, 1992). It helps us reflect on what we could be communicating through our emotional responses, language (including bodily languages) and actions, what this may be inviting and the kinds of communication patterns we may co-create in this process (Hedges, 2010). It necessarily involves inviting and responding to feedback (Tilsen & McNamee, 2015). To model self-reflexivity we shared our own experiences that influenced our understanding of knowledge and power to enable the team to contextualise our ideas. We invited the team to reflect on their own stories related to gender, race, religion, age, (differing) abilities and so on using the social GGRRAAACCEEESSS acronym (Burnham *et al.*, 2008). We asked them to consider how these personal contexts and experiences have informed their ideas, experiences of privilege and discrimination, and what difference these social positions have made to their work (e.g. how responses to a client have been influenced by gender). Our intention was to invite the team to reflect upon a range of contexts that give meaning to their assumptions and to consider what impact this has on their actions.

The team considered the dilemmas of privileging our own assumptions and occupying positions of privilege as professionals. We thought about ways we can maintain our awareness of our assumptions and power imbalances in our reflexive practices by asking ourselves:

1. *In what ways do I occupy a position of privilege which might influence my therapeutic work?*
2. *Locating our assumptions in our personal and/or professional contexts by asking ourselves "where does that idea come from?"*
3. *How do my personal contexts (e.g. age, gender or my relationship to class) influence my work with clients and impact on the kind of conversations clients might share with me?*

Evaluation

We asked participants to complete feedback forms. Some of the answers are reported below:

1. *What is the most important thing that you will take away from today's workshop?*

   "Being more self-reflective about aspects of my identity that interact to make me feel less or more powerful and thinking more about how power is a fluid construct."

   "An awareness that power is much more complicated than I realised e.g. found the intersectionality idea very thought provoking."

2. *How do you think the ideas we shared today will inform your practice?*

   "Awareness of assumptions – ask parents how they want to be addressed."

   "Just being genuinely more thoughtful and self-aware will make me more aware of power when with patients, I hope."

The ideas resonated with the team. There was a genuine interest in thinking about them and several direct requests for a follow-up workshop. This has been facilitated. It also helped facilitate wider discussions about how to support staff to think about themselves and their interaction with the work here. This could be considered part of a reflexive-turn in the culture of the team. As such, it helped establish a reflective practice group that runs monthly. Interestingly, the team unanimously rejected a case specific problem orientated discussion group. Instead, they favoured general practice based discussion directly linking personal experience, values, and ethics to their approach to the work in general. This has led to wide ranging discussions including, dealing with loss, managing equity of access, meaning making when faced with life-limiting conditions, and leadership.

Reflections

We were struck by the impact that such simple forms of transparency had on both the parents in the group and the team in the workshop. This invited us to reflect on the power and importance of maintaining the connection between the personal and professional. Joining the personal and professional has been at the heart of the process that has drawn us to ideas of power and encouraged us to co-create a space where talking about the personal is explicitly made OK. We have wondered whether the conversations that have followed in the reflective group suggest that preserving a dialogue about the personal and professional may even act as a resource to sustain us in our practice; keeping us connected to our preferred identities as professionals that are deeply rooted in who we are as individuals.

We accept the inevitability of inherent power differences in our relationships with clients and between professionals. To rid ourselves of this seems like an impossible task. However, we take the position that to acknowledge, be critically aware and to formulate the impact of power in the context of our therapeutic relationships and to create opportunities to discuss this with colleagues and clients to enable change seems to us a necessity for ethical practice. We were fortunate enough to be encouraged by the curiosity of staff to begin these dialogues in our team and now we are left feeling curious about other ways these conversations could have emerged. So we ask you; in what ways may you and your team bring issues of power into your thinking and stimulate discussions in your service?

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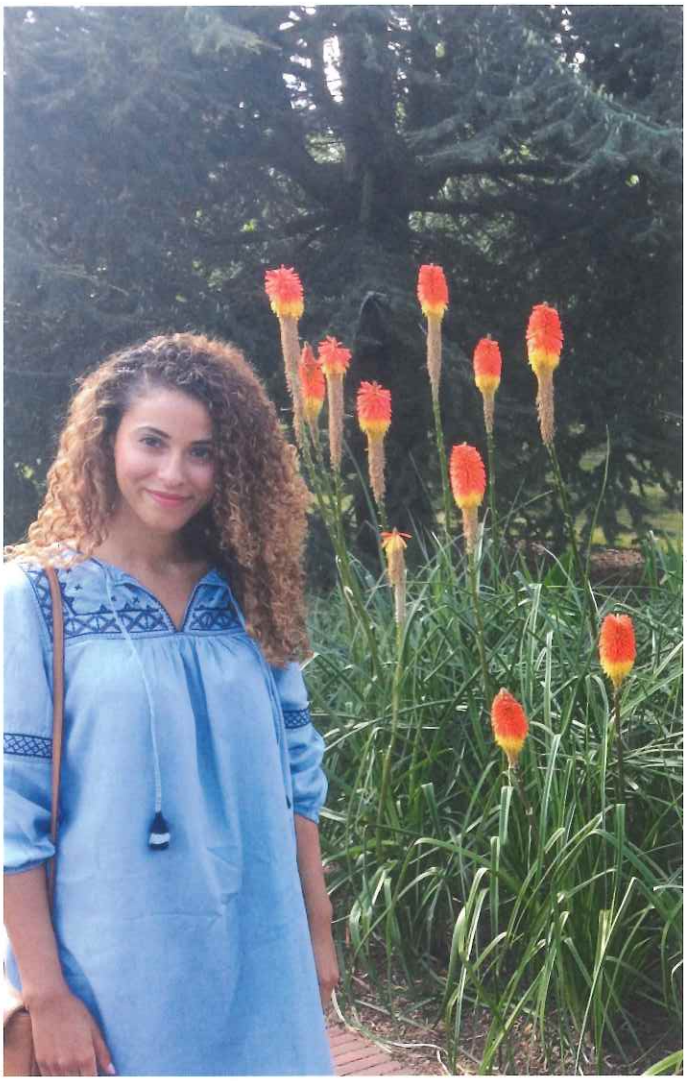

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