

## Exploring Master Therapists' Use of Power in Conversation

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**Abstract** Various theoretical approaches to therapy place different emphases on the use of power in therapy. In this study, we explore six master therapists' use of power via communicational control for theoretical consistency. Results indicate that all therapists, regardless of their stance on power, use the role of therapist to exert power in an initial therapy session. Master therapists, in general, did appear to be theoretically consistent with their stated philosophies of therapy. Suggestions for future studies exploring power therapists have are included.

**Keywords** Power · Master therapists · Communicational control · Marriage and family therapy

Feminist critiques of family systems therapy forced family therapists to reexamine their sociopolitical stance as they work with families. This move brought an end to pure systems thinking (Doherty, 1991). Cyberneticists also argue that family therapists cannot be independent of the observed system. The therapist inevitably re-evaluates the influence of what and how he or she knows and/or does not know about families. Along with second-order cybernetics, postmodernists and social constructionists question how “knowledge” is formed, how it shapes family members' interactions with one another as well as with the therapist, and how a therapist positions herself or himself in therapy. All these contributions highlight the issue of the therapist's use of power.

Power inherently exists in a set of interpersonal relationships (Gergen, 2000). The dominant view has portrayed power negatively with issues of restrictions and controls (Flaskas & Humphreys, 1993). However, Gergen (2000) cited Foucault's notion of power and argues that power is constituted by people carrying out everyday activities. In this sense, power is productive in that power provides a sense of satisfaction (Gergen, 2000). Accordingly, some recently have emphasized the

importance of focusing on power associated with the therapist's actions in the therapeutic relationship (Beitin & Allen, 2005; Nylund & Nylund, 2003). Yet a challenge for therapists is that power is not something that can be "observed" in therapeutic relationships. "Seeing" power in a relationship depends on a way of punctuating events (Keeney, 1983). Each therapy approach provides a particular habit of punctuation that helps therapists determine his or her relationship with clients. Moreover, research has found that therapists' perceptions of clients are context-dependent (Harris, Moret, Gale, & Kampmeyer, 2001). Examination of a therapist's role and position may be the first step toward understanding of the therapist's use of power.

Structural family therapists (Minuchin, 1974) shared the traditional perspective of power—that systems are highly active in intervening in family systems with aims of establishing clear boundaries among subsystems, loosening rigid patterns, and encouraging greater flexibility in modes of communication. Friedlander, Heatherrington, and Wildman (1991) examined three published interviews representing the structural approach and reported that the communication exchanges between the therapist and the family were in a complementary form in which the therapists adopted a "control" position with the family for most of therapy. The therapist took a direct and/or indirect control and/or submissive position with attempts of joining or unbalancing the family (Friedlander et al., 1991). Raymond, Friedlander, Heatherrington, Ellis, and Sargent (1993) further examined structural therapists' position in working with an anorexic family and found that the therapists maintained a central position throughout the process of therapy. The therapists intervened in the family's communication patterns, which indicated issues of enmeshment and coalitions between family members, through redirecting conversation, and providing information, guidance, or advice (Raymond et al., 1993). The predominant pattern between the therapists and the family are the therapists in the control position and the family members in the submissive position (i.e., complementary form). The centrality of therapists reflects Minuchin's (1974) description of therapist as director.

The post-Milan team (Cecchin, 1992), under influences of Bateson's ideas of power, proposed that fighting and competing for power is a way that people try to make sense of the world and their relationships. They have since abandoned the traditional Milan systemic perspective (Selvini Palazzoli, Boscolo, Cecchin, & Prata, 1978) that the therapist must have control over the therapeutic direction, and shifted the focus from game play to therapist's self-reflexive process. One major shift associated with the therapist's role was from neutrality to curiosity. With a position of neutrality, the therapist forms a "meta-level" relationship with the family so that the therapist is able to develop a "meta-perspective" of the problem that differs from the family's perspective (Jones, 1993). As Cecchin (1992) argues, neutrality puts the therapist in a position of power. The stance of curiosity was proposed to replace the stance of neutrality (Cecchin, 1987). Such a stance opens a door to "celebrate the complexity of interaction" (Cecchin, 1987, p. 406), and to "construct new forms of actions and interpretations" (Cecchin, 1992, p. 91). Accordingly, therapists from this approach do not adopt a "control" position. Instead, they prefer to working with families in a collaborative manner.

Therapists possess an intimidating power through their "X-Ray eyes" that would help therapists correctly diagnose the problem and then fix it. Accordingly, the therapists have more power than clients do about the direction and goals of therapy (Jones, 1993). As for feminist concerns, these "X-Ray eyes" often are biased by patriarchal

assumptions. Walters, Carter, Papp, and Silverstein (1988) point out that the organization of power in the context of family is often based on a male hierarchy. Men take the role of head of household, whereas women's tasks are primarily emotional support, nurturing, and child rearing. Gender is the central theme for some feminist family therapists. Therapists take a position of purposeful curiosity, constantly seeking understanding of family members' subjective experiences, ideas, meanings, assumptions, and beliefs about themselves and other family members and about their relationships (Avis, 1998). In addition to a collaborative stance, they invite the family to examine the likely impact of their ideas and beliefs on the family relationship—this is a means of challenging gendered hierarchy that often exists in intimate relationships (Miller & Wieling, 2002). Yet, with a prevalent perception that therapists have greater knowledge than client families in interpreting and treating issues in relationships, the client families, most likely, may value therapists' perspectives. Thus, a collaborative invitation from feminist therapists might be challenging for families, yet is grounded in an appreciation of their unique perspectives (Avis, 1998).

Anderson and Goolishian (1988, 1992) suggest using a therapeutic stance of “not-knowing” to facilitate a therapeutic conversation with clients. Not-knowing does not imply that therapists act passively, naïvely, and do not know anything. Instead, not-knowing is associated with an interpretative stance that therapists continue to explore experiences in a tentative manner as it is occurring in context (Anderson & Goolishian, 1992). The therapeutic direction largely relies on explanations made by clients. Accordingly, therapists leave room for clients to elaborate their “not-yet-told” stories and develop new meanings. Assumptions behind this not-knowing stance are beliefs that therapists do not have an access to “knowledge,” and that socially created knowledge varies depending upon the use of language in context. Through leaving clients room to develop different meanings and examining therapists' use of knowledge and language, therapists create a collaborative relationship in which they may be less likely to exploit perceived social power.

Narrative therapy adopts the social constructionist perspective in the sense that it is deeply concerned with the broader politics of therapy (Gergen, 2000). Power is largely examined in how certain “knowledge” or “truth” shapes clients' views of the problem, and how clients influence the knowledge and truth they live by. Often, family members offer definitions of the problem that fit their experiences and concerns that are shaped by cultural or institutional discourses. White and Epston (1990) suggest that the therapist may provide alternative perspectives of the problem and check in with the family as to whether any of the perspectives capture their experiences. This requires certain levels of “consciousness” in which the therapist is aware and appreciative of local politics in relationships (White & Epston, 1990). As the problem is co-defined in an egalitarian manner by both therapist and family, the therapist externalizes the problem from the individual family member in order to help the family be aware of cultural subjugations (Monk & Gehart, 2003).

## Purpose

In this study, we seek to examine master therapists' use of power, exploring their use of conversational power to achieve therapeutic ends. We approach this study from the viewpoint that power exists in all relationships, particularly within the therapeutic relationship. We are curious to see if there are differences in communicational

control based on master therapists' theoretical approaches which vary in terms of whether and how they incorporate power themes into their therapy.

## Method

### Participants

We analyzed six “master” therapists from the American Association for Marriage and Family Therapy’s Master’s Series Videotapes. Therapists were selected based on the authors’ access to already-purchased tapes. In addition, we selected master therapists that represented a variety of approaches with different emphases on power in their clinical approaches. The six therapists selected were: Harlene Anderson (Collaborative Language Systems), Betty Carter (Feminist), Gianfranco Cecchin (Milan), Salvador Minuchin (Structural), Olga Silverstein (Feminist), and Michael White (Narrative). Therefore, there were three women and three men represented in the sample (see Appendix for videotape titles).

Because the master therapists in the videotapes worked with different client configurations (i.e., individual client, a married couple, a family with children), all clients were collapsed into one category: client. For example, in Michael White’s video, he worked with a family consisting of two married adults and two adolescent children. Whenever he spoke to a family member, it was coded as being directed to a client; therefore, we did not distinguish messages sent from or to various family members. Additionally, in some of the videotapes, the “original” therapist was present for the session. We did not include messages sent to or from this therapist in the analyses. Only messages sent to and from the master therapist were considered, in conjunction with messages sent to and from the client.

### Measure

The Family Relational Communication Control Coding System (FRCCCS) (Heatherington & Friedlander, 1987) was used to measure therapists’ and clients’ communication control. The selected Master’s Series Videotapes were transcribed, then coded for control patterns using format and response mode. Each speaking turn received a code. Format coding refers to the structure of the statement, and could be coded as follows: assertion, open question, closed question, successful talkover, unsuccessful talkover, intercept, noncomplete, or indistinguishable. Response mode coding refers to the function of the message relative to that which preceded it, and could be coded as follows: support, nonsupport, extension, answer to open question, answer to closed question, instruction, order, disconfirmation, topic change, and indistinguishable.

Both format and response mode coding are exclusive, meaning that each speaker turn receives only one format code and only one response mode code. The coding system has a system of priorities in case a message could be assigned two codes (i.e., two response mode codes could “fit” the message). After a transcript has been coded, control codes are assigned to each message based on the pairings of format and response mode. For example, a message that has been coded as a closed question (format) and nonsupport (response mode) would be assigned a “one-up” (which signifies a control message). A turn that was coded as an assertion (format)

and support (response mode) would be assigned a “one-down” (which signifies a submissive message). A “one-across” (a neutral message) is the third control code used in this coding system, and signifies a relatively neutral message.

Coders were two undergraduate students who were blind to the purposes of the study. They received approximately 100 h of training on the coding system. The kappas for format and response mode were .81 and .61, respectively. Heatherington and Friedlander (1987) indicate that these kappas are within the acceptable range for kappas for this coding system.

## Results

Data were analyzed using the GSEQ (General Sequential Querier), developed by Bakeman and Quera (1995). The chi-square procedure was used to determine an overall pattern of significance for each therapist’s conversational control pattern—an appropriate first step for analyzing relational communication (Escudero & Rogers, 2004). For each of the six therapists, we examined therapist as antecedent and client as consequent, meaning that we examined patterns between the therapist’s message and the client’s response to this message, as well as client as antecedent and therapist as consequent.

There were no statistically significant relational structures found when the client was the antecedent and the therapist was consequent. Conversely, the overall chi-square analyses were statistically significant, meaning that there were relational patterns that warranted further exploration when therapist was antecedent and client was consequent for all therapists; therefore we turned to examining specific relational patterns for each therapist (Escudero & Rogers, 2004).

After establishing that the overall chi-square for Harlene Anderson was statistically significant ( $\chi^2 = 32.54, p < .001$ ), we see that three cells in the contingency table were significant (see Table 1). To reduce the chance of Type I error, we used the Bonferroni correction by dividing an alpha level of .05 by nine (the number of cells in the communication control table) to come up with a .005 significance level for each cell. Based on this statistic, we see that Anderson’s control statements, which indicate that the therapist exerted a conversational power move, significantly elicited submissive statements from clients; her submissive statements significantly elicited the client’s control statements; also Anderson’s neutral statements elicited neutral statements from clients (probability = .56,  $p < .001$ ).

The overall chi-square for Betty Carter as antecedent was statistically significant ( $\chi^2 = 55.92, p < .001$ ), and four cells were statistically significant (Table 2). Carter’s

**Table 1** Contingency table for relational control with therapist Harlene Anderson—conditional probabilities and adjusted residuals

Antecedent	Consequent		
	Client ↑	Client ↓	Client →
Therapist ↑	.15 (−1.20)	.24 (3.54*)	.62 (−2.72)
Therapist ↓	.20 (3.74*)	.51 (−2.27)	.29 (−1.29)
Therapist →	.56 (−2.61)	.12 (−1.57)	.32 (4.43*)

$\chi^2 = 32.54, p < .001$ ; For individual cells,  $*p < .001$

**Table 2** Contingency table for relational control with therapist Betty Carter—conditional probabilities and adjusted residuals

Antecedent	Consequent		
	Client ↑	Client ↓	Client →
Therapist ↑	.07 (−2.03)	.12 (7.00*)	.80 (−5.90*)
Therapist ↓	.49 (2.58)	.29 (−5.88*)	.23 (4.20*)
Therapist →	.43 (2.15)	.16 (−.57)	.41 (−1.52)

$\chi^2 = 55.92, p < .001$ ; For individual cells,  $*p < .001$

control messages significantly elicited clients' submissive messages and her submissive messages significantly elicited neutral messages from clients. Conversely, Carter's control messages significantly inhibited clients' neutral messages, and her submissive messages significantly inhibited clients' submissive messages.

The overall relational structure for Gianfranco Cecchin was statistically significant ( $\chi^2 = 36.39, p < .001$ ), and five cells were statistically significant Table 3. Cecchin's control messages significantly activated clients' submissive messages; his submissive messages significantly activated clients' control messages, and his neutral messages significantly activated clients' neutral messages. Conversely, Cecchin's control messages significantly inhibited clients' control messages, and his submissive messages significantly inhibited clients' submissive messages. Overall, Cecchin's approach appears to engage clients in a pattern of complementarity.

The overall relational structure for Salvador Minuchin was statistically significant ( $\chi^2 = 69.09, p < .001$ ); seven cells were significant for relational patterns Table 4. When Minuchin sent a control message, he significantly activated clients' submissive messages, while also inhibiting both clients' control and neutral messages. When Minuchin sent a submissive message, clients tended to respond with a control message; they were inhibited from responding with a submissive message. Minuchin's neutral messages activated clients' neutral messages and inhibited clients' control messages. Overall, Minuchin had the most control over eliciting or inhibiting clients' responses; similar to Cecchin, he tended to elicit complementary messages.

Olga Silverstein's overall relational structure was statistically significant ( $\chi^2 = 88.69, p < .001$ ; see Table 5). Similar to Minuchin, she displayed general control in eliciting or inhibiting clients' messages, as she also had significance in seven cells. Her control messages significantly activated clients' submissive messages, while also inhibiting clients' control and neutral messages. Silverstein's submissive messages significantly activated clients' control messages and inhibited clients' submissive

**Table 3** Contingency table for relational control with therapist Gianfranco Cecchin—conditional probabilities and adjusted residuals

Antecedent	Consequent		
	Client ↑	Client ↓	Client →
Therapist ↑	.07 (−4.26*)	.11 (4.99*)	.82 (−1.64)
Therapist ↓	.09 (4.84*)	.59 (−4.08*)	.31 (−.53)
Therapist →	.38 (−0.40)	.23 (−1.73)	.31 (3.17*)

$\chi^2 = 36.39, p < .001$ ; For individual cells,  $*p < .001$

**Table 4** Contingency table for relational control with therapist Salvador Minuchin—conditional probabilities and adjusted residuals

Antecedent	Consequent		
	Client ↑	Client ↓	Client →
Therapist ↑	.09 (−3.12*)	.14 (5.41*)	.78 (−3.15*)
Therapist ↓	.10 (6.08*)	.60 (−3.52*)	.29 (−2.35)
Therapist →	.55 (−2.99*)	.12 (−2.23)	.35 (5.94*)

$\chi^2 = 69.09$ ,  $p < .001$ ; For individual cells,  $*p < .001$

**Table 5** Contingency table for relational control with therapist Olga Silverstein—conditional probabilities and adjusted residuals

Antecedent	Consequent		
	Client ↑	Client ↓	Client →
Therapist ↑	.05 (−4.11*)	.12 (7.49*)	.83 (−4.95*)
Therapist ↓	.11 (5.82*)	.68 (−4.10*)	.21 (−1.23)
Therapist →	.57 (−0.55)	.22 (−4.88*)	.22 (6.79*)

$\chi^2 = 88.69$ ,  $p < .001$ ; For individual cells,  $*p < .001$

messages. Her neutral messages tended to elicit clients' neutral messages, while inhibiting clients' submissive messages.

The relational structure for Michael White was also statistically significant ( $\chi^2 = 36.39$ ,  $p < .001$ ) Table 6. Yet overall, White exhibited the least amount of relational communication control over clients, with only two significant cells. With his control messages, he significantly activated clients' submissive messages, while also inhibiting clients' neutral messages.

## Discussion

It is clear that in sessions with all therapists in this study, conversational power primarily flows from therapist to client(s). Under no circumstances was relational power statistically significant from client to therapist. All therapists appear to take on the therapist role, regardless of their stance on power issues. Clients, for their part, may reasonably expect therapists to lead the session, particularly a first session. That therapists have power and use it to direct conversation in therapy is no surprise; yet what is of interest here is that these therapists did appear to demonstrate

**Table 6** Contingency table for relational control with therapist Michael White—conditional probabilities and adjusted residuals

Antecedent	Consequent		
	Client ↑	Client ↓	Client →
Therapist ↑	.06 (−1.99)	.15 (4.20*)	.79 (−3.15*)
Therapist ↓	.24 (1.94)	.33 (−2.67)	.44 (1.26)
Therapist →	.44 (0.06)	.25 (−2.22)	.31 (2.76)

$\chi^2 = 21.99$ ,  $p < .001$ ; For individual cells,  $*p < .001$

relational control in a manner consistent with theoretical orientation. That is, therapists differed in the amount and types of communicational control they exerted in sessions.

Therapists who actively embrace power—Minuchin and Cecchin—show evidence of using power to guide conversation. Minuchin exhibited conversational control by both activating and deactivating clients' messages via his own statements. Consistent with a structural approach, Minuchin takes control of the session and clearly guides clients' responses to his messages. Cecchin also used his power to activate or deactivate client responses. Interestingly, he tended to encourage complementarity between himself and the client, for example, by activating clients' control messages by delivering a submissive message; complementarity may be a marker of empowerment (a pattern Minuchin also displayed). Both Minuchin and Cecchin encouraged neutral symmetry between therapist and client messages.

Anderson and White, whose work falls under a postmodern umbrella, displayed less conversational control in session. White acknowledges the existence of power in his therapeutic approach; he might say that therapists need to be aware of their power and not impose power onto clients; yet he might also say that it is impossible for therapists not to have power in the therapy room in part because of the power that accompanies the role of therapist. True to his approach, White exerted power in therapy with the ability to guide clients' responses, but appeared to use this minimally compared with the other therapists. Like all therapists in this study, his power messages were significantly met with submissive responses by clients. The only other statistically significant cell was that the client was significantly unlikely to respond with a neutral message when White sent a control message. Perhaps White was attempting to help clients take a stand in relation to certain issues.

Anderson works from a constructivist approach that eschews recognition of power. However, power was evident again from the therapist role. Similar to Minuchin and Cecchin, Anderson empowered her client by activating the client's control messages in response to her submissive messages. She also encouraged neutral symmetry by activating the client's neutral messages with her own neutral message. Like White, Anderson minimally used power in conversation, although perhaps unwittingly so.

Silverstein and Carter, both feminist family therapists, also displayed communicational power in accordance with the therapist role. Silverstein used great power to control the therapeutic conversation much as Minuchin did. Like Minuchin, Silverstein emphasized communicational complementarity between herself and her clients. Carter used less overall power, encouraging clients to respond neutrally after she sent submissive messages.

Overall, there were some clear differences in the ways therapists used their power to achieve therapeutic effects within the first session of therapy. Yet all therapists took (or were given) the therapeutic role, significantly activating clients' submissive messages in response to therapists' control messages.

One significant limitation of this study was the collapse of all clients into one generic "client" variable. Although this method was necessary because there was an insufficient number of videotapes available with the same modality (individual, couples, or family therapy), it obscured how therapists may have treated clients differently based on client age, gender, and generational position. The results of this study found support for therapists' self-described use of power; therefore, future



studies should examine whether therapists are consistent in the way they interact with clients based on the above-mentioned variables.

Future studies could examine the differential effects of therapists' use of communicational control on therapeutic outcome. With a larger sample of sessions, researchers could examine the impact of communicational control on clients' responses to each other. For example, structural family therapists often encourage parents to work together to establish boundaries in relation to their children. The Family Relational Communication Control Coding System could be used to examine whether communicational patterns within a family changed to be more complementary (and therefore more healthy) between parents and children, as structural therapists might predict. Conversely, therapist–researchers could examine whether empowering patterns (therapist submissive followed by client control interactions) are associated with positive therapeutic outcomes. This study lends validity to the FRCCCS, as well as to the different approaches within Marriage and Family Therapy. Therapists have certain characteristics in common that make them successful, yet they each use communication control in different ways.

## Appendix

Tape Number	Therapist	Title
V002	Olga Silverstein	Putting the Brakes on Mother
V004	Gianfranco Cecchin	What to Call It?
V008	Michael White	Escape from Bickering
V009	Betty Carter	On Not Becoming a Wicked Stepmother
V042	Harlene Anderson	Interview Using Collaborative Language
MT-MIN	Salvador Minuchin	A Focus on the Person of the Therapist in Structural Therapy

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