

# Professional-client relationships approaches and power dynamics



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The most important thing that is needed in all the different branches of medicine, varying from physical health to mental health; is the relationship developed between the patient and their doctor. Referring to the history, theories, treatments and certain films, one will be able to see the discussion and criticism of different ethical approaches that have led to various ideas and methods used to form the client-therapist relationships. These approaches vary from the obsolete to the ethical approaches that are being used in the present day.

A significant thought that one must keep in mind when it comes to comparing and criticizing approaches is the era, the society and the environment that influenced the idea about the approaches. These changes allowed the nature of the relationship to alter and nurture over time. Thus one is able to see the shift from the rigid relationship that was the sole accepted relationship between a client and a therapist to a relationship that is based on trust and a nurturing friendship. The history of the professional-client relationship To be able to understand properly the development of the doctor-patient relationship, one needs to take a brief look of the history of the explanations of mental illness. Throughout the different years, from the prehistoric times up to the present days, mental illnesses have been differently explained. These variations all come down to the culture, the religion and the environment that was the norm for the specific era.

This history provides a deeper look into the development of the present relationship that is found between doctor and the patient and it helps one understand why certain methods and treatments are now regarded as obsolete and why certain methods are obliged. When the culture was

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predominantly superstitious, this is dated between the ages of prehistoric times and Ancient Rome, the explanations for the mental illnesses were mystical beliefs and treatments used were believed that it was to get rid of demons inside the head.

One treatment was trepanning, where a hole was drilled into the skull to expel the demons. In Ancient Greece and Ancient Rome certain mental disorders started getting identified. Some of these are dementia, hysteria, hallucination and so forth. However the culture and environment was still a very superstitious one and these disorders were believed to be revelations from the gods themselves. Thus these people who suffered from the disorders weren't treated. However the beginning of the patient-doctor relationship can be tracked down to its earliest start in ancient Greece by Cicero.

Cicero decided that one should start assessing the mentally ill and so he used the interview format. This consisted of getting to know different characteristics of the person, such as; their social class, their emotions, their clan and interests. Another person who continued on developing the primitive relationship is Galen in ancient Rome. Galen believed in extracting the knowledge of the disease through observation of the disease and experimentation on the patients.

This idea started being practiced again towards the mid-16th century. It was only in the 18th century when the mentally ill started being referred to as patients instead of "lunatics". Here one can witness the change in the regard of the mental illnesses. One can see that it was in the 18th century

when the diseases were truly recognized as diseases that needed to be cured. The patients were no longer believed to be morally weak, and this led to the research for cures instead of just taking the patients away from society.

Throughout the nineteenth and twentieth century one can witness drastic progress made in the treatments, the care and the relationships when concerned with the mentally ill. Despite all of the progress one can still see certain fallacies and misinterpretations of certain treatments. The environment was made warmer and inviting, the hospitals were built bigger and more spacious to welcome more patients and to provide proper housing for the patients. The rooms were decorated and pictures were allowed to be put up. This changed the rooms from the cell-like similarities.

From the mid nineteenth century to the end of the nineteenth century, the relationship took a humane turn from the detached and impersonal to the ultimate goal of the care of the patient. This ultimate goal is still something which is still practiced and considered to be the reason for therapy today. This is to fully cure the patient so they can go back into society as well functioning members and continue to lead a normal life. The patients' human rights were also taken in considered and tried to be preserved. Even though the human rights of the patients were trying to be preserved, proper measures weren't taken.

This can be clearly seen in the 1930s, where a large number of theories were put forward about the causes of mental illnesses and proposed certain treatments that went against human rights, such as: removal of teeth and

large intestines, lobotomy, and bath treatments. This is explored in 'One Flew over the Cuckoo's Nest'. The film "One Flew over the Cuckoo's Nest" portrays a typical mental asylum that used to be around in the 1930s. The nurses and doctors decide a certain routine that is followed almost religiously by all the patients.

Any changes to the routine are seen as disturbance to the life the patients live in, completely destroying any sense of individuality. This form of repression leads to the patient believing and assuming that they can have to rely on the routine to feel better. The fallacy in this idea is the fact that while the ultimate goal is supposed to be the eventual curing of the patient, this 'treatment' does not improve the mental health and so the patients cannot go back to society and continue on with their lives, because in the hospital life is easier.

The relationship one can see in the film, between the nurse and the patients, is quite detached and by the book. The detached and impersonal form of relationship had been thought of as the best one for a very long period of time. The therapy sessions are held in groups, which makes it harder for the patients to open up and talk about their problems due to insecurities. All of this leads to an impersonal relationship, where the patients are viewed as a number or as a problem instead of a person. The treatment that is mainly mentioned, apart from the medication given to everyone at a specific time of the day, is the lobotomy.

Lobotomy was thought to cure the person from mental illness, because it was believed that the mental illness came about due to damaged nerves in

the brain. However what lobotomy actually does to a person is a change in personality, to a calmer personality which led to a less enthusiastic person. One can see that every patient feared lobotomy, but yet the doctors and nurses could perform the lobotomy on anyone as long as they were thought of as a 'danger' to themselves and the people around them.

We can see in the film mentioned, that when the main character acted out after one of his friends committed suicide, the doctors performed the lobotomy operation on him. He went from an energetic person, in a colloquial term: the life of the hospital; to a damaged person without any energy and enthusiasm. The effects of lobotomy soon led to debates about whether anyone has the right to do that to a person, no matter what the mental illness is. This led to the treatment becoming obsolete, according to human rights.

In comparison with "One Flew over the Cuckoo's Nest", "Good Will Hunting" gives a very different spin to the therapist-patient relationship; one can see that the relationship between Will and Sean is a caring and even nurturing relationship. The latter is the one that is most common nowadays, and while one can still find some therapists that use the former, it is the caring and nurturing relationship that is favored. At times the therapist is also a stand in figure that was missing from the client's childhood; such as a caring friend and a parental figure.

However this relationship can only happen when the client accepts the nurturing and caring friendship that the therapist is offering. The acceptance has various ways of happening, however the most commonly used method is

to find certain common grounds between the patient and the therapist. This can be seen in 'Good Will Hunting' where Sean's recollections and his memories provide Will a certain ideas of what his life could have been like if he had grown up in a stable family. These memories are a method which the therapist uses on the client which is called Transference and Countertransference. Transference and Countertransference In 'Good Will Hunting', the theme of transference and countertransference stands out above all the rest. Transference and countertransference are some things that a therapist and a client pass through throughout their sessions together. The theory of transference and countertransference was developed by Sigmund Freud. This phenomenon is a reciprocal impact on both parties during psychotherapy. Freud examined his reactions, his emotions and the identification he found with some clients which led him to explain transference.

Transference is when the client influences the therapist. The emotions that the client feels while talking about the problems can be projected onto the therapist. According to Freud all of these emotions in the client originate from childhood. These emotions pass onto the therapist unconsciously. Countertransference is the emotions that pass unconsciously from the therapist onto the client. The therapist sometimes shares their own traumatic experiences with the client as a way to share pain, build trust and find a common ground. One can clearly see this, as stated, in 'Good Will Hunting'.

The pain that Will feels because of the abuse he suffered through the hands of foster parents is transferred onto Sean. This brings up Sean's own

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memories of his own father and the abuse he himself has suffered through. When he tells Will of his own experience with abuse it gives Will hope that he can get through his attachment issues. At the end of the film, Will leaves Sean a letter using the same words Sean himself had told Will he used when he met his wife: " I have to go see about a girl. " Here one can see the countertransference that Sean used on Will. Power dynamics It is highly important to keep in mind that in psychotherapy there is an imbalance of power between the psychologist and the client. The psychologists have more power over their clients. This leads to mistrust between the client and the therapist which makes it harder for the professional-client relationship to develop. Some scholars have compared the therapist-client relationship to the parent-child relationship. This shows the clients as helpless beings and having no power over the decisions that concern them.

Many authors derive from this view that the power dynamics between the professional and client stays there even after the termination of the psychotherapy relationship. Although a number of psychologists do their best to try and balance the power dynamics between themselves and their clients, there are some limitations. Some clients are too vulnerable and weak to be able to handle certain power. With these clients it is important that the psychologist handle a load of the power, as sometimes the psychologist has to make certain decisions which the patient might not want because they fail to see the beneficial effects.

Examples of the vulnerable clients are: patients who suffer from anxiety, young people, and depressed clients, clients who have been or are

hospitalized and imprisoned clients. The theory of power differential  
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developed and has since been sustained by three resources. The first support arises from the discussions of transference. Due to transference, the client is powerless as they cannot help but direct their feelings onto their therapist. This renders them completely helpless to the therapist's influence. Feminist psychology is the second source which gave life to this theory.

It views power issues as theoretical concern (DeVries, 1994). This theory says that power differential when it is concerned with gender, transfers from society to psychotherapy. There are also two approaches in the feminist psychology. One approach tries to equalize the power between the therapist and the client (Proctor, 2002), as do a lot of modern psychologists, while the other approach believes that the rejection of the power differentials may lead to serious negative clinical consequences (Brown, 1988).

The third source which supports this idea is the crossing of boundaries. Crossing certain boundaries is likely to lead to a bigger boundary violations and exploitations. This is very likely a psychological harm to the patients. When therapists cross over therapeutic boundaries they put their clients in a very awkward position because the clients are now totally surrendered to the therapists' power. However it is important to remember that a certain relationship must be developed between the therapist and the client.

Extensive clinical data supports the healing power of touch and the humanity of gifts, so certain boundaries can be crossed. There are several powers that can be found in a professional-client relationship. One shall take a look at the most important ones; the ones that might threaten the Professional-Client

relationship. Coercive Power is the power to be able to force someone to do something against their own will.

The therapist has coercive power over the client, as they are able to assess' sanity and also they have the decision to hospitalize the clients against their own will, if they believe that it is the right action to take. Of course one has to take in consideration that the patient might use coercive power due to their illness, for example sociopathic patients. Some patients might even intimidate their therapist through stalking and manipulation. One can see this in the movie " The Unsaid" where the patient manipulates his therapist by fitting himself in the image of the lost son.

Coercive power also leads to the Imbalance of Knowledge Power. This is when one person has an extensive knowledge about the other person, which is usually the therapist. This gives an obvious advantage point to the therapist as they usually have files about their patient, which includes vulnerabilities, criminal behaviors and shameful feelings. The clients know this and in order to try and balance the power in the relationship they tend to withhold information and research their therapists in order to have knowledge about them (Zur, 2007, 2008).

When the therapist shares personal information with the patient, it is a way of leveling the power of knowledge between the two. It is important to keep in mind that regardless of the powers held by the clients and the therapists, the fiduciary relationship must be held at all times by the therapist. Yet in certain cases and with certain clients it is believed to be a good idea for the

therapist to discuss the complication of the power that resides in their relationship.