EXPLORING EXPERIENCES OF CONNECTION FOR WOMEN CLIENTS IN FEMINIST THERAPY

by

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A thesis submitted in conformity with the requirements for the degree of Doctor of Education
Department of Adult Education, Community Development, and Counselling Psychology
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Abstract

This research was an exploration into the subtleties and complexities associated with establishing and maintaining therapeutic connection in feminist therapy, from a client’s perspective. Seven women clients were interviewed, and through qualitative analyses of their experiences, three main themes emerged -- ‘On My Side’, ‘Therapist Expertise’, and ‘Mutuality’. These themes identified different dimensions of the therapeutic alliance and their impact on connection. ‘On My Side’ described the means by which a client felt seen and valued by her therapist, which was contextualized and dependent upon a therapist’s belief system and her social locations (e.g., gender). ‘Therapist Expertise’ encompassed all the ways in which a therapist facilitated the work with the client. Fundamentally, however, expertise was embodied in the therapist’s presence, not the role or position she held. ‘Mutuality’ described how client and therapist engaged in, and negotiated the shared therapeutic space that is traditionally laden with immutable power imbalances. Generally, clients felt that if the relationship was mutually respectful, the ‘breaks’ in the therapeutic connection were considered part of a “continuum”. These participants also discussed the associations between connection and of a sense of “integration” (as a form
of well being). While the themes presented represent some new conceptualizations, this study also explored some of the processes that resulted in their emergence. This attention to therapeutic process and its links to connection contributes to the newly developing body of valuable research that has focused on the client's perspective of feminist therapy. These findings are discussed with reference to that literature. Further, the implications of this research for both therapeutic practice and feminist therapy theory are explored.
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moving experience, and their articulate and eloquent descriptions of interpersonal and intrapersonal connection will contribute greatly to the understanding and demystification of therapeutic practices. I also want to say that it was a privilege for me to share in their moments of struggle and transcendence. -- an awe-inspiring testament to the resiliency of their spirit.
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Chapter 1

Why Connection?

why Clients?

Contributions to Theory

This research focused on women's experiences with connection in a feminist therapeutic relationship. Traditional therapies have pressured women to "adapt" to prescribed roles in order to be healthy (e.g., Kaschak, 1992). Feminist therapy emphasizes a fundamental striving to connect women with their experiences as well as encouraging them to share these experiences as a means of breaking the silence (Laidlaw & Malmo, 1990), or "making the invisible visible" (Kaschak, p. 21). It also provides a context for understanding these experiences by placing them in a larger socio-political frame that undermines the dominant culture's prescribed subjugation of women and their experiences (Chelser, 1972; Greenspan, 1993; Rawlings & Carter, 1977). Consequently, feminist therapy can be, "subversive and have political meaning, as therapy commonly does not, largely because of that mixture of revolution and respect" (Brown, 1994a, p. 24). In this narrative-driven analysis, 7 women in feminist therapy describe their experiences with connection that brings an awareness to some of the complexities involved with creating relationships that are respectful and helpful to women's understanding of themselves, and the contexts within which they live.

Why Connection?

The therapeutic relationship is acknowledged as an important, if not the most important aspect of the therapeutic process. It appears that, "to the extent that gains from therapy can be documented, the gains are most directly an outgrowth of the patient-therapist relationship" (Kaplan, 1991, p. 44). If the therapy setting is often the first place in which a woman has the opportunity to "become visible and seen" (Kaschak, 1992,
p. 212), understanding the importance of the therapeutic relationship creates an imperative to ask which factors contribute to enhancing this relationship?

Considering the socialized expectation that are placed on women “to be good” at relationships, and not wanting to replicate a sexist epistemology in this research (Phoenix, 1990), I think it was important that I ask myself, “what are the implications of focusing on connection in feminist therapy”? This exploration was not meant to subjugate women in therapy to traditional roles of being ‘fixed to relationships’ as the only vehicle to empowerment and healing. Rather, given the relationship is considered a central component in therapy, I felt it was important to understand some of the specifics of that dynamic. Moreover, the components of the therapeutic relationship can be a learning ground for resistance to subordination, and/or an exercise in empowerment.

Questions of relationality and resistance, which are currently emerging as themes for feminist models in a manner parallel to the centrality of separation and individualism in mainstream models, are especially salient when the goal of the diagnostic process is to strategize revolutionary social change from within because these models might highlight those aspects of development that might lead to those changes... [if we] screen mainstream materials for notions of dominant normative function (Brown, 1994a, p. 167-168).

Also, finding new language rather than the traditional/medical terminology to discuss our lives (Miller & Stiver, 1997) begins with our commitment to “record” our experiences with an analytical respect for the contexts within which they lay (Brown, 1984, p. 76). Further, if we want to begin to “theorize about descriptive language from a feminist perspective” we must “immerse” ourselves “in the clients’ reality” (p. 77). Finally, as Tenet 3 suggests in the Summary of Tenets of Feminist Theory of Psychological Practice, “the capacity to create theory comes from experiences and human connections through any form or medium..... In this way, the personal is political because experience is connected to transformation and change” (Brabeck & Ting, 2000, p. 4).
Women have been subjected to misogynistic, patriarchal constructs that distort our experiences by steering us towards ‘adaptation’ to these socially constructed imperatives as a means of entrenching and recapitulating mandates of a particular form of oppression. When looking at the therapeutic relationship it is clear that it is laden with power and, as such, has the potential to replicate these experiences.

The intimacy and intensity of a one-on-one dynamic places the experience of relationship and connection at the forefront. A new ‘politics of connection’ in therapy that reflects women’s multiply positioned ‘realities’, and acknowledges, challenges, and transforms traditional power dynamics (as they relate to the therapeutic relationship and the client’s outside world) seems vital. However, explorations into the processes that actually contribute towards giving women, as clients, a sense of “freedom from subordination” (McLeod, 1994) have just begun to appear in the research literature. This research will support and extend the existing work that offers some understandings of the processes associated with the creation of therapeutic relationships (see Laidlaw, Malmo, & Associates, 1990; McDonagh, 1992, 1997; McLeod, 1994).

Why Clients?

Despite the feminist initiative to listen to women as an essential source of authority on their lives, there has been very little research on clients’ perspectives of therapy as consumers (Chambless & Wenk, 1982; Chandler, Worell, Bount-Coulies, & Lusk, 1996; Hutchinson & McDaniel, 1986; Laidlaw et. al, 1990; Maracek, Kravetz, & Finn, 1979; McLeod, 1994, McDonagh, 1992, 1997; Piran, 1999; Worell, Chandler, & Robinson, 1996).

Historically, women have been spoken for, about, and around. In feminist therapy, many of the insights into the struggles and harm clients have faced at the hands of androcentric, misogynistic institutions are grounded in experienced therapists’ understandings of the impact of the social and the political. While these revolutionary analyses are critical in challenging the constructs that perpetuate a victimization of women and other marginalized groups, and these analyses have certainly been drawn from clients’ experiences, therapists’ understandings of these complexities are more distant than clients’ own direct descriptions of encounters with feminist therapy.
Therefore, understandings of 'process' from a client's perceptive is desperately needed to catch up to, and either support, extend, or challenge the burgeoning literature on feminist therapy.

**Contributions to Theory**

Another reason clients were chosen to be interviewed is for their potential contributions to the formulation of feminist theory or theories. The lack of a feminist therapy theory has been a source of discussion for over two decades. Sturdivant (1980) describes it's essence as a value system.

Feminist therapy is not a clear-cut theoretical stance, nor does it have a group of specific techniques. Rather it is a value system - the feminist value system - around which some female therapists have begun to build new conceptualizations about therapy and women (p. 76).

While there has been no theory, per se, feminist therapy has not been atheoretical. In fact, it has been consistently committed to challenging social and political constructions of oppression that restrict and confine marginalized groups' access to power. Moreover, while there are on-going admonitions about its need to be more inclusive of ethical issues that include gender, culture, sexual orientation etc. (e.g., hook, 1984; Kanuha, 1990; Vasquez & Eldridge, 1994; Pope & Vasquez, 1998), it has been defined as a “distinct theoretical perspective” (Worell & Johnson, 1997). Further, this perspective involves a “unique history, set of assumptions, pedagogy, research methods, and psychological practice” (Brabeck & Ting, 2000, p. 3). However, having no specific ‘coherent theory’ prevents extending a specific analysis to men, children, and family. In addition, it runs the risk of seeing feminist therapy as “simply a collection of feminist therapists working with women in certain identified areas such as violence, lesbianism, eating disorders, or women in transition” (Brown, 1995, p. 144).

In 1997, 77 feminist therapists gathered over a 4-day conference to define specifics of a theory that extended beyond the Feminist Therapy Institute Code of Ethics formulated in 1987 (Feminist Therapy Institute, 1990). While not all feminist therapists,
ethicists, and writers agree that one theory is possible or even helpful (see Maracek & Kravetz, 1998; Rigby-Weinberg 1986), a theory was nonetheless outlined (see Worell & Johnson, 1997; Brabeck, 2000). While one of the new Tenets (6) states “Feminist theory affirms, attends to, and authorizes the experience of the oppressed in their own voices...” (Brabeck & Ting, 2000, p. 4), it was voices of therapists that again defined the Tenets. Perhaps this study, in conjunction with others, will contribute to a newly formed contingent of client experiences that can add a consumer perspective to the evolution of these new tenets.

This research was ultimately designed to give voice to seven women’s understanding of what helped and/or disrupted therapeutic connection from their standpoint of being engaged in a feminist therapeutic relationship. These clients’ voices will extend the valuable research by Chambless and Wenk (1982), Chandler and colleagues (1996), Hutchinson and McDaniel (1986), Laidlaw and colleagues (1990), Maracek and colleagues (1979), McLeod (1994), McDonagh (1992, 1997), Piran (1999), and Worell and colleagues (1996). It will also augment the literature from feminist therapists on their understandings of practice. The specific focus on connection in this study aims to contribute to the understanding of an important aspect of the interpersonal field or space from the client’s perspective.

Apart from soliciting participants who were, or had been, in a client-identified feminist therapeutic relationship for at least two years, and asking a few questions about the meaning of feminist therapy, the focus of this study was on connection. The reason for this was to allow the free flow of experiences without constraining the discussion to an analysis of feminist therapy, or how feminist therapy theory might have been integrated into their work. Rather, these women were describing the meaning of connection and disconnection for them in their therapeutic relationships, and discussing what, in their experiences, influenced or precipitated these particular dynamics. From these narratives, and the narrative-driven analysis, I then make references to some of the literature on feminist therapy, with a particular emphasis on prior research.
Brief Overview of Feminist Therapy: Evolution of Practice and Theory

Beginning in 1960s and 1970s, there was a second women’s movement aimed at confronting the inconsistencies and harms perpetuated by institutionalized patriarchal assumptions and practices in traditional psychotherapy. Since this initiation of ‘feminist therapy’, there has not been one designated founder or leader, or one theoretical position, or one set of techniques (Brown & Brodsky, 1992). Feminist therapists “integrate complex bodies of knowledge about social structures, counselling methods, feminism, and the diversity of men’s and women’s lives” (Enns, 1992, p. 455). However, Gilbert, in 1980, identified two recurrent themes that seemed to capture the spirit of the writings and the intentions of feminist therapy, up until that point. These were a) the “personal is political”, and b) “the therapist-client relationship is viewed as egalitarian” (p. 249).

Gilbert’s (1980) tenets, originally evolving out of consciousness-raising groups, profoundly exemplified core conceptualizations that described the shift that was taking place. There was an emerging recognition that the social-political contexts exerted power and control, and the result was oppression. A “patriarchal” agenda “pathologized socially created problems that women face and reinforced the sex roles that the patriarchy prescribes” (Burstow, 1992, p. ix). This essentially meant women’s suffering was defined as their inability to “adjust” (Chesler, 1972; Russell, 1984). With the implementation of the ‘personal is political’ regime, women’s pain and suffering, which had been considered a result of individual inadequacies, was now being relocated to the realms of
the social world. Its profundity lies with the realization that — "It presupposes that changes in the lives of women necessitate changes in the basic structure of society, and that women's life changes affect societal structures" (McDonagh, 1997, p. 206). In other words, the political is also personal, and the interactions between the two are a "seamless web" (Kashack, 1992, p. 24).

The second principle, "the therapist-client relationship is viewed as egalitarian" (Gilbert, 1980, p. 249), implied that therapeutic relationships, in traditional therapeutic approaches, are established within these very same oppressive contexts. As such, they can perpetuate the very same power imbalances inherent in the social context at large. Gilbert suggested that more "egalitarian relationships" could be developed if: therapists were not considered experts on the client's life, clients' rights were made explicit, clients' autonomy and self-confidence were enhanced, the expression of anger was facilitated, and a therapist modelled egalitarianism in the relationship which included acts of self-disclosure.

While there continues to be debates, reconceptualizations of theory and ethics, and variations in practice, there is definitely some persistency to the principles put forth by Gilbert (1980). For example, the focus on the context as being responsible for much of women's psychological distress continues (Ballou, 1990; Ballou & Gabalac, 1985; Brown & Brodsky, 1992; Laidlaw & Malmo, 1991; Rawlings & Carter, 1977). Also, the "denouncement of the expert-patient model of therapy in favor of a more equalized relationship between women working together" (Greenspan, 1993, p.234) is still considered key in incorporating a feminist therapy philosophy (Brown, 1994a; Feminist Therapy Institute, 1990; Jordan, Kaplan, Miller, Stiver, & Surrey, 1991; Laidlaw & Malmo, 1990). Furthermore, their seminal importance is also evident in writings on ethics (see Brabeck, 2000; Lerman & Porter, 1990; Rave & Larsen, 1995).

The primary added focus over the last several years has been to extend the understanding of women's oppression to include other sources of power-induced stratification (Brown & Brodsky, 1992; Enns, 1997; Kaschak, 1992). Women are multiply entwined with subjugation associated with membership in non-middle class, non-white, non-Anglo, disabled, non-heterosexual, and older dimensions of society (e.g., Enns, 1997). Exposing the impacts of oppression that are manifested in "cultural
discriminations" (Meara & Day, 2000, pp. 250-251) highlights the necessity of, and complexities with, integrating an "ethic of psychological science and practice" that doesn't subscribe to "total relativism" (Brabeck & Ting, 2000, p. 7), but seeks to "find some common ground between the opposing values of acceptance and difference, and intolerance of atrocity" (Meara & Day, 2000, pp. 250-251). Laidlaw and colleagues (1990) provided rich examples of how metaphor and women's experiences can express new meetings between therapy and diversity.

Originally, the Feminist Therapy Institute designed a Code of Ethics in 1981 (Feminist Therapy Institute, 1990) that was used to guide practice. "This effort was motivated by the desire to provide direction to therapists and also reduce the probability of any additional oppressions against women clients through the behavior, deliberate or inadvertent, of the therapist" (Larsen & Rave, 1995, p. 6). From there, two sets of Tenets were conceptualized. One for psychologists only -- Tenets of Feminist Theory and Psychological Practice (Brabeck & Brown, 1997), as well as Tenets of Feminist Therapy, which applies to all therapists practicing as feminist (Wyche & Rice, 1997).

The foundational concepts exemplified in Tenets of Feminist Theory and Psychological Practice are:

- Goal of Feminist Practice: Social Transformation Toward Development of Feminist Consciousness (Tenets 1 and 2)
- Feminist Theory Develops out of Experience (Tenet 3)
- Power Imbalances in Gender and Diversity (Tenets 4 and 5)
- Feminist Theory Authorizes Voices of the Oppressed (Tenet 6)
- Feminist Theory Leads to Expanded Notions of Identity and Multiple Subjectivities (Tenet 7)
- Reformulated Understanding of Psychological Distress From Feminist Theory (Tenet 8)

These concepts fundamentally respect context, experience, social transformation, and diversity, the details of which are not stagnant or fixed, and must evolve if they are truly going to incorporate a multitude of varying experiences.
Relational Feminist Developmental Theories

Not considering women's experiences in research has been intrinsic to Miller's thesis in *Toward a New Psychology of Women*, (1976). Extending Miller's critique, Gilligan explored the importance of connection for 'women' by testing Kohlberg's six stage moral development theory (Kohlberg, 1958: in Gilligan, 1982) with women participants. Gilligan discovered that interpersonal connection played an important role when considering moral dilemmas. Rather than viewing behaviours as being either morally right or morally wrong, the women in Gilligan's study expressed a concern for the relational context within which these behaviours were placed. In other words, an individual's behaviour could not be considered moral or immoral without discerning the consequences for those with whom the individual was relationally connected (Gilligan, 1982). While Kohlberg was suggesting that women were "deficient in moral development" because of their concern with "interpersonal terms" (p. 18), Gilligan was suggesting something else. She proposed that for some women, respect for interpersonal connection is central to moral development, which translates into, -- women are not 'less morally mature' -- however, they may experience things 'differently'.

Tolman's (1994) observation of adolescent girls in psychotherapy centred on the importance of understanding what Gilligan termed a 'crisis in connection' (Gilligan, 1990) -- how to negotiate being in relationships with oneself, others, and the social world. Tolman observed the pressures placed on young women "to conform to the dominant's culture's... conventions that encourage girls and women to deny aspects of their own experience, thoughts and feelings" (Tolman, p. 90). It appears that as a result of these pressures, a rift develops between what girls 'know' about the world through their own experiences, and what is acceptable to speak about (Brown, 1991). Consequently, a young woman is faced with two choices: silencing herself to live connected with others and "pay the very high psychic cost of pretending to be someone she is not" (Tolman, p. 91), or, bringing her knowledge, experiences, and feelings into her relationships which puts her at risk for being ostracized from people who "do not want to know or hear what she has to say" (p. 91).

Understanding this 'crisis of connection' brings into focus the risks involved for some women with respect to inner 'knowledge'. Women can be connected with their
'knowing', and disconnected from others or, they can be connected with others, and disconnected from their 'knowing' -- it is dangerous to have both. In other words, there are real consequences to 'seeing', and 'speaking' about 'the emperor who wears no clothes'.

Gilligan has been criticized (e.g., Faludi, 1991) for replacing a universal male model of development, -- valuing separation and dependence, with a universal female model. -- valuing relationships. In other words, it has been posited that by putting women in a 'different' pigeonhole, she may have harmed women just as much as prior developmental theorists have. Also, she and others who have offered developmental theories on women have not considered the heterocentrism and cultural-centric aspects of studying white, straight women (e.g., Kitzinger, 1997). However, despite these intrinsically valid criticisms, Gilligan has made some major contributions.

Gilligan’s work is certainly relative, in that being white and middle class does not generalize to all women, but she has given some women the right to name, and to understand one 'socialization' process that places value on being-in-relation. This is contrary to pervasive androcentric models of development that value 'separation' as mature.

If a being-in-relation model is placed within a context that a) acknowledges these 'differences' that are discussed, as socialized (rather than biological determinants), and b) incorporates the influences of social variables such as class, ability, and colour, then it is an important model from which to include other experiences. Also, as one challenge to 'male' theories of development that have focused exclusively on separation and independence (see Broverman, Broverman, Vogel, Clarkson, & Rosenkrantz, 1972), it may be useful to explore the meaning of these-experiences, (or lack of) for other groups of women.

Other relational feminist writers have discussed women's experiences of relationships with an understanding of, and validation for, the positive aspects of interpersonal connection, most notably, the 'self-in-relation' model, or Stone Center Model. These writings have likewise created a controversy over a 'gender dichotomy' (e.g., Hare-Mustin & Maracek, 1990) reminiscent of traditional male constructs that claim some kind of 'masculine superiority' (Kaschak, 1992). Also, there are concerns about a
theory based on an abstraction of mother-daughter relationship which is cultivated within the patriarchal context, "as if the qualities of care and relationality were not themselves informed by patriarchal meanings and purposes" (Westkott, 1997, p. 367). Finally, the Stone Center group is all white, middle class, and educated, and as such they are considered to:

offer images of relationships between women that have a feeling of rightness to many White women... feminist therapy theorists must not make the error of being intellectually seduced by that which resonates for them, particularly if they are White women...[instead we must respect] experience as it is defined by those who live it (Brown, 1995, p. 153).

Again, criticisms around these theories of development should not obliterate their contributions, as one understanding of some white women's experiences with being-in-relation. However, there has to be a concomitant explicit understanding of the location of the researchers and the participants, and the limits accorded these socialized parameters.

The Therapeutic Relationship

Power and Egalitarianism

Socio-political contexts of oppression are embedded in the therapeutic relationship in the forms of power, privilege, and position. In attempting to understand the influences of all the 'oppressions' within which therapists and clients live is a formidable challenge. "All women simultaneously have a class, 'race', and gender position.... but it is difficult to separate social class position, race/ethnicity/colour from gender—fragmentation that results from attempting to separate, masks the specificity of oppression on the individual's experience" (Phoenix, 1990, pp. 90-91).

Recognizing the differences between what is inherent in the role of the therapist and necessary versus what are unnecessary 'power over' situations is crucial and complicated. As discussed, feminist therapy identifies a commitment towards 'egalitarianism' within the therapeutic relationship as a fundamental tenet. Essentially, recognizing the client as expert on her own experiences instead of the therapist, not only
attenuates the power differential between therapist and client, but allows more space for human-to-human interactions (Gilbert, 1980; Greenspan, 1986). Also imperative is a therapist’s ability to acknowledge places of relative privilege with respect to class (e.g., Baker, 1996), ethnicity (e.g., Comas-Diaz & Jacobsen, 1991), sexual orientation (e.g., Laird, J., 1994), and combinations of ethnicity and class (e.g., Wyche, 1996), and so forth.

As Rohrbaugh (1979) cautioned, moving towards ‘egalitarianism’ does not equal eradication of power. Furthermore, “If the therapist is indeed inherently powerful, it can even be dangerous to pretend that the client-therapist relationship is totally equal” (p. 446). It is well recognized in the literature that obliterating all power imbalance is “impossible” (e.g., Lerman & Rigby, 1990; Smith & Douglas, 1990). Therefore, struggles around power and its real-life “moral” and “right” applications are often difficult (e.g., Keller, 1999; Warwick, 1999) and “painful”. As Brown (1994a) suggests:

> Power inheres to the role of the therapist, who is accorded authority, expertise, and wisdom in both real and symbolic ways by clients and by the larger culture. A continuing dilemma of feminist therapy has been how to minimize the power differential between therapist and client while maintaining the frame and boundaries of therapy. The gaps and confusions are in our understanding of power, left as artifacts of socialization in cultures where power is consistently distorted and exploited, have led to some interesting and at times painful stumblings on the path to a feminist relationship in therapy (p. 52).

‘Mutuality’, ‘equality’, and ‘egalitarianism’ are not equivalent to ‘reciprocity’. Reciprocity is defined as a “boundary violation...[from] the result of wanting something reciprocal, or asking the client to be or give us something of themselves that is not part of the implicit or explicit therapy contract” (Hill, 1990, p. 58). Rather, in feminist therapy ‘egalitarianism’ is more often being understood as an ‘equality of valuing and respect’ (Malmo & Laidlaw, 1990), or an “ethic of respect” (Hill & Ballou, 1998). This explicit attention to ‘mutual respect’ is now one of the Core Tenets of Feminist Therapy.
Feminist Therapy strives towards egalitarian and nonauthoritarian relationship based on mutual respect’. Tenet 6 (Wyche & Rice, 1997).

Along with this ‘ethic’ of respect, there is the commitment to ‘move towards more egalitarian structures’ (Ballou & Gabalac, 1985; Brown, 1991, 1992; Gilbert, 1980; Hill & Ballou, 1998; Jordan et al., 1991; Lerman, 1994), which is being defined in particular ways. For example, in addition to recognizing the client as an expert on her experiences (Laidlaw & Malmo, 1990), and acknowledging places of privilege, therapists must monitor the ‘process’ for specific opportunities to ‘empower’ the client (e.g., Worell & Remer, 1992) into ‘self actualization’ (e.g., Collier, 1982). For example, developing an ethos of ‘co-creation’, engaging in acts of self disclosure, and negotiating the boundary(s) are some of the explicit ways of approaching therapeutic ‘mutuality’.

Weingarten (1991, 1992) describes ‘intimacy’ in the feminist therapeutic relationship as the ‘co-creation of meaning making’. In other words, two people do not just share understanding but create it between them. For example, if a client’s pain is difficult to articulate using words of emotion, a client and a therapist can work together to develop a metaphor based on the images presented by the client. This ‘co-creating’ bonds the two together in a mutually shared experience that allows the client to connect with her pain and ‘tell it’ to her therapist. If there are enough intimate interactions, both therapist and client share an experience of intimacy or enhanced connection. Conversely, when meaning is rejected, provided, imposed or misunderstood, an experience of non-intimacy can be the result.

In addition to mutual respect, -- mutual “empathy, and emotional availability” (Jordan, 1991, p. 95) are considered by some to be other aspects of the co-creation process. While ‘empathy’ requires flexibility in ‘self boundaries’ in order to place oneself in "another's shoes... to 'try out' the quality of that experience " (Jordan, 1991, p. 69), 'mutual empathy' involves the willingness to feel vulnerable to your own feelings resulting from this experience. It also involves being open to being changed by that experience of sharing (Surrey, 1991). Therefore, growth within a mutually empathic connection depends upon one's ability to risk being vulnerable enough to move beyond a familiar place, to one that is unknown, for the benefit of the relationship. However, also incorporated within the relationship is "a contract that's puts the client's subjective
experience at the center, and there is an agreement to attend to the therapist's subjective experiences only insofar as it may be helpful to the client" (p. 95). This outlines some of the challenges put to feminist therapists in the experience of connection -- negotiating the role of therapist while participating in, and being vulnerable to, the therapeutic interpersonal connections.

a. Self Disclosure

One of the main strategies used to move towards 'egalitarianism' is self disclosure (e.g., Brown & Walker, 1990; Greenspan, 1986; Mahalik, Van Ormer, & Simi, 2000; Rawlings & Carter, 1977; Russell, 1984; Simi & Mahalik, 1997; Weiner, 1998; Wyche & Rice, 1997). The use of self disclosure was initiated in reaction to the traditional view that distance from the client is required in order to insure anonymity. This 'distancing' is now suggested, by some, to be as damaging as a boundary violation committed under the guise of 'closeness' (Lerman & Porter, 1990). However, "A feminist therapist is responsible for using self-disclosure with purpose and discretion in the interests of the client" (Feminist Therapy Institute, 1990, p. 39).

Another benefit of self disclosure is its potential ability to strengthen the therapeutic alliance (Gannon, 1982; Greenspan, 1986), by making the relationship "more real" (Brown & Walker, 1990, p. 136). Being more 'real' challenges the traditional view that a concrete schism exists between the experiences of therapists and clients, -- an 'us and them' dichotomy. If it is recognized that both female therapists and female clients have been subjected to some similar indoctrination resulting in some similar forms of silencing, then there is reason to value sharing confrontations with, and resolutions of, similar "developmental milestones" (Brown, 1994a, p. 144). As evidence to the perceived continuing value of therapist self disclosure, it is explicitly included in the recent Core Tenets of Feminist Therapy, Tenet 15 (Wyche & Rice, 1997). However, there is also explicit reference made to its judicious use. "...because self-disclosure may be harmful, it must be value and theory driven and always in the client's best interest. Therapists must develop methods of continually monitoring their level of self-awareness" (p. 69).
b. Boundary Negotiation

‘Boundaries’ are a necessary part of any therapeutic relationship. For example, they define some of the concrete parameters such as: fees, therapist availability, and scheduling of appointments etc. When referring to boundaries and power in the interpersonal realms, there are differences between traditional and feminist therapies. "In the traditional relationship between client and counsellor, the therapist establishes a professional distance and a power imbalance at the outset" (Laidlaw & Malmo, 1991, p. 397). While “fostering” unnecessary power differentials is not consistent with feminist therapy principles, it is equally important to be mindful of the power that therapists do hold in order to avoid transgressions (Greene, 1994). In other words, “...the lack of awareness of the power we hold is intrinsically related to therapists’ lack of recognition of the appropriate therapist-client boundaries, and hence to power abuses and violation of such boundaries” (Lerman & Porter, 1990, p. 51).

Feminist therapy operates from a frame which is built on an intense political analysis of the socio-cultural context which translates into a lens that meticulously scrutinizes psychotherapy practices for traces of androcentrism, racism, heterosexism, ethnocentrism, and classism, in an effort to address these biases. With respect to connection, feminist therapy theory recognizes the need for therapists to meet clients within the client’s own realm of experiences. This requires a ‘flexible’ or adaptable therapeutic frame. -- "one iron-clad frame would not apply to all clients and all situations" (Margolies, 1990, p. 29). Monitoring for egregious errors is fundamentally important, such as the prohibition against sex with a client (Hill, 1990; Greene, 1994) and obvious dual relationships (Green, 1996). However, in the commitment to be ‘flexible’, there are many complex subtleties around boundary negotiation that make the integration of ‘flexible’ with ‘ethical’ challenging (Rave & Larsen, 1995; Worell & Remer, 1992; Lerman & Porter, 1990). For example, understanding the use of “intuition” as a tool of therapy within this flexible frame is sometimes confused with “impulsivity”. However, their perceived distinction is identified as follows, “impulse” is “simply that which feels good to the therapist at the moment” and “intuition” is “an aspect of feminist therapy’s pluralistic methodologies and allows for the integration of felt and thought knowledge” (Brown 1994a, p. 217). Further, considerations around “concreteness” vs. “flexibility”
(Bennett, Bricklin & VandeCreek, 1994; Heyward, 1993; Hill, 1990; Jordan, 1997; Lazarus, 1994; Margolies, 1990; Parvin & Biaggio, 1991; Perry, 1993) are ongoing discussions in feminist therapy literature. For instance, the act of 'joining the client' in her experiences "in a way which enables that person to make explicit her internal knowledge of what is real" (Hill, 1990, p. 53), and allows her to increasingly become who she is most deeply (Miller, 1976) is important. To accomplish this kind of flexible approach, however, it is suggested that a therapist must learn how to be a "secure limit-setter without also being authoritarian, controlling, or demeaning" (Margolies, 1990, p. 27).

With specific reference to 'boundaries' and the experience of 'connection' in therapy, Heyward (1993) in When Boundaries Betray Us. described the therapeutic relationship as a refuge from the "unspeakable disconnectedness, violence, and denial set in place by patriarchal Christianity and culture" (p. 29). While the outside world continued to exert its power to fragment her spirit as a woman, Carter's therapist offered her a place to feel her wounds in their entirety without censorship. Through shared connection, Carter experienced a 'coming together' of the varied pieces of her self that had been previously disavowed under the threat of patriarchal retribution. However, the importance of connection became even more evident when Carter experienced the role 'disconnection' played in the eventual disintegration of her therapeutic relationship. "What shattered our relationship was...our failure to explore these disconnections together, our failure to probe together our fragmentation..." (p. 14). Therefore, not only did Carter feel the pain of disconnection from her therapist, her pain was further compounded when she was prohibited from exploring this disconnection within the context of her therapeutic relationship: a relationship that once healed, now harmed. When "relational mutuality was withheld in the name of boundary maintenance, Carter felt 'betrayed' by what she perceived as a reversion to the dominant culture's subjugation of women's need for relational healing" (Ballou, 1995, p. 107).

To some, respecting the necessary asymmetries of therapeutic interaction, as well as recognizing mutual connection as a form of resistance to patriarchal enforced disconnection, is seemingly 'paradoxical' (Parvin & Biaggio, 1990). In other words, it appears somewhat implausible to have both operating at the same time. Adding to this is
the understanding that we live within a milieu so embedded with power imbalances that these types of therapeutic relationships are blatantly denied. For instance, "our society does not admit to these forms of relating in which there is mutuality yet a continuing need for asymmetry" (Brown & Walker, 1990, p. 120). However, despite these formidable obstacles, acknowledging and accepting the challenge to formulate relationships where a client's need for mutuality is balanced with a therapist's responsibility for holding onto an explicit therapeutic frame, can be perceived as just another venture, albeit a difficult one. into "realms best described by science fiction, -- places where no one has gone before" (p. 120).

Therefore, while the territory is unknown, taking the journey has become part and parcel of what is expected from any 'movement' that attempts political, social, and epistemological reformation. Further, it is a necessary undertaking if we hope to understand more about the places where feminist therapy theory and practice meet.

Prior Research and Where This Research Fits In

There has been a dearth in research on feminist therapy. The valuable studies that do exist focus on therapists' understanding of their implementation of feminist principles (Hill & Ballou, 1998; Simi & Mahalik, 1997), questionnaires and surveys on clients' perspectives of feminist therapy, and its particular influence on their lives (Chandler et al., 1996; Marecek et al., 1979; McDonagh, 1997; Piran, 1999) and, surveys that compare clients' and therapists' perceptions of applied feminist principles (Worell et al., 1996). As well, there exists only a few narrative accounts of feminist therapy from clients' perspectives (Chambless & Wenk, 1982; Hutchinson & McDaniel, 1986; Laidlaw et al., 1990; McDonagh, 1992, 1997; McLeod, 1994).

The studies that looked at feminist therapists' assessment of their application of feminist principles revealed that there is a general congruency between therapists' feminist philosophy and the enactment of its tenets, in particular the commitment towards 'egalitarianism' (Hill & Ballou, 1998), and, its specific attainment through self-disclosure (Simi & Mahalik, 1997).

In a study by Worell and colleagues (1996) there was a demonstrated correspondence between clients' ratings of feminist therapists' utilization of feminist
principles and therapists' self-assessments. Using a Therapy with Women Scale (TWS) for the therapists, and a similar Client Therapy with Women Scale (CTWS) for the clients, fifteen counselors and forty five of their clients similarly reported the use of specific feminist strategies that encompassed 2 main dimensions -- 'Empowerment of the Client', and 'Advocacy for Women'. The researchers concluded that, "at least for this sample of university counseling centers, clients do experience in therapy the feminist strategies identified by their therapists" (p. 7). Moreover, "despite differences among feminist therapists in theoretical stance, professional training, or years of experience, certain beliefs and behaviors are common across them and can be reliably assessed" (p. 7). Finally, the range and degree of clients’ issues did not affect their perceptions of their therapists’ concordance between “beliefs” and “strategies” (p. 9).

In another analysis with the same data collected in the previous study, Chandler and her colleagues (1996), found a correlation between “empowerment” and “well being”. Well being was measured with a Personal Progress Scale (PPS) that assessed clients’ self evaluation, personal control, self-efficacy, self nurturance, problem solving, gender flexibility, assertive skills, resource access, and level of comfort/distress. Further, the authors concluded, “the more they [clients] reported experiencing feminist strategies, the higher they rated their improvement... [and] as clients remained in therapy, measures of well being and client progress increased” (p. 8).

A study by Maracek and colleagues (1979), generally found no difference in demographics, levels of symptoms, or overall levels of stress between 201 women who went to feminist therapy vs. 207 women who chose nonfeminist counselling. However, the questionnaires did reveal that, generally, clients in feminist therapy found their therapists more helpful.

While the two previous studies measured outcomes in feminist therapy, Piran’s (1999) study further operationalized the ‘practice’ of feminist therapy, which is similar to Worell and her colleagues (1996). Through the use of questionnaires, an “in-process client-completed measure” was established (Piran, p. 2) that showed significant distinctions among humanistic, medical, and feminist approaches to psychotherapy. From a sample of 122 clients, 3 factors emerged that separated feminist therapy from the other two, and these were: ‘Respectful Validation and Care’, ‘Empowerment through
Collaboration, Skills Development, and Political Awareness’, and ‘Unsilencing Trauma: Emotional and Bodily Reactions’. Within these concepts were examples of acknowledgement of (and education about) a socio-political context, validation of behaviours of survival, respect, encouragement towards self-reliance and efficacy, and, facilitation of the expression of trauma.

The above named studies contributed significantly to understanding what particular factors make feminist therapy different. The key dimensions seemed to centre around ‘empowerment for the client’ and ‘egalitarianism in the therapeutic relationship’.

The next 5 studies presented were essentially qualitative in nature (McDonagh, 1997, was both qualitative and quantitative), and except for Laidlaw et. al. (1990), interviews were conducted with clients of feminist therapy to elicit understandings of practices associated with feminist counseling. While Chambless and Wenk, (1982) interviewed clients’ perceptions about differences between feminist and nonfeminist therapies, Hutchinson and McDaniel (1986), and McDonagh (1992, 1997) specifically explored comparisons between feminist and non feminist therapies for women survivors of sexual abuse.

When Chambless and Wenk (1982) interviewed 11 women about the differences between feminist and nonfeminist therapies, the most frequent spontaneous response referred to feminist therapists’ “focus on societal influences on women’s self images and behavior”. This resulted in providing both client and therapist with a “common set of values”, a “meaningful therapeutic relationship”, and a means for the clients to be “less self-blaming about their problems”. Specifically, they felt their “feelings were taken more seriously” which helped them feel “safer”, and consequently, they could access their feelings more easily (p. 60).

The “clients were particularly emphatic in portraying differences in style between the two types of therapists. Most women described nonfeminist therapists as nonsupportive, uninterested, and distant. ...In contrast the women described supportive, warm relationships with their feminist therapists” (p. 61), who used self disclosure to make the relationships more egalitarian. Clients also felt that their feminist therapists perceived them as “competent, intelligent women and reported this confidence in them
increased their sense of self worth” (p. 62). Finally, the encouragement to be “action-oriented” in therapy gave them a sense of “control over the process of change” (p. 62).

Hutchinson and McDaniel’s (1986) interviews with 21 women who had been sexually assaulted, revealed that traditional therapies “for victims of assault tend to perpetuate the existing belief structure about rape and incest by isolating and blaming the victim” (p. 17). Conversely, feminist therapies “remove the false sense of guilt, validate the woman’s experience with sexual violence, and enable the victim to develop an understanding of the social structural context in which the sexual assault occurs” (p. 17).

McDonagh’s (1992, 1997) master’s and doctoral theses looked at survivors of childhood or adolescent sexual abuse specifically. Her earlier research in 1992 with 14 women tended to support what Hutchinson and McDaniel (1986) found with respect to traditional therapy. “There was a collective denial of women’s histories of sexual abuse. [a failure] to probe for such histories” (p. i); the effects of the abuse were pathologized. Feminist therapists, alternatively, provided “empowering therapeutic alliances” where histories of abuse were “discussed and contextualized” (p. i).

McDonagh (1997) interviewed 11 women on experiences with both feminist and nonfeminist counselling. She also collected data from 92 questionnaires from across Canada. The enormity of this undertaking is reflected in the exceptional analyses that provided some complex and comprehensive dimensions differentiating the women’s experiences in feminist therapy from traditional modes of counselling. Similar to McDonagh’s previous findings, traditional therapies, for the most part denied women’s realities with abuse. As well, therapists “pathologized” the effects that the abuse had on the women’s lives. Conversely, the experiences with feminist therapy were antithetical to the aforementioned acts of denial. McDonagh’s framework, constructed from the clients’ experiences, indicated respect for the women and their histories:

- Social and Political Context/Understanding
- Understanding/Analysis of Violence Against Women and its Effects
- Validating/Supporting/Non-Judgemental
- Clients Influence on Direction of Therapy
- Client as Expert on Her Own Experiences
- Empowering (explicitly named)
The ability to hear, and provide contexts ultimately led to less self-blame. This was a key result for all three studies mentioned above.

In *Healing Voices: Feminist Approaches to Therapy with Women* (Laidlaw, et. al, 1990), 13 feminist counsellors described their innovative approaches to therapy with diverse groups of women. At the end of each chapter, a client spoke about her experiences with that particular therapy, workshop, or group. The clients’ accounts were poignant and powerful as their stories were interwoven with creative metaphor. The authors described the similarity in process among these different approaches.

All of the therapists who have contributed to this book recognize that the transformation process is a natural one — that the client has the innate capacity to heal herself. In therapy, the client is taught to access her inner knowledge and use her inner resources for healing. All therapists (counsellors, facilitators, care givers, group leaders, healers, synergizers) perceive that their role is to guide and support their clients through a therapeutic journey. They bring to the relationship an understanding of how the healing process works and the skills to facilitate the process (p. 321).

Malmo & Laidlaw (1990) identified the client as central to her process, and that included her control over the direction and pace. This integral understanding of the therapeutic dynamic also clearly designates the therapist/counsellor as facilitator, aiding the client in her journey towards “integration”. Further, the relationship is defined as one of “equals”, where equal means “valuing of individual worth” and “mutual respect for the differing expertise of each person (p. 323). Similar to the results of the other research, clients also learned that they were not to blame for their pain. Finally, they learned to
understand the importance of their inner knowing that depended upon a new trust for their perceptions, feelings, and thoughts.

After in-depth interviews with 13 women clients, and 4 counsellors at a feminist centre in Britain, McLeod (1994) concluded that while feminist therapy can facilitate well being for women, she also underscores the fact it does so only if, “it provides an experience of relative freedom from subordination” (p. 142). Specifically, “theory and practice of feminist therapy can sidestep or reinforce exiting forms of inequality as well as challenging them” (p. 144). Also, as the some of the other studies have suggested, (e.g., McDonagh, 1997), the emphasis is also on social reformation. Therapy is only a “partial solution” (McLeod, 1994, p. 145), since entrenched socials inequalities that affect more than gender need to be fully challenged and transformed in order to “secure emotional well being” (p.146).

The scarcity of research on clients’ perspectives has begun to be addressed over the last few years. However, considering that clients are the consumers of therapy, and feminist principles explicitly state that, “the voices of the oppressed are specifically theorized as authoritative, valued, and valuable sources of knowledge” (Tenet 6. Feminist Theory and Psychological Practice, Brabec & Brown, 1997, p. 26), the relative paucity compared to the writings of therapists, theorists, and ethicists, is still egregiously apparent.

This research study looks at 7 clients’ experiences with connection in feminist therapy. Specifically, participants are asked about what particularly helps and interrupts connection. The relationship between connection and well being (see interview schedule in appendix C) is also explored. The intention is to look at both process and outcome of experiences with connection from a qualitative perspective. The general question is as follows:

The counselling relationship has been considered important by some people in feminist therapy. As someone who's been involved in feminist therapy for over two years, I am interested in your view of what your experience is in terms of how important the relationship has been for you. What was your sense of
connection? What seemed to help it, or, what stood in its way?
Did that sense of connection affect your well being? How?

This qualitative enquiry offers one frame of exploration. The focus, in essence, is narrowly prescribed, although the scope of the topic of connection is vast. None of the qualitative studies thus far, have looked at ‘connection’ specifically. Perhaps the contributions from this study will add new insights into the processes of connection from a client’s perspective of the interpersonal therapeutic dynamic. In this regard, it could extend the work by Laidlaw and colleagues (1990) that provided rich client narratives on the experiences of their therapy. As well as McDonagh’s (1997) focus on client’s descriptions of therapy which included a dimension entitled the ‘Therapeutic Alliance’. Further, combining the findings from the quantitative research may result in an integration of themes (or a more fully described constellation of dimensions), thereby contributing to the evolving conceptualization of what many women clients find so helpful to their healing.

The literature is burgeoning with thoughtful, experienced expressions of theory, practice, and ethics associated with the feminist therapeutic relationship. However, without listening more to women’s experiences of connection, we are only surmising the extent of its therapeutic efficacy, as well as perhaps underplaying its potential complexities.
Chapter 3

Methodology

Purpose of Research

Feminist Research Practices:

*Interviewing as a Tool of Exploration*

Approach and Location:

*Heuristics: Location! Location! Location! My Location as Researcher*

Method:

*Finding Participants*

*Description of Research Participants*

*Interview Process*

Interpretive Analysis

Purpose of Research

This research was initiated in order to understand more fully some women’s experiences with feminist therapy. Specifically, this study placed a particular emphasis on exploring the dynamic and complexly subtle dimensions of therapeutic connection. In order to understand, we need to explore, listen, and make meaning. Utilizing an interview format, women clients in feminist therapy were asked to share their understanding of the depths and qualities of those experiences, and the resultant impact on their lives. However, like the principles in feminist therapy insist, the concomitant emphasis on personal consciousness-raising and social transformation is a fundamental imperative in research as well. Therefore, both these primary objectives were considered and integrated into the reflexive process involved in exploring these women’s experiences.

The explicit agenda of feminist research on women also includes a specific set of changes in the personal and the social arena. Therefore such research must not merely generate new knowledge but also focus on how to use this knowledge to attain the sociopolitical and personal changes that are congruent with feminist goals (Shuch & Mednick, 1981, p. 92).
While respectful explorations into women's experiences are essentially important, the subsequent follow-up act of 'getting it out there', has the potential to make systemic changes. Therefore, as this research process evolved, my intention became two-fold: recording women's 'voices' as one act of transformation aimed at reforming traditional understandings of knowledge; and, drawing on their experiences to inform, and contribute towards, a feminist therapy theory that ultimately places an inherent emphasis on emerging sources of women's 'knowledge'.

**Feminist Research Practices**

This research has been informed by feminist practices. There is some debate about whether or not there is a 'more right' research methodology (Senn, 1996; Shaw-Barnes & Eagly, 1994; Shields & Crowley, 1994). However, more generally, there is an understanding that many research methods can be feminist methods (e.g., Grossman et. al, 1997; Neilsen, 1990; Peplau & Conrad, 1989; Reinharz, 1992). Fundamentally, the differences do not lie in one particular approach, method of data collection, or analysis. Rather the emphasis is on the intention, purpose, and existence of the research. The notion that must be held central is that women's lives are important (Reinhartz, 1992).

Traditional paradigms have infused the research discipline with notions that data collection is essentially, and explicitly, positivistic and objective, as if there is an "objective (independent of the subjective knower) reality to be known" (Nielsen, 1990, p. 4). However, one of the "hallmarks" of a feminist approach to research is the deliberate and "self-conscious acknowledgement" of the subjective, value-based nature of the "research enterprise" (Shields & Crowley, 1996, p. 218), as well as maintaining a critical evaluation of the research process itself (Phoenix, 1990).

Grossman and colleagues (1997), over a 4-day workshop, summarized a list of what they believed to be feminist research imperatives in psychology:

1. Feminist research is purposeful. It  
   (a) illuminates the lives of women and girls  
   (b) gives voice to marginalized women  
   (c) develops a critique of the discipline of psychology  
   (d) reflects feminist values
2. All methods of inquiry can be used to produce feminist knowledge
3. The task of feminist research ethics is to develop a research process that does not create an exploitative or oppressive relationship for anyone involved in or affected by the research.

4. Feminist research has the potential to transform traditional psychology, epistemologies, women’s lives, and participants’ and researchers’ lives.

5. Feminist research can generate new opposition and the traditional structural, economic, and systemic obstacles remain. Feminist researchers need to be alert to them and to devise strategies for countering them.

This most recent assemblage of principles is similar to the new tenets of feminist therapy in that it encompasses the same two primary objectives. First, the process itself must be respectful, non-exploitative, and it must place the valuing of women at the center of its intentions. Second, the knowledge or understandings from the research has the potential to reform assumptions and systemic epistemologies that are rooted in, and perpetuate, patriarchal control.

However, what these tenets do not explicitly state is a challenge to the norm of objectivity that assumes, as mentioned earlier, that “the subject and object of research can be separated from one another, and that the personal and/or grounded experiences are unscientific” (Cook & Fonow, 1990). In other words, exposing the notion of objectivity is profoundly important to revisionist research, but that was not included in psychology’s recent research guidelines. This exclusion elucidates the difficulties associated with implementing epistemological change within a discipline that is built on positivistic paradigms, and holds tight to its traditional underpinnings. As the authors of the tenets state:

Logical positivism is central to the core of psychology in the 20th century; chipping away at its foundation may cause the whole edifice to crumble. Insofar as feminists are critical of logical positivism and advocate social constructionist and postpositivist approaches, they challenge the most essential assumptions of traditional psychology. If the arguments of feminist psychology can persuade a majority of research psychologists, the epistemologies of psychology will have undergone a radical transformation (Grossman, et al., 1997, p. 83).
Therefore, the challenges are explicit. Including context as a form of science is suspect to say the least; it, along with “methods that are interpretive ...and person oriented ... are often considered unconventional and of questionable scientific value” (p. 83).

**Interviewing as a Tool of Exploration**

A qualitative research approach can open up space "to uncover and understand what lies behind a phenomenon about which little is yet known" (Strauss & Corbin, 1990, p. 19). In an effort to help me understand the phenomenon of therapeutic connection, as well as give women the freedom to speak about subtleties without tailoring their responses to fit a pre-designed structured format, I used the interview-style of information gathering. Further, the use of “semi-structured interviews has become the principal means by which feminists have sought to achieve the active involvement of their respondents in the construction of data about their lives” (Reinharz, p. 18).

Utilizing an interview format within a qualitative approach expresses my "interest in understanding the experiences of others, and the meaning they make of that experience" (Seidman, 1991, p. 3). As well, it demonstrates my commitment to a basic feminist tenet that encourages researchers to "give voice to the voiceless" (Reinharz, 1992, p. 242). Moreover, it provided both "access to the context of people's behaviour" (Seidman, 1991, p. 3), and an important "opportunity for clarification and discussion" (Reinharz, 1992, p. 18). It is important to note that while the interview is rich with context, provides a potential access to process, and presents an opportunity to 'hear voices' in a particular way, it is not the only way of accessing valuable information and understandings about women's lives while simultaneously maintaining the integrity of feminist principles (e.g., Worell et al. 1997). However, it was chosen for this study for the particular reasons outlined above.

Concomitant to the previous discussion on the criticisms of feminist research by traditional sources, it has been posited that qualitative interviews offer no validity because the interviewer is too much a part of the interviewing process. However, "rather than decrying the fact that the instrument used to gather data affects this process, we say the human interviewer can be a marvelously smart, adaptable, flexible instrument who can
respond to situations with skill, tact, and understanding" (Lincoln & Guba: in Seidman, 1991, p. 16).

In this research, there is added ‘validity’ because interviews took place in a two-part process, and participants were given the opportunity to check for "internal consistency" on the ways that their experiences will be presented (Lincoln & Guba: in Seidman, 1991, p. 17). Engaging in this kind of “member checking” (Lincoln & Guba, 1985, p. 142) was integral to the whole process of co-creating pertinent and relevant thematic conceptualizations. The details of this process are more fully described in the interview process section.

Anne Oakley (1981) suggested that, as feminists, we needed to re-think the 'nature of the interview'. In other words, as it stood, 'neutrality' and 'emotional distancing' were considered good science, while "engagement and the development of a potentially long-lasting relationship" (Reinharz, 1992, p. 27) were not. Therefore, "getting involved with the people you interview is doubly bad: it jeopardizes the hard-won status of sociology as a science and is indicative of a form of personal degeneracy" (Oakley, 1981, p. 41). However, in the interest of "promoting rapport" (p. 49), reducing the "potential for participant exploitation" (p. 58), and considering that there is no "intimacy without reciprocity" (p. 49). I believe it is important to follow Oakley's urgings to form non-hierarchical relationships. The nature of these relationships included judicious disclosing of personally relevant information to participants in the course of our interactions. Especially when investigating a topic such as 'connection', a 'connection' between myself and the participants must be established before I can expect to share in their experiences with any kind of depth or understanding.

The research question identifies me as a client who has been in feminist therapy for over two years. I wanted it to be clear that I am not engaging in the object/subject mythical dichotomies found in traditional methodologies. Some participants asked about my relationship to the topic, my intentions regarding the research beyond the thesis process, and what it felt like for me to be so ensconced in their experiences (e.g., the time spent with the transcripts). These questions were critically important to what I understand as the representation of our work together; and responding to them made clear my intentions, as well as giving me the opportunity to offer my feelings of deep respect,
acknowledged responsibility, and profound honour at being entrusted with their experiences. Further, when participants felt particularly vulnerable around a sensitive aspect of their experiences, I would offer something personal. This was not an attempt to mirror them, but to include myself in a way that helped to develop our rapport, to substantiate that I am not distanced from the topic being discussed, and to place the interview within a more egalitarian, democratic frame. The culmination of these disclosures, in addition to the following specifics around my relationship with therapeutic connection, demonstrates my particular perspective to this research.

**Approach and Location**

**Heuristics: Location! Location! Location!**

Clark Moustakas, the innovator of Heuristic Research methodology, describes heuristics as "self search, self dialogue, and self discovery" (1990, p. 11). Being internal with oneself in the exploration of a particularly intriguing, compelling or burning issue can transform a "perception, sense or intuition" (p. 10) into a full-blown phenomenon. If one is willing to invest the energy which "intermingles comprehension with compassion" (p. 16), then it is possible to "unify the intellect, emotion and spirit" (p. 17) in such a way as to give life and depth to something previously experienced as nebulous or elusive.

To know something from the 'inside out' within the full realm of one's experience, albeit the 'knowing' is transitory and evolving, is a vital research tool. The benefit of starting with my own understandings or evolutions of 'knowing' and challenges to 'knowing' provides me with a place in which I can locate myself. If I am able to find my own grounding within a particular phenomenon, and if I can recognize this grounding as the coalescence of my experiential perceptions, room is created to receive and discern alternative experiences of the same phenomenon.

**My Location as Researcher**

In keeping with the philosophy of heuristic research (which honours the internal journey) and the feminist principle of specifying location (e.g., Stanley & Wise, 1983), I share my experiences. Although I have spent most of my life experiencing varying degrees of disconnection from myself and others, consciously trying to understand the
meaning of connection in my life began a few years ago. In the early stages of a new therapeutic relationship, I was becoming attuned to feelings of familiarity, comfort, and kinship with the woman with whom I was working. Although I had worked with feminist therapists before, I was experiencing something quite new and different -- deep connection. As the intimacy between us continued to deepen, I found I was able to access parts in me that had long been misplaced. This is when I began to listen more intently to the inner glimpses of what Moustakas (1990) identifies as 'tacit knowing'.

Tacit knowledge is an experience of knowing that which can not be easily formulated into recognition of how it is we know it. For example, I could understand that connection was becoming familiar to me, and I was beginning to know it quite intimately, which is, in essence, a "tacit understanding of its wholeness" (p.21). Yet the knowing itself is not easily understood. I could sense the "sharp outlines of certainty [that] dissolve again in the light of second thoughts" (p. 22) because the meaning of connection came to me in moments of clarity that were often nudged aside by my internalized indoctrination that coaxed me into disconnection. It was only through intentional internal focus that "awarenesses" emerged on a more steadily consistent basis. Since that time, I became focused on the topic of connection, and connection within therapy. What took shape for me was the "real question...based on experiences" (Field: Moustakas, 1990) and that was quite simply -- "What is the phenomenon of connection in therapy?"

Locating myself as a researcher also means identifying who I am in other ways. I am a white, 3rd generation Canadian woman (with European ancestry), from working class roots, who holds a location of privilege afforded me by education. I am also a therapist and a client of feminist therapy, and a poet. From these contexts, in conjunction with my commitment to an anti-oppressive and empowerment philosophy, I explore this phenomenon of connection in feminist therapy with these women.

Method

Finding Participants

Through advertisements in therapy offices, community service agencies, bookstores, immigrant women's centres, therapy referral services, universities and community colleges (in the Toronto area), and word of mouth through the community, I
received 10 offers to participate in the study. Two of the women who responded were not interviewed because of my desire for more diversity in the sample of women. The other woman was not interviewed because she did not want to discuss connection particularly.

The women I interviewed were all clients who were, or had been, in a self-identified feminist therapeutic relationship for 2 years or more. I also specifically wanted to speak with some therapists-in-training, who were also clients, to get their perspectives on understanding this phenomenon, (2 of the 7 women were therapists-in-training). In the initial phone contact. I explained the research topic, the process (audio-taped interviews, etc.), discussed the time commitments -- two to three 1-1/2 hours interviews -- answered any questions they had about me and this research, and scheduled our first interview.

I still hoped that over the next 1.5 – 2.5 years, (while first interviews were being conducted, and 2 sets of summaries were being written). I would be able to interview black, Asian Canadian, or Native women for this research. The representation of these voices was extremely important to me, but I was unable to interview anyone from these marginalized groups of women. It was with considerable reluctance, and great emotional hesitancy that I continued with the research. In the 'Limitations' section, I have discussed my perceptions about the possible reasons for their significant absence.

**Description of the Research Participants**

The 7 women were all white and university educated. There was diversity with respect to age, sexual orientation, culture, economic status, and degrees of ability. The women ranged in age from 26-66, mean age was 42.2. Two women identified as lesbian, the rest as heterosexual. All women were from North American or European backgrounds. Three women were Jewish. While two women were "poor", the other five participants identified themselves as middle class (one mid-upper and one mid-lower). Two women had disabilities, and one of these women was on disability income.

**Interview Process**

I met with participants at a location that was convenient for them. Most interviews were conducted in the participants' homes, one was carried out at in a woman's workplace, and one was in a coffee shop (although every attempt was made to secure
confidentiality). In our first meeting, a consent form was signed that outlined all aspects of the process including information about who I was, the topic we would be discussing, their rights to remove or edit information or withdraw, the audio-taping procedures, and so on (see Appendix A and B -- a separate consent form for therapists-in-training). During either the first or second interviews, a demographic information sheet was completed (see Appendix D).

A semi-structured interview format, (outlined in the Interview Schedule, Appendix C) framed the research question, and some explicit dimensions such as well-being, yet room was left for participants to discuss their experiences and to lead the inquiry into directions that were more personally relevant to them. This most closely represents a combination of the 'informal conversational interview' which relies on "spontaneous generation of questions" and the 'general interview guide' that outlines a set of issues or topics to be explored that focuses on common information to be gathered from all the participants (Patton, 1980, pp. 197-198).

Before our interview, I told the women that our next meeting would not take place until I had the full complement of participants that I needed (7-9), which might be a year or so, and I checked this out with them. All participants were fine with this. However, as soon as possible after our meeting, I personally transcribed all the audio-tapes, and the transcripts were sent out to the women to edit and return.

There was periodic contact with most of the women with regards to returning the transcripts, and just checking in now and then. However, our next formal contact came 2 to 2.5 years later. At that time I phoned all the participants to tell them I would be sending them a summary of preliminary themes that emerged from our first interview. I was still hoping to interview a few more women, as was explained, but my time between contacts was simultaneously engaged in immersing myself in the transcripts (spending at least a month - to a month and a half with each one), and formulating two versions of summaries. The first summaries were short, and they more or less reflected what was presented in the interviews. After discussions with my supervisor about the intention and purpose of the summaries, I decided that I wanted to spend the time to write a longer version that incorporated some preliminary themes, or lower level themes. The reason for choosing this summary format was to be able to send the participants, in advance of our

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next interview, some idea about how their experiences might be represented. Their feedback and involvement in the thematic presentation was critical to "integrity, validity, and accuracy" (Patton, 1980, p. 461), "member checking" (Lincoln & Guba, 1985, p. 142), and "validating the heuristic inquiry" (Moustakas, 1990, p. 51).

The summaries were sent with an accompanying 5-10 page letter that included a statement about my appreciation for their continuing involvement, an explanation on the purpose of the summary, and an invitation for their feedback. In addition, I outlined several questions I had around clarifying my interpretations about some of their experiences that they shared in the first interview. I stressed that these questions could be reflected upon if they had the time and the interest, and I also let them know that an "I don't know" would be validated as a response. I informed them that these questions, along with their feedback on the summary data, and anything they wanted to discuss about the process etc., could be talked about at our next interview. They were invited to contact me anytime, if they had any concerns or questions. We set up our next interviews which occurred between 1-2 months subsequent to our telephone contact.

The length of time between our first and second interview was 2-3 years. The time gap could have been problematic for the participants. However, when I checked it with them, no one was bothered by the length of the interval. All the women very much wanted to continue, and, their reactions to the summaries confirmed to me that the time was well invested (samples of their responses are listed below). When I was speaking with one participant about the time in between our meetings, she said, "This is definitely better…. six months later, probably there wouldn’t be as much to talk about, and as much insight".

In the following excerpts, it is clear that in addition to the women’s reactions to the accuracy of the sub-themes, they were also speaking about how important it was to be seen through someone else’s eyes, who was validating both them, and their experiences.

A lot of it made sense. No. It made complete sense to me, and I think it really hit home, which was at one point, why I started actually crying about it…as I said on the phone to you, you’re
reading this that’s being told by someone else... I thought it rang very true...I’m very reflective in that...if it wasn’t me, I could think this is so sad.

Well receiving what you sent me in the mail...it was like...a big experience. You’d just gone through everything in such detail – like everything. And categorized everything...and put things in different places. It felt like a rare thing, that you’d have someone looking at your life with such detail...it felt like a gift. ...I just felt your thoughtfulness and carefulness around it...

Connection...a theme. I think I hadn’t realized, even when I was reading the transcripts. I hadn’t realized how strong a theme that was. Not just in counselling but for me in general. It’s in me.

I found it was pretty accurate. And it was interesting...just to look at it and realize that all that came from me. And also, it’s what you picked up on...which is sort of interesting because there’s something about someone else seeing what you said that can be affirming...

I think you got a lot of what I was saying. I mean I sound so confused. Maybe that’s why I am having trouble but a lot of what I’m saying just sounds like I’m very confused. Um. so that’s pretty accurate ...you’ll still find me confused probably.

I liked reading it and having it reflected back and organized in this way. It felt good that you captured something real for me.

I’m getting to compare my own growth, to put it into words, to process it, when I wouldn’t sit down by myself and do that. I just
felt...resonate. I guess is the English,... I’m thankful for it. It verifies my own feelings.

Ultimately, receiving the summaries was extremely validating for the women. Their serious dialogue on the impact of these summaries was further support in crystallizing the emergent dimensions. Further, many liked the fact that they could compare where they were with where they are (i.e., they could see the process of their lives, and the ways in which they conceptualized certain things at certain times). Their strongly affirming responses in our taped conversations solidified for me that the emergent structure was very relevant to their experiences, which is central to integrity of this research.

The second interviews were primarily arranged to discuss: a) the summaries, b) their responses to the questions I sent -- many women had written down their thoughts and shared them with me, and one participant had made journal notes after our first interview, and, c) any additional questions or concerns that they might have had. The first few minutes of the interviews were spent chatting, getting re-acquainted. The second interviews lasted 1 to 2 hours in length. Afterwards, the tapes were transcribed as soon as possible. I transcribed 2 tapes, and someone was hired to do the remainder. I checked this out with the participants beforehand to make sure they were okay with it, and they were. One participant asked for the name of the transcriber, and that was provided.

While pseudonyms were given to the participants by me, initially, to aid with transcribing, the women were given the opportunity to choose their own, and all but one chose to do so. A phone call was made to the participants asking them about including their demographic information as a brief portrait, and all agreed. They were also invited to add any information that would describe something about them personally, and some did as described in ‘Brief Portraits of Participants’ in the Introduction to Results Section.

Interpretive Analysis

Following some of Moustakas’ (1990) framework for data analyses and understanding, most notably ‘immersion’, ‘incubation’, ‘illumination’, ‘explication’ and ‘creative synthesis’, I engaged in the processes of ‘being with’ the women’s experiences
deeply. In between the first and second sets of interviews, I sat with each transcript for a period of a month without writing anything down. I just wanted to read and hear their words without trying to find themes, or trying to organize the data in any way.

After the first reading, I read them again asking myself questions like, "what does she want me to know?" "What does she want me to know most about her experiences?" I let that guide me in my reading and listening. This most resembles what Moustakas (1990) calls 'immersion'. While the period of 'incubation' in his framework is associated with a time away from the intensity associated with immersion where the information can process out of "immediate awareness", I found that these two processes occurred concurrently. The simultaneous back and forth, conscious and unconscious, engagements with the data were most obvious to me in the waking and sleeping cycles. The 'illumination' and 'explication' of the inner coalescence of the data, most often occurred in the morning, after what had been "awakened in consciousness" the days before (p. 31).

The deeply reflective stages of analysis also involved my internal responses to what the participants shared. This part of the process not only helped me to better connect with the women’s experiences, but the language the participants used often linguistically captured some loosely associated, cryptic concepts that had previously been unnamed in my experiences. The women, therefore, extended my knowledge or understandings by bringing some clarity to what had been only identified as visceral or emotional awarenesses.

Ultimately, as a result of interweaving my responses with their presentation of their experiences, "individual depictions" (p. 51) of each woman emerged and became part of the framework. Returning to the data throughout this phase of the process, as Moustakas (1990) suggests, is a necessary means of checking whether or not I feel the data fits the descriptions.

The processes of ‘immersion’ and ‘incubation’ were repeated with the group as a whole to procure some similarities among the initial sub-themes across the participants, which emerged as a preliminary representation of a “composite depiction” (Moustakas, 1990). However, there was not much attempt to reduce the number of sub-themes until I presented this portion of the analysis to the participants.
In sum, the validation process involved many phases. The ‘immersion’ process was deeply reflective and internal. When the sub-themes were written up in a framework, the links between the participants’ experiences required a back and forth checking from participant to the group. It was also essential to refer back to the contexts from which that each sub-theme was drawn. As mentioned, I was also very much involved in the analysis process by engaging with the transcripts in a way that included my own experiential understandings. Ultimately, the actual presentation of the sub-themes, and some of the eventual themes, was intrinsically informed by the participants’ experiences and input. Specifically, the participants were actively engaged through editing the transcripts (although 2 participants offered their comments when we met rather via a returned transcript), our dialogues around the relevancy and accuracy of the summary presentations (e.g., letting me know what was emphasized too much or too little), and their clarifications offered in response to the questions I sent them. The final 3 themes were a result of synthesizing across the participants all the information that was offered.

My supervisor, who is a feminist therapist and another feminist therapist colleague, read the results section and said they felt a strong resonance with the three themes presented, which provided another source of data validation. Specifically, they felt that the identified dimensions had great relevance to the practice of therapy, in particular to the processes that they have experienced in their work.

The holistic progression of ‘being with the process’, as it unfolded, was profound for me. Specifically, the resonance I felt with many of the women’s experiences, my developing trust in ‘emergence’, the clients’ confirmations that crystallized what emerged, and the resounding richness of each woman’s spirit, were altogether deeply moving and fundamentally transforming.
Chapter 4

Introduction to Results

Brief Portraits of Participants
Speaking of Connection
Acknowledgement of Safety and Trust

This study was an exploration into 7 women’s experiences within a client-identified feminist therapeutic relationship. The purpose was not to examine how feminist these relationships are, or to contrast and compare them with more traditional relationships that do not utilize a feminist philosophy. The intention was, however, to understand how these women in these relationships have experienced connection and disconnection in the hopes of uncovering what has been helpful, and not so helpful, in their therapeutic journey. Therefore, the questions did not specifically centralize feminist therapy as a component of this investigation. Rather, the experiences of connection and disconnection, as a designated construct of being-in-relation, were held as core throughout the interviews.

Through narrative, these women clients articulated personal descriptions that most closely represented or characterized their myriad conceptualizations associated with a particular phenomenon -- therapeutic connection. An analysis of the participants’ experiences revealed three core themes: On My Side; Therapist’s Expertise; and Mutuality (implication of a hierarchical relationship among these themes was not intended by their linear representation).

On My Side referred to the depth and quality of the solidarity of the therapeutic alliance. These shared places of connection, that included beliefs and values, contributed towards setting up the relationship as a cohesive coalition against the backdrop of a socio-cultural context that does not necessarily recognize and support the client’s perceptions and experiences. Specifically, it depicted how much the client perceived and experienced her therapist as being "with her", which included liking her, understanding her, supporting her, and believing in her.
The second theme, Therapist Expertise, described all the ways in which the therapist brought herself to her work, and how she facilitated the connection utilizing her theoretical and experiential knowledge. Finally, Mutuality portrayed the client’s perceptions of how power is acknowledged, distributed, and negotiated within the relationship. Therefore, while there will certainly be considerable overlap among these themes and the sub-themes that are respectively ascribed to them, each domain is considered to represent a specific contribution that is dynamically different from the other two. In other words, the distinction among the themes is in their particular focus on a particular dimension of the relationship, and these are: a) how much the client felt valued, b) what her therapist offered as expertise, and c) how they both negotiated their relationship to lessen some of the unnecessary power differentials. Finally, the experiences of connection on a client’s well-being are discussed in a separate section.

**Brief Portraits of Participants**

The portraits were ‘drawn’ from the demographic information form that was obtained at the time of the interviews (see Appendix D). During the latter stages of the analysis process, I contacted the participants by phone to see if I could use the information on the form to present some basic representation of who they were. All participants agreed. At that time, I also invited them to add anything that would describe them more personally. Sarah, Kassandra, Morag, and Elizabeth provided some additional descriptors. All participants were given the opportunity to choose their own pseudonym, and everyone but Ginette chose to do so.

I have listed the information in the order that it appears on the form, any additional information is placed at the end (in quotes). Since the first interviews were conducted in 1996-1997, the ages provided coincide with that time period.

**Sarah:**
54, BA. in Sociology, Jewish, lesbian, poor-on disability, “I am an activist, clown, social worker, actor, bum”.

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Elizabeth:
28, BA., LLB, WASP, hetero, mid/upper class, but unemployed at present. “Learning has always been important to me – personal experiences and informal learning. While trauma has certainly impacted my life. I try to learn from that too by making it into a mechanism of change, and not letting it debilitate my life”.

Morag:
42. MS., Anglo-Saxon. hetero, middle income, “single mom with 2 kids, working as a professional in non-profit, human services organization”.

Ginette:
26, university education. white Canadian. lesbian, middle class.

Kassandra:
28, BA., mixed European background, heterosexual, recent grad, low income currently. “nature-oriented”.

Emily:
52, post graduate education. Anglo-Saxon, heterosexual, combined middle class/working class.

Mary:
66, MA., Jewish American out of Russian, German, and English [backgrounds], hetero, I have a disability – Multiple Sclerosis, poor – but happy.

Acknowledgement of Safety and Trust:
It appeared that for all the participants, establishing and maintaining safety and trust were seminal requisites from which the experiences of connection emerged. As such, safety and trust were entwined with many aspects of defining and facilitating connection, as well as the multi-faceted experiences of disconnection. For several clients, safety, in a very general sense, meant they trusted their therapists would not hurt them.
To Kassandra, physical safety was the most basic trust you develop with your therapist, "...basic safety is, like, physical safety. You trust the person is not going to physically harm you, which is the most obvious thing". Emotional safety was a more common understanding of the concept when it came to the therapeutic relationship, and for many participants, it was tied into the experience of feeling cared for. Mary provided a good example of the participants’ shared aspect of safety:

Nothing’s gonna happen. Nothing’s gonna hurt me... [my therapist] leads me into talking with my inner child whose been very timid... I know the child is safe and I’m safe because [my therapist] is safe... Nothing has hurt me in the past. When there is love present, I feel safe ... when it’s not there, I’m not safe.

While safety and trust hold a central place within the realm of therapeutic connection/disconnection, the ubiquitous variety of meanings and experiential accounts of what is needed in order to facilitate them, are not suitably contained as single themes. Rather, I have felt it was more informative to go another step beyond. The women’s experiences, which lie beneath the general rubrics of safety and trust, are represented within the three designated themes, with the intention of providing a more contextualized understanding of the diverse constituents of safety and trust for these women.

**Speaking of Connection**

The concept of ‘connection’ is certainly nebulous in nature and participants had difficulty, at times, finding the language to express the depths and subtleties of their experiences. Attempting to describe its essence in some transmittable manner made some participants acutely aware of the paucity of linguistic representation for what are sometimes ephemeral glimpses into the psychic, emotional and visceral realms of the human experience. Morag eloquently suggested that something that resides somewhere in the space between two people has an inherently ‘mysterious’ quality, and finding words to describe it challenges the limits of verbal expression:

I am having a particularly hard time defining connection, or is it common ...There is some chemistry in a good connection, some
mystery to it that I think will escape your definition, your research ... this is difficult. This is something that’s happened in a feeling level, in this inter-personal space that is very difficult to articulate ... the intangible that you are trying to make tangible, ... 

Emily also commented on the intuitive, preverbal, and sometimes visceral nature of connection:

I talk about being connected. It’s very much an intuitive feeling than something I can say, 'it’s this and this and this'. Those are all true, but I think to be really connected with someone there’s more than to say, ‘it’s this and this and this’... If I think of who I feel most connected with, ... is my granddaughter ... With her particularly, it’s a very visceral connection.... and one of my dearest friends... we met at a women’s breakfast ... And we sat down and almost before we started talking ... it was just almost immediately... That's something almost inexplicable, ... nonverbal.

Apart from or, maybe more accurately, concomitant to linguistic deficits, connection was difficult to describe for most participants because earlier life experiences, both familial and social, did not provide the particular contexts of support where these experiences were given sufficient significance. As one example, Mary stated that in her family, they “never talked about emotions”.

Therefore, being unsupported by a language that pays relatively parsimonious attention to the intuitive, and living within familial and social contexts that obfuscated the link between emotions and expression, understandably left many of the participants grappling to find the words to match the varied subtleties of their experiences. The limitations of this particular construct could have realistically resulted in research that just focused on how indescribable connection was. However, the women participants were creative enough to both acknowledge and, at the same time, circumvent these
barriers to paint richly provocative pictures of their experiences of both therapeutic connection and disconnection.
Introduction to On My Side

Most of the women, 4 out of 7 participants, spontaneously mentioned that they felt their therapist was “on their side”. According to these participants, having a therapist “on their side” was an indication of the degree to which they felt liked, understood, believed, and supported, and by association, valued and appreciated. However, it was also an indication that something powerful was going on in the therapeutic relationship that was different from some of their other therapeutic experiences. Ginette provided an example of how being “on my side” indicated that she and her therapist held a deep and essential kind of shared understanding:

She understood me on a deep level...she got what I was saying...I didn’t feel like I had to struggle with explaining things to her. I felt she just sort of essentially understood when I would describe things to her...she was always on my side... The thing with her [new therapist] is that I don’t feel understood.
It seems Ginette's first therapist shared a similar enough frame of reference or life location to resonate with what she was conveying, which meant Ginette didn't have to bridge some experiential gap by explaining everything. Emily commented on how being on the same side related to being "believed" and supported.

I had a sense she was on my side... she was there for me... she believed me. That was important to me- that she was there for me at that point... being supported in the decisions I made.

In these accounts, the clients felt they could communicate with their therapists in a shared language, which created a particular bond they both understood. While the women associated different feelings and meanings with this experience, the essence conveyed was one where the therapist moved from being 'out there' or 'over there' to 'being with' the client in some shared moments of 'we-ness'.

The theme was divided into 3 sub-sections. In conjunction to feeling validated, understood, and believed, the participants interpreted "on my side" as being liked, respected, cared for, and listened to, all of which will be discussed in a section entitled, 'Feeling Seen and Valued'. Another important dimension of "on my side" was conveyed by the participants as the impact of a shared belief system between client and therapist. The degree to which these clients found their therapists philosophically and politically aligned with them not only facilitated connection but contributed greatly to the ways in which the work unfolded. Keeping with the intention of understanding the impact of shared beliefs, shared agendas and how they particularly influenced the therapeutic work, was also included in this section.

Finally, the experiences associated with being in a same-gender dyad, as well as the significance of feeling matched on other dimensions such as class, sexual orientation, religion, and ethnicity for these clients were also briefly discussed within the experience of being on the same side.

In sum, the ways in which the client felt she was not alone in her perceptions of her experiences, beliefs, and life locations were described as contributions to the therapeutic solidarity. Further, what is respected, liked, understood, and believed about a client, as well as what is shared with regards to particular social characteristics, can all be
profoundly illuminating when looking at the complexities of these participants’ experiences with therapeutic connection and disconnection.

**Feeling Seen and Valued**

All clients understandably expressed the desire to be seen, liked, respected, and valued by their therapists. In other words, they wanted to be appreciated and supported for who they were as individuals, and all but one woman felt these important connection-enhancing qualities in their relationships. When the women felt liked, respected, empathized with, cared for, listened to, and believed, they were more likely to open up and share more of themselves with their therapists as expressions of developing trust and deepening connection. As well, in general, feeling their therapist’s appreciation for who and where they were significantly strengthened these experiences of solidarity. However, perhaps more importantly, understanding what is believed, respected, liked, etc. about these clients was significantly entrenched in the relationship to being on the same side.

**Liked and Respected**

Feeling liked and respected by their therapists was a part of the general experience of connection for most participants. For Ginette and Sarah though, being liked and respected was directly linked to experiencing their therapist as being on their side. When I asked Ginette what having her therapist on her side meant, she responded, “I really think it stems to the basics like, ‘does she like me?’” For Sarah, being liked was also part of that experience:

She likes me and respects me. I’ll tell her all the things that have been happening to me and she’ll look at me and say, ‘Sarah, they’re always trying to crucify visionaries’ [laughs]... She’s on my side and does understand what I’m talking about.

Sarah’s therapist used a metaphor that vividly depicts not only that she understood Sarah’s experiences, but she could also respect Sarah’s ability and courage to risk being unconventional in her responses to the world. Sarah’s therapist’s added
acknowledgement of the potential risks involved with being such an innovative thinker unified them even further.

**Empathy and Validation**

Along with feeling liked and respected, the sense of being listened to, supported, affirmed, and empathized with were parts of the experience of connection for almost all of the participants. For Emily, Sarah, and Mary, feeling genuinely supported and affirmed when they were sharing their stories with their therapists was part of what it felt like to have their therapist on their side. Emily provided an example of how her therapist’s attentive, empathic, and receptive listening helped her feel that her therapist was with her in that moment, which created an important opening for Emily to speak more easily:

There was a warmth about her, and I can’t tell you how she did this, but she made it easy for me to talk. And maybe part of that was she didn’t interrupt except to clarify or comment...I had a sense she was in my side. Um, that was important to me—that she was there for me at that point.

Sarah suggested that her therapist’s expression of empathic anger demonstrated to her that they had an important shared understanding around some of her life struggles. She commented. [her] "...empathic anger... I’ll see fire in her eyes ...I had this sense of her being with me". Again, the way Sarah was supported is an important part of the experience that contributed to the strengthening of their alliance. Her therapist’s demonstration of “empathic anger” over Sarah’s life struggles was a passionate response that signified the degree of their solidarity in that moment.

For Emily, the empathic unification that she shared with her therapist was fundamental in contributing to a quality of trust that allowed her to risk revealing more about what was happening to her in an abusive marriage that, up until that point, she had carried as a personal failure:

I felt empathized in some way with what was happening in the whole situation. I guess it gave me permission to talk about it in a way that I had never talked about it before.... It’ll be okay to tell
her more... and to explore, and to put it in some kind of context
so that it stopped being me that was wrong ...And it started being
the marriage that was wrong which was sort of this new idea...
‘You mean it’s not me?’

Emily’s therapist showed her she was able to be with her in a way other therapists had
not. She let Emily know that she could see what her experiences were about because she
understood the context within which they occurred. This genuinely empathic response
contributed to a profound shift in Emily’s self-perceptions. She went from self-blame to
identifying the marriage, and its socialized dynamics, as the focus of her distress; she also
learned to name it as abuse. The alignment between Emily and her therapist demonstrated
to her that she was not alone in her experiences, she didn’t have to continue blaming
herself, and further it was “okay to tell her (therapist) more”.

Cared for

Feeling cared for is included as an implied sub-theme of “on my side’ because for
these women it underscored a genuine, emotional response and affirmation for something
intrinsically unique about their individuality or experiences. In other words, similar to
being “liked”, the clients believed their therapists expressions of caring were offered in
response to something specific about them. While every participant had some experience
of feeling cared for by her therapist, and it was identified as important, the experiences
themselves carried different meanings depending upon a more general perception of
connection within their respective therapeutic relationships. For example, Ginette
suggested how trusting she is cared for by her therapist is part of a larger experience of
her feeling supported, affirmed and safe.

I trust that she is coming from a place of good intentions, I trust
she cares about me... like she wants to do the best for me. And
I’ve never felt hurt by her, by anything she’s said... I feel very
supported by her and really affirmed and all those sorts of things.
And all that helps me feel safe.
Even Kassandra who carried “a lot of ambivalence” about her therapist, situated part of her understanding of why she felt some inter-personal connection in the belief that her therapist cared for her. “She’s certainly very important to me. Um, and I think she cares about me”.

Mary, Morag, and Elizabeth also appreciated their therapists’ caring for its particular meaningfulness in their lives. For them it was expressed in a kind of “fine-tuned” consideration that was so important in helping them to establish more trust and a deeper therapeutic connection. Elizabeth talked about an experience that clearly communicated to her that her therapist cared for her. On the day of one of their appointments, her therapist called to tell her about an accident in the building next to the one where Elizabeth’s grandmother had been killed. Elizabeth explained how her therapist’s particular form of consideration affected her:

She cares ...I know she cares... I am not just that one-hour slot. I am a before and after... She had actually taken into consideration what I had just come from very. very recently.... Her concern helped me know that she cared about me in many ways. that she thought about me outside our session. that although I had never mentioned the caution tape. she was tuned in enough to understand that this might act as a trigger. So I think this was a concrete sign to me that she cared. that I could trust her and was a small step in helping me develop a stronger connection.... For a long, long time it was hard for me to believe that anyone could care.... I mean when you’re walking around and not liking yourself, ‘how can you accept that anyone else cares about you?’ Whether it is from your therapist, your mother, or it’s from your best friend? When you don’t believe anyone could possibly care about you, believing that someone does, which I didn’t really for a long while, goes a long way to feel connection and trust.

Elizabeth appreciated the extra consideration offered by her therapist above and beyond the therapy hour, which suggested to her that the caring was genuine and was not
associated with “giving her a cheque”. Her therapist’s caring was situated in the understanding of the effects of trauma, the potential effects that triggers can bring, and an understanding of where Elizabeth was at that particular time. This specific kind of instrumental caring was significant to Elizabeth in a way that words, up until then, could not quite approximate. Further, moving towards accepting her therapist’s “concrete sign” of genuine caring for her, and what she had just come through, contributed towards a much stronger connection for Elizabeth.

Morag also described how her therapist’s caring affected their connection. It gave her room to risk and “expose” or “lay bare” her soul in the presence of someone else:

I just felt so cared for. I feel such, respect comes to mind... I felt her being with me so nurturing, in such a fine-tuned way, in a way that my parents weren’t.... Being held and cared for... I felt secure enough in our relationship to be vulnerable and say so, to be honest with myself in front of someone else, to be good, bad, angry, funny, guilty, etc... exposed, laid bare.... travelled with. I guess.

Morag’s therapist’s caring created an experience of being “travelled with”. This togetherness translated into a sense of security that made revealing some of Morag’s inner vulnerabilities possible. Similar to Morag, being “honest with myself in front of someone else” was something that Mary also shared with her therapist.

I was aware of telling her the truth. She would listen and be on my side. When there is love present, I feel safe... [It is a] respect for me, concern for me, value. And not only is there concern but [the implication is], ‘I will go out of my way to ... resolve it with you. And I’ll listen to what you think and feel and say it back.

For Mary, the caring and concern, which was part of experiencing her therapist on her side, not only facilitated an acknowledgement of her own ‘knowings’, it carried an implicit commitment that her therapist would also be with her in the working through of any concerns she had.
These women’s experiences of their therapists’ genuine and specific caring was interpreted as an important indicator of their therapists’ desire, willingness, ability, and commitment to see them and to be with them. For these clients, feeling accompanied in this way provided the opportunity to share some profoundly vulnerable, previously silenced, inner ‘knowings’, which proved to be an important exemplification of the impact associated with being on the same side.

**Interested**

Showing interest in a client is also a sub-theme by inference because it requires some understanding of where the client is, what specifically she is sharing in the moment, and a response that conveys to some degree, ‘I am with you in this’. For Ginette, having a therapist’s “interest”, like some of the other sub-themes, was a catalyst for her to share even more of her life:

I know it’s her job and everything, but she seems very interested and it seems very sincere. I often doubt whether people are interested, so it’s really important to me.... I need to feel like someone’s interested and I can have a good amount of attention for me to feel safe to talk.

Ginette experiences someone’s interest in her by the amount and quality of attention they can offer. And the quality of interest and attention are tied into her feeling safe enough to speak. Elizabeth also expressed a need for “consistent, constant attention, just for me and my learning”.

**Believed**

Again, while many of the participants’ experiences with their therapists implied that their therapists believed them, and what they had to say, it is in understanding what specifically is believed about them, or their circumstances, that actually elucidates a better appreciation of what it means to have a therapist on your side. Emily’s narrative exemplifies how her therapist’s believing was profoundly instrumental in Emily’s shift in perspective:
I had a sense she was on my side...she was there for me... That was important to me—that she was there for me at that point...she believed me.... [Can you tell me more about what being on your side means to you?] [It is] helping [me] to understand that what was happening in [my] relationship was abusive... When you’re battered with words, you don’t know you’ve been hit necessarily.... To being supported in the decisions I made, she made it very clear that she did not see this as being my fault.... ‘This is not you’... This was nothing I had caused. ‘This is a situation that you’re in’. But also not putting the blame directly on the man I was married to... ‘This is how the system is set up. It was that I was in this relationship within this society that fostered these kinds of relationships between men and women. It was a big relief. It let me stop blaming myself. It let me stop saying, ‘It’s my fault’. ‘I’m part of it but I’m not causing it’. It helped me sort out what I wanted to do and helped enable me to do it.... I couldn’t keep in this situation where I was constantly told, ‘You’re not okay’... I don’t houseclean, if I don’t cook well enough, if I don’t dress right. I don’t look after the kids right. I don’t have sex right. I don’t do anything right. Nothing was right, and so if none of that was right about me, could anything in the rest of my life be right about me? So going in there feeling all wrong... I wasn’t connected with myself [but] there was still a part of me that kept saying, ‘no’. That was a part that kept me going. I don’t know what part of that was, my spirit maybe, just some essence of me that kept saying, ‘no’.

For Emily, the importance of being believed, and having the experience of having her therapist on her side, was rooted in her therapist’s ability to name these particular experiences within the marriage as abuse. This provided a context for Emily’s pain that helped her stop blaming herself. By not taking up the voice of her partner who had
consistently told her it was all her fault, Emily’s therapist effectively conveyed her belief in, and support for, Emily’s spirit that fought against the systematic annihilation. Amplifying Emily’s inner voice by ‘being on her side’ was an important step in Emily’s journey towards believing in herself and being on her own side.

If I can put my trust in someone else who believes that I can trust myself, then I can begin to start trusting myself... I think I learn to trust myself through trusting someone else who trusts me.

Understood

Being understood could simply suggest that someone can make meaning from the words you are using, but it was specifically identified by Ginette as a reminder that she was able to share her experiences in a deeply meaningful way. In the following excerpt Ginette felt that her therapist ‘gets her’ and she doesn’t ‘feel missed’, which for her meant they were essentially on the same side:

I didn’t feel missed all the time. Like, I felt, for the most part, she understood me on a deep level...She just sort of got what I was saying... I didn’t feel like I had to struggle with explaining things to her. I felt like she just sort of, essentially understood when I would describe things to her... [Working with a new therapist since our first interview, Ginette makes a distinction between the 2 experiences], the thing with her [my new therapist] is that I don’t feel understood. So I am searching for that kind of connection... But I didn’t feel like it was at the top of my list with my other therapist. And I also feel like I’m just getting through to a place now, with this new therapist... feeling like, she’s sort of on my side, which I never had that issue with my other therapist. I always felt she was on my side.

With her first therapist, Ginette didn’t have to invest a lot of energy into bridging the distance between what she experienced and her therapist’s understanding of those
experiences. Not being missed and being on the same side is the connection Ginette searches for with her new therapist.

Morag felt that she was missed more when she and her therapist were "more analytical" with each other.

In early therapy, I felt very met by her, and very connected, like a lot of the time. Certainly when I was in more into my deeper feelings, I felt very connected. It was in sessions where we were a bit more analytical where there were more times when I felt she had not asked the right questions, or she just missed me a little bit. So the deepest connection was when I was deepest in my feelings, I think. And there was more room for missing, or not quite understanding, when we were more analytical... the general trend was that that was more towards the later phases of therapy.

In Morag’s experiences, there was much more of a chance not to be understood when they were involved with intellectual analyses, rather than connecting through the expression of her feelings. It is almost as if she were saying that intellectual engagement could, sometimes, potentially widen the gap between her and her therapist because speculation may not reflect what is experientially grounded in the moment.

**Shared Beliefs and Politics**

Being liked, understood and believed were a therapist’s responses to who the client was, but the narratives also suggested that *what* is understood and believed about a client’s experiences and individuality are rooted in a particular value or belief system. Emily explained that it was her therapist’s framing of her experiences in a certain way that helped her not blame herself for being abused,

...and to put it in some kind of context so that it stopped being me that was wrong... and it started being the marriage that was wrong.
Emily's therapist's response was a manifestation of her belief system. She believed in looking at the context instead of supporting Emily's internalized belief that she was the problem. It was this analysis that signaled to Emily that her therapist was on her side, and the resultant, ensuing trust in their developing shared philosophies demonstrated to Emily a feeling that she was ultimately, "supported in the decisions" she made. So, having a therapist "on your side" can also be expressed through shared beliefs and values, and for some, politics. For Sarah, at the center of feeling understood. "she's on my side, and she does understand what I'm talking about", was their shared political and philosophical locations:

I trust her integrity... our commonality in politics ...that is really important to me.... We have to have some of the same values in common. It's very important to have those values. I'm not going to a right-wing therapist... or some middle class honey who isn't going to understand what I'm talking about... There's an underleaf, an underlying, 'What kind of person are you?' ... not only. 'how you deal with issue X. Y, and Z, but are you the kind of person who will deal with [them] in the kind of manner that I want you to deal with them in your work?' ... I want the kind of person that's going to react to these kinds of issues in a certain kind of way.... I watch all the things I put out to see what the reaction is. Not just the answer, but the reaction because that gives me a picture of who is this person.

Sarah described how essential it was that she and her therapist share common values that were not consistent with conservative or traditional beliefs. Sharing these specific philosophies helped her feel understood in her life experiences, and the various ways she was located in the world. Sarah also watched her therapist closely to see that she guided the therapeutic work in a way that consistently reflected the commitment to these beliefs. In other words, Sarah is describing a need to experience her therapist's values in action as a demonstrated reflection of her genuineness and conscious congruency. One specific
belief they shared, which is fundamentally important to Sarah’s belief structure, is their opposition to patriarchy:

She has anger against the system... I’m opposed to patriarchy. And I have a good theoretical basis for that... I am opposed to patriarchy.... I don’t think she’s a patriarchal person...that’s basic importance.

Kassandra located her trauma within a political context, and she and her therapist did not share the same political views about the impact of that context. The way that Kassandra’s therapist addressed these differences contributed to her feeling distressingly negated, shamed and confused:

A lot of the ambivalent feelings that I’ve had towards her and suspicions and everything have centred around... political context. I’ll talk more in a political context and she’ll say.... ‘that’s not what it’s about...These are about feelings in your childhood. It’s not ‘men’; it’s the ‘man.’... and there’s a certain way that I feel ashamed by that... How I hear it is, my impulses against things that are oppressive is bad. There’s something bad about my feeling angry about it. Or, feeling grief or whatever.... I’ve identified my inner self; my experiences with certain groups of oppressed people... I feel there’s something wrong with it... or neurotic or something.... I just felt like she was negating me. So, maybe there’s a way she could have helped me out of that, liked inched forward more or, maybe there isn’t. Maybe it’s just that I didn’t get it. The part that was difficult was feeling like what I was trying to say was not being validated...it’s painful.”

By saying, “it’s not men, it’s the man”, Kassandra felt her therapist was intimating that she was “projecting” her personal experiences onto a larger social context, and the link she was making among abuse, oppression and our socio-political influences was inaccurate. Ultimately, the split in Kassandra’s and her therapist’s designation of what
was to be explored, and in what way, contributed to what Kassandra experiences as a process of undermining herself. “I second guess [myself]. There’s already a tendency, so that combined with what I perceive as therapy teaching me. is how I undermine myself”. Kassandra contrasted these experiences with a workshop facilitator with whom she shared more similar beliefs about how personal “stories” are contextualized. This therapist also believed a woman’s way into her experiences should be respected as her own choosing, which was extremely validating for Kassandra to hear:

[She said]: “It doesn’t matter how we start telling our stories. If we start talking about children starving somewhere... that’s how we start talking about it”. I just felt very good. This therapist’s understanding of child abuse and social systems seems to take in the complexity of my experiences better, [and] that really feels right. I feel validated... I don’t feel ashamed.

Mary also placed a great importance in a shared belief system, and for her that specifically included an appreciation for a “women”-centred focus. Past therapeutic experiences with therapists who imposed a traditional male-centred approach had deleterious consequences.

The therapists that I went to over the decade, they were trying to fit me into a male construct... didactic, very paternalistic.... and a belief system in which they believed, and they didn’t care if I wanted to or not... It was very traditional... were based on male normal.... Women’s specific feelings were not considered valid. They made me feel unnatural because I couldn’t share the same emotions. It made me feel not understood.... They were trying to make me fit me into a model, which I didn’t fit into. And that’s something that I’m only beginning to recognize...

As evidenced in her account, experiences with therapists who did not share a similar belief system left Mary with the impression that her feelings and their expressions were “unnatural”. She also felt pushed into fitting into a normative male construct, which for
her was an attempt to eradicate some vital, intrinsic essence of who she was. She, like Sarah and Kassandra, appreciated when a therapist could acknowledge women’s lived experiences, as well as embrace, value, and encourage their diversified and complex expressions and meanings.

Another example of how shared beliefs affected connection was offered by Ginette. She and her therapist shared a respect for the experience of ‘ritual’ and its link to spirituality, a core belief in Ginette’s life:

I loved my woman therapist... I felt so comfortable with her...I liked her so much ...I felt so connected to her, just like on a spiritual level. And could see so many similar life things.... There are some similar interests that we have in life that I’m very aware of. They are some core ones and that was really good. So, for some reason, there’s something about having a similarity or similar likes... in ritual, doing ritual, circles, and movement....

The shared belief in something that could be considered a nontraditional activity conveyed to Ginette that she was not alone in an aspect of her belief system that lies outside the realm of mainstream values. This spiritual ‘joining up’ unified them within a larger cultural milieu that may not accept and respect these kinds of “core beliefs” in the same way.

**Shared Agendas**

A therapist’s agenda can be a manifestation of her/his philosophical stance. When a client and a therapist share a therapeutic agenda, they are working from within an agreed upon conceptualization of what the work looks like, and where it is going. For these women clients, sharing a common understanding and commitment about the therapy process can be a powerful indicator of how much they are on the same side. Further, these participants explained that when there is a clear collaboration on the intention and direction of the client’s therapeutic work, or agenda, a significant contribution could be made towards the quality of connection a client develops both with herself and her therapist.
Contrasting and comparing feminist and non-feminist therapeutic experiences was not the specific intent of this inquiry. However, for Morag, Emily, and Mary, explaining the differences between their feminist therapists and other non-feminist-identified therapists had been an integral part of describing some of their connection experiences, especially when it came to discussing therapeutic agendas. The following excerpt highlighted Morag’s contrasting therapeutic experiences around being “met” and its contribution to connection:

[female therapist] There was a striking difference when I met my new therapist ... The connection happened really quickly. And when I think of the contrast between them... She was so there, interested in my agenda, and trying to figure out why I was there, and what it was I was trying to express.... [with my non-feminist therapist] I know in the therapy where I didn’t feel met. I had different questions in my head than the therapist was even allowing me to ask or asking me.... I didn’t want to stay or pursue therapy with him.... because he steered the whole therapy in the direction of, ‘How can you make your relationship work?’ when I was sitting with the question, ‘Am I in the right relationship?’ And I couldn’t even articulate that at that point, but ...I knew there was something brewing inside me that was not being met...I felt like we were separate people in this room, and he was on one track and I was on some other track. And I felt a frustrating tension between ... where I needed to be and where he was, or where he was trying to take me.

Morag identified a profound rift between where she was and where the therapy was going. The disparity in agendas was frustrating for her. “I wanted to get into the why(s).... And he, this therapist, wasn’t helping me go in that direction”. Further, her therapist’s agenda, which was an attempt to move her towards a reconciliation of the marriage, not only consolidated a split in the therapeutic relationship, it isolated Morag from her own process of exploring what she might want. In contrast, Morag’s present therapist, “(kept)
bringing me back constantly to, ‘so, how do you feel about that? Or, um, ‘you’ve just told me what you’re thinking but what are you feeling? And what does that bring up for you?” Morag suggested that this non-directive quality of exploration helped her to elucidate and strengthen a connection with herself. “Like all these kinds of therapeutic questions that kept me close to how I felt ”.

Emily and Mary had also worked, at one time, with therapists who wanted to impose a style of therapy, or a specific direction that didn’t match their needs. Emily explained:

She’d say, ‘let’s work on your coping skills’. [Emily would respond with], ‘I don’t have a problem with my coping skills.... The problem is I can’t use them’.... So, there was even disconnection in what was considered necessary. What I considered necessary and what she considered necessary.

In the next excerpt, Mary described how applying a behaviour modification style of therapy, when she wanted to look at the source of her problems, was similar to being “painted over”:

I didn’t want behaviour modification; I wanted to untie knots.... Behaviour modification ... not going to the root of the problem is, just cosmetic, and it doesn’t solve anything. And I wanted to untie knots.... They didn’t go to the source. They just picked out a different behaviour, and that didn’t work. I didn’t want to be painted over. I wanted to be me.... And that’s what I am. I couldn’t have said that. I can now, but I couldn’t have said that. But I know that it didn’t make me feel better because I was not what they were trying to teach me to do. That was incompatible...

frustration.

Kassandra’s present therapeutic relationship offered her challenges with respect to differing agendas. Her therapist’s insistence on a particular philosophical approach to working with Kassandra’s depression (taking drugs) left Kassandra with mistrust for her
therapist as well as feeling unsupported in her instincts, which revealed themselves as feelings of "reluctance":

The old issue was patriarchy. The new issue is anti-depressants around which I feel mistrust... I have felt reluctant to taking anti-depressants... and I felt somewhat mistrustful of her around that issue... I don’t know what I think about how she goes about it. She talked about it one session for almost the whole session, and I hadn’t really wanted to talk about it.... So that leaves me half trusting and half not, I guess... Something about the drugs where she feels so strongly, and I just don’t know how to be. This discussion about depression... has triggered an emotional response in her.... I can sense through her when she’s feeling annoyed with me.... Someone is just trying to be blunt with you, or if someone is actually pushing you too much. That can be really confusing when ...it’s a sensitive thing.

When her therapist brought in her own agenda without identifying it as such, it left Kassandra feeling confused, concerned, and mistrustful. Emily, Kassandra, Morag, and Mary explained how differing agendas between therapists and clients can manifest into a therapeutic split which is essentially antithetical to feeling like you are both on the same side. Further, when these clients were expected to fit into a therapist's system of beliefs, philosophical stance, or therapeutic approach, they not only did not feel joined or supported by their therapists, they felt the violation associated with being coerced away from their inner experiences.

Emily offered her understanding of what a helpful perspective for a therapist would be. “[If I am the therapist], “it’s not up to me to make her see what I see ...either directly or indirectly because I’m only seeing it from the outside”. But, she also respected an inherent tension for therapists in both acknowledging a cultural context and at the same time not imposing a framework that isn’t entirely congruent with who, or where the client is. “There is a very fine balance between finding a way to put a
framework around what's happening for a woman... and helping her find her own framework”.

Therefore, for Emily, Kassandra, Morag, and Mary, an experience of both intra-personal and inter-personal ‘dis’-connection was related to having different agendas within the therapeutic process. It appears the agenda is seen as a crucial conduit through which the therapeutic process is guided. When there is a shared purpose and direction, the potential to be supported and to not feel alone is enhanced. However, when an external frame gets imposed that doesn’t match the client’s internal representation of her experiences and her sense of direction, the tension of being pulled at cross-purposes can fracture the alliance. It can also leave a client standing outside her own experiences, which is another way of exacerbating her initial isolation.

**Matched Social Characteristics**

The significance of being matched with a therapist with respect to gender, sexual orientation, class, and culture/ethnicity/religion are presented as other dimensions of “On My Side”. While these features were not explored directly, some women shared their views on whether or not it was important to be with a therapist who is similar to them in these ways, while discussing other aspects of the therapeutic relationship. Not specifically asking the participants what it was like to work with a woman, for example, was an overlooked potentially important area of exploration. However, in the context of understanding what made the clients’ therapeutic relationships feminist, some specific qualities or attributes of the relationship that were considered to be a result of a shared gender, were also revealed.

**Gender**

Sharing gender means both therapist and client occupy a specific location in the larger socio-political construct, albeit their individual locations are multiply entwined with the influences of other contexts such as ethnicity, class, etc. However, as members of a particular group, they are privy to some similar experiences. For a few of these participants being joined up with their therapists in this way was a recognized and valued place of connection. When Emily commented that her therapist was “women-centred” in
her therapeutic approach, part of her explanation included, “we connect in shared aspects of our lives, or philosophies, or the fact that we are women in a patriarchal society”.

Morag specifically wanted to work with a woman because she felt a same-gendered therapist would understand and relate to her better than a previous male therapist had. She was seeking out “compassion, caring” and nurturing which she associated with the socialized “feminine” and “mothering” roles:

I had some preconceived idea that a woman therapist...by virtue of being a woman would somehow relate better to my experience. There was something feminine I needed. And maybe that was around my old experience with my mother and with my mother being the parent I experienced as compassionate and caring. Maybe I was gravitating towards a female therapist because I had experienced my mother as compassionate and caring and unconditionally there for me.... Mothering. I wanted mothering, something about mothering. I didn’t want fathering because fathering had not been as great an experience for me.... I was going through a phase in my life, ‘men are terrible’ [laughs]. My father didn’t treat me very well, my partner’s not treating, or understanding me very well. This male therapist I’ve just had didn’t understand me. Men either don’t understand me, or they intimidate me. so....I want to bond with someone who’s like me.... She made things feel comfortable and safe. She really gave me the feeling that she wanted to hear what I had to say. She very quickly gave me the sense that she could relate to me to how I felt. And, she gave me the sense that I could feel however I wanted to without being judged. So there was this accepting atmosphere.

Morag wanted to be understood and cared for, and accepted in a particular “feminine” way, and for her, being with this particular woman therapist gave her these experiences. Similar to Emily, through the course of therapy, Morag came to recognize that some of
the sources of her life struggles were entrenched in a more general, culture-specific context, which ultimately helped her feel less alone. In addition, Morag’s and Emily’s increased understanding about the ‘socialized’ differences between women and men, meant that they could stop blaming themselves for their different perceptions, reactions, and responses to their lives. These understandings allowed Morag to, “identify with other women... by referring to socialization... It helped to normalize, helped me to feel that it wasn’t just me”.

Ginette experienced her therapist as, “a strong and powerful woman”, and as such, she encouraged Ginette to claim her own power, and to take all the inter-personal space she needed in order to do that. Ginette commented:

So many women are so smushed down... She’s a strong and powerful woman... She is supportive of me taking up as much space as I need to and being as big and powerful as I need to be, as I want to be. She thinks it is important for women to, or at least for me and I am a woman and she’s a woman too. to take up lots of space, and to be heard.

In the above example, Ginette was invited to “take space” in the company of someone who had learned experientially about the need to feel powerful in this particular way.

For the participants that discussed the gender dynamic, a same-gender therapeutic relationship offered these clients the benefits of being understood by someone who shares a similar gender-specific status within a patriarchal society, which for them provoked a specific example of being ‘on the same side’.

Generally speaking, when a client and therapist share some similar oppression, and it is made explicit, it can make it abundantly apparent that some of the focus rightfully belongs on the context rather than the individual. A client can then see more clearly “it is not about me”, which essentially normalizes some of her/his experiences, and helps her/him feel less isolated. Further, for Morag, a woman/woman dyad provided her with the opportunity to take advantage of the socialized “feminine” side of her therapist, which was extremely important to her with respect to safety, comfort, and acceptance.
Sexual Orientation

The issues of class and sexual orientation only came up in my discussions with Sarah. With respect to sexual orientation, she commented that while she wouldn't go out and look for a lesbian therapist, she did however screen her potential therapists for their views on working with her as a lesbian. Her therapist responded with:

'Oh great. That's always been a part of my life'. ...'that's a big part of my life' ...she said that there's always been lesbianism and lesbians in her life, and she's happy that it would be continuing in this relationship. And I thought, 'that...felt perfect to me.... I just really liked that (response)...it was really nice.

So, while it was not necessary for Sarah's therapist to be a lesbian, a genuine, respectful, "comfortable" response to Sarah's sexual orientation was. Further, Sarah's therapist not only accepted her sexual orientation, she intimated that that aspect of who she was would in effect "add" to their relationship. In our second interview (approximately 2.5 years later), Sarah told me that her therapist had come out as a lesbian since we last spoke, and Sarah felt this gave her therapist, "some understanding of what ...being from an alienated minority is about, an oppressed minority". Sarah being a Jewish, lesbian woman with a disability was pleased that her therapist could now share some experiential understanding of oppression, in addition to what they shared as women from working class backgrounds.

Culture, Religion, Ethnicity

With respect to culture/religion/ethnicity in the therapeutic relationship, two of the three Jewish participants commented that working with a Jewish therapist was not necessarily something they needed or wanted. Mary stated, "I'm not an Orthodox Jew. For an Orthodox Jew, I think it would be an issue. I was raised as a Reformed Jew".

Sarah felt her anti-patriarchal beliefs might make her particularly vulnerable to being judged by a therapist who might identify with the Jewish community in a way that she did not:
That’s never been a concern [to work with Jewish therapist]... It’s been a big issue for me... it’s a really central issue and ... to me ... it’s important to me how a therapist would deal with the fact that I am from an oppressed minority that’s not in favour these days ... And it’s interesting...I think not choosing a Jewish therapist... having been quite rejected by that community, I think I’m almost more afraid to be judged by a Jewish therapist.... because I’ve been an outsider in that community... I’m opposed to patriarchy.... and that is in Judaism. Christianity. and Islam. And I have a good theoretical basis for it.

While being Jewish was a very central issue for Sarah in her life, as long as she could be appreciated for who she was. and her therapist subscribed to an anti-oppressive philosophy. working with a Jewish therapist was something she chose not to do. However. Sarah struggled with how to reconcile having feelings about her non-Jewish therapist saying. “‘oy vay’ so much... A part of me does not like to hear that”. She had many reactions that took place when this happened in therapy. Sarah tried to understand the impact of past oppressions on her response to what was happening in the therapeutic relationship.

[Sarah recalled thinking]. ‘Those are not your words. Don’t steal my words’...I have this funny feeling, and then I go...shock. And then I just take a breath and think. ‘Sarah, this is your stuff you know?...I kind of have to mobilize myself...I wouldn’t say I go away from the relationship. Just go, ‘it’s okay that she’s saying that. It’s okay, you don’t have to panic’. I rebalance very quickly and then come back. It’s my stuff. I want to deal with it a bit more on my own before [I bring it to her]... I do have a general dislike for people who assume other people’s ethnicities, and I found myself guilty of the same thing, so trying to figure out what that’s about... For your information, it’s interesting to me... when I talk about the Jewish thing, it’s more scary to me than the
sexual orientation thing...the level of trust has to be higher to be able to be forthcoming [about] my feelings about being Jewish. What that’s been like, anti-Semitism now and the oppression from within... I grew up with anti-Semitism, you know? ...The kids used to call me ‘god dam Jew’...weird things in school. Teachers were weird. Everybody was weird. [Now] people go, ‘Oh you’re Jewish’. and then they start talking to me in that phony Jewish accent [mimicking]...So. I think part of my reaction to her. is to them... and [what she says] is really small.

Sarah’s insight into her personal response to her non-Jewish therapist’s use of Yiddish words indicated the complexity of effects that can be associated with life-long oppression. Sarah respected her reactions to her therapist, and realized how “scary” it was for her to talk about being Jewish. At the same time, she placed an understanding of her responses within a larger anti-Semitic context. While Sarah’s trust in her therapist’s commitment to an anti-oppressive perspective helped her to sort through some of the inter-personal ramifications of this kind of rupture, it was nonetheless. a “shocking” and “frightening” experience that, in the moment, created a significant intra-personal and inter-personal disconnection.

**Class**

Appreciating that her therapist faced some similar challenges associated with struggling within a hierarchical, class-structured society generated admiration in Sarah.

We agree about class...I have working-class roots and so does she. Her understanding of her roots as a working-class woman...has been useful. There’s just no need to be explaining that stuff ... she became a psychotherapist and she had to bust her ass to do that.

This shared understanding of certain class-related situations also meant, “there’s just no need to be explaining that stuff” to someone outside that particular knowing. While class
was something that Sarah didn’t check out with her therapist before she started working with her, if she felt “any class antagonism. I’d be out of there…. I wouldn’t be there”.

Sarah remembered.

...past therapeutic relationships, with so called feminists, having to give great big lectures to people about class in order to get what I needed, and that’s something I don’t wish to do anymore, educate any therapists... They can pay me.

Summary

“On my side” described how participants felt understood, supported, believed, and respected in ways that were qualitatively different from other experiences they had had. These expressions of unification also seemed to reinforce the foundation for a developing trust in “it’s okay to tell her more”. a significant consideration in the vitally reflexive therapeutic process. Further, and perhaps equally importantly for these participants, being seen, valued, liked and respected, even when they couldn’t recognize it for themselves, helped create a unique vision of the therapeutic journey; sharing politics and a therapeutic agenda solidified an understanding of the intention and direction of that journey.

Sharing some similar social characteristics whether it was gender, sexual orientation, ethnicity, or class, created a space where these women felt less of a need “to explain” some of the dynamics of oppression. (Since all women were white, the valuable experiences of women of colour were not included in this analysis). In essence, these women seemed to be saying that ‘being on the same side’ suggested that almost all of these therapists were perceived as conveying the belief that, “as much as we can, you and I will be travelling this road together”.

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Chapter 6

Therapist Expertise

Introduction to Expertise

Presence:

'Solid'-ness
A. Confidence
B. Stability
C. Being Comfortable
Consistency, Congruency, and Commitment of Therapist’s Presence

Actualizing Presence:

Moving Circles into Spirals
Therapist’s Respect that it is the Client’s Process
Attunement and Flexibility
Boundaries
A. You/Me
B. Making Space
C. Respecting the Need for Distance
D. She Stays
Therapist Self Care
Physical Closeness
Connection in Disconnection

Summary

Introduction to Expertise

All participants, either directly or indirectly, discussed their therapists’ expertise or knowledge when describing their experiences with connection. The collective understanding of expertise focused on who the therapist was and what she offered. Specifically, the participants seemed to centre on two major representations of expertise: describing qualities of their therapists’ ‘Presence’ (which was commonly seen as being informed by theory, and personal and professional experience); and, the ways in which that presence guided or facilitated the therapeutic process, designated in this section as ‘Actualizing Presence’.

All the participants wanted their therapists to have certain kinds of knowledge. In the following narrative Sarah identified what she appreciated about what she defined as her therapist’s “expertise”, and how it related to what she perceived as connection:

I appreciate her expertise. I need it and I want it ....She’s got the
expertise, and she’s got the politics, and she’s a real humane person.... I guess that’s connection. I never thought of it that way before... And part of it relates back to her having the theoretical basis for what she’s doing... She’s done her own work... She stays with herself and her process and with her knowledge... She has the theoretical basis, that she’s not just tap dancing... She has the intuition and she has the desire. She has the connectiveness. And she went and learned how to share it. And she knows how to apply it. And she trusted herself enough to go with it.

In the above excerpt, Sarah articulated what many participants intimated. Expertise is comprised of many critical components that wouldn’t necessarily be viewed as therapeutic knowledge in the traditional sense. It encompasses the realms of both the theoretical and the experiential. A therapist’s presence, which includes her intuition, her political or philosophical stance, her ability and desire to connect, and, her relationship with self-understanding, shapes her expertise. Therefore, expertise is considered to be an integration of a therapist’s professional and personal knowledge.

According to Sarah, her therapist’s ability to respect her own process and knowledge as she “stays with herself”. projected an assurance that she was both grounded and informed. From that place, she was willing and able to reach out to Sarah and offer what she knew as, “she trusts herself to go with it”. For a therapist to understand who and where she is, and to make that information explicit, is particularly important to Sarah. She has worked with therapists for several years only to find out, “this person doesn’t have the equipment, the knowledge, and the expertise to go where I need to go, and I’ve wasted my time”.

Mary commented on the fact that her therapist possessed a kind of knowledge she didn’t. and she, like Sarah, specifically appreciated the way this knowledge got utilized within the relationship:

She is more knowledgeable than I by benefit of her training and by the way she lives than I am.... The fact that she is human to me, not a dictatorial god-like fountain. That was very important.
It enabled me to connect.... [In past therapeutic relationships], they were pontificating and expecting me to agree with their sayings. It wasn’t an exploration, it was like a teaching process.

In this narrative, Mary emphasized that when discussing connection, the way expertise gets communicated is as important as what constitutes that expertise. Essentially, the difference between past and present therapeutic experiences was the difference between being told who she was, and the act of engaging in a collaborative exploration of her experiences to discover who she is. Prior therapists’ “expertise” was expressed in a “god-like” authority that felt controlling, coercive and manipulative. Feeling pressured to abandon her own intuitive understandings and “agree” with whatever was purported as an interpretation of Mary’s experiences, was for her, inter-personally and intra-personally divisive. However, her present therapist’s willingness to be “human”, as one expression of her expertise, “enabled” Mary “to connect”, as well as helping to create a space for her personal exploration. Further, Mary’s acknowledgement that her therapist possessed a valuable kind of knowledge, and she in fact can benefit by what her therapist has to offer, didn’t require her to devalue her own sense of professional expertise; she just appreciated their differences. "I didn’t take the road to go into psychotherapy or psychology. My world is in the arts. She can come to me for the arts".

Emily also commented on how she made best use of her therapist’s expertise. Like Mary, Emily clearly did not want a therapist telling her what to do, or fixing her problems for her. She did, however, need and want her therapist’s help and support, but this needed to be provided within the context of a respectful collaboration:

She knew what she was doing.... It’s my work. I’m very clear about that.... I tend to see myself as very much a partner in this. Yes, the person I am working with has the knowledge, experience about how to help me work with this, but she can’t solve it for me. She can’t do it for me, and nor do I want her to, but I need help and support.
As exemplified in the above narratives, these women have an experientially grounded understanding of what kinds of therapeutic “expertise” are helpful to them. These participants appreciated a kind of expertise that was certainly not congruent with a more traditional connotation that renders an image of an eminently omnipotent individual dispensing knowledge to a passively receptive client. For these women, it was being in a relationship with an acknowledged human presence who was willing to utilize many forms of integrated knowledge, such as intuition and experience, which defined expertise in such a way as to make connection possible and the therapeutic work collaboratively viable. The following segments explore, in more specific detail, the importance of a therapist’s presence and the utilization of that presence in the facilitation of connection and the client’s work.

Presence

As mentioned, a therapist’s presence was identified as fundamental in facilitating both connection and the therapeutic process. In the following excerpt, Morag explained the integral link between her therapist’s presence and the facilitation of her process:

... the voice of my therapist. The presence of my therapist and the stance of my therapist... I mean I took all that in and carried that with me, and it grew inside me and informed my own feelings and internal process.

Her therapist’s “voice” and “stance”, as elements of her presence, were internalized to develop an inner supportive resource that helped guide Morag in her continuing process.

‘Solid’-ness

a. Confidence
b. Stability
c. Being Comfortable

Most participants used the adjective “solid” to describe a particular aspect of a therapist’s presence. Being solid as a form of therapeutic expertise carried many
different, but related definitions. Being solid, for the most part, meant a therapist had the ability to emit a sense of confidence, stability, and self comfort, which essentially provided a degree of safety to the clients. This link between solidness and safety was clearly defined for Ginette, Kassandra, and Morag. As one example, Kassandra recalled an experience with a therapist she encountered in some of the workshops she attended:

She was just so solid... Like, if someone bad came in the door, she would take care of it. God. I could really feel safe with this person... There's some sense that she is able to take care of things and in extension, us.... '[So. I could] just let go. let go, let them take care of it'. When I was young, I could never relax. There were never any adults to make sure things were going to be okay. Like. my parents weren't powerful people. in that. centred. able to take care of things. and able to keep us safe. They couldn't. And so. it seemed like heaven to be able to just have this parent for awhile.... So I could relax.

For Kassandra, a solid therapist could create an ambience of sufficient assurance and security that her younger child part felt safe enough to let go of some of her fears associated with being unprotected and vulnerable to harm.

Like Kassandra, Morag's understanding of her therapist's solidity allowed her to let go: she named it "falling apart":

She was a solid presence. That also helped me in allowing me to fall apart and whatever that meant for me at the time... Someone who would be there. be with me no matter what.... [In our second interview I asked her more about what falling apart meant to her]. I guess for me back then, falling apart was being this bundle of feelings. I think a lot of it was grief: grief around my own sense of failure. I felt a lot of failure at that point in my life, relationships. My relationship wasn't working. I felt I hadn't
really matured, that I was still acting in a way that hadn’t grown up. And I felt there was something wrong with me and falling apart was just letting all that out. Like being able to express all that in a very raw and crude way without it being judged, crying. I know I had early therapy sessions where I was just sobbing about things, just floods. I had some sessions where I was just raging, just emotion that was quite raw and uncensored...and admitting all that with somebody and not feeling ashamed.... There was something about her way of being with me... The sense of connection happened very quickly ...and it was really important in making it safe for me to talk about what I needed to talk about, the very deep feelings that I had at the time I got into therapy. And there was something about the relationship with my particular therapist. The trust was established very quickly for me.

Morag trusted that her therapist would be there no matter what. This allowed her to sob with grief and shame, and to rage in the presence of someone with whom she felt was solid enough to contain the depth of those feelings in a non-judgmental way. This experience was important for Morag because she had come out of a therapeutic relationship with a male therapist where she did not feel safe enough to get in touch with her deeper feelings around a relationship crisis. He, “steered the whole therapy in the direction of. ‘How can you make the relationship work?’ I was sitting with, ‘Am I in the right relationship?’” With her current therapist, Morag felt supported by someone who’s presence conveyed that she could not only hear her, but could also “amplify” what she was saying from a place of shared understanding. “Whatever I would say would resonate with her, and she would amplify it somehow”.

a. Confidence
Another dimension of solidness, as identified by the participants, was their therapists’ ability to stay confident or grounded in the process within which they were engaged when the clients felt angry, uncomfortable or unsure of themselves. This kind of solidness was
often reassuring. Kassandra offered an instance where she valued her present therapist’s ability to say what she thought and “not back down”, despite Kassandra’s anger in that moment:

I was taking advantage of the other person (partner) in a certain way, and she saw that and I didn’t... that’s powerful... I got really mad and she [the therapist] didn’t back down or anything... She’s not backing down. She’s just there with what she thinks... otherwise it just gets too flimsy and it’s too confusing. I’m confused enough [laughs].

Her therapist’s confidence, in this instance, provided some clarity and stability at a time when Kassandra needed something solid in the face of her own confusion. While this was a situation when Kassandra appreciated her therapist’s confidence in her own assertions, there have been times when this particular characteristic had been problematic for Kassandra:

Maybe her self-confidence leads her to make mistakes, like defining too much for me. Like a dream I had. She said, ‘well. it’s like this and this’. And she’s wrong. I don’t think that was her place to say that this meant that. It just didn’t work. Other therapists would waffle sometimes with me. They would not make that mistake.... I didn’t at the time feel like I could say, ‘no. I don’t think so’...what I was trying to point out in that example was her flippant way of saying it in a too sure way... when the situation calls for more doubt.... She may be too heavy-handed... I appreciate the firmness... but maybe there’s a different context in which that bluntness isn’t helpful.

So for Kassandra, her therapist’s relationship with solidness, expressed in part as confidence, had to be somewhat flexible and fluid enough to absorb and respond to Kassandra’s perceptions of her own process and needs. By “defining too much” for Kassandra, the therapist created a rift between her therapeutic interpretations and where
Kassandra located her own experiences. This particular manifestation of expertise conforms more closely with the traditional notion of therapist as ‘expert’. It is as if Kassandra’s therapist stood outside the relationship, foregoing the connection, to maintain a particular stance of solidness, and as Kassandra explained in the narrative below, there were consequences for her:

I would say that I can feel intimidated by her in a certain way... there is a certain way that she works that I really like and that also has the effect of making me feel that she knows a lot more than I do. Like way more than I do. And I can’t define things as much [for myself], I don’t know... I feel like I must be so far behind her and she is like, fifty miles ahead of me, and she just whips off the answers, you know?

Kassandra has felt intimidated by her therapist’s confidence, and she found herself surrendering her belief in her abilities and perceptions about her own experiences in the face of her therapist’s unwavering sureness.

For Kassandra’s therapist, confidence sometimes seemed to mean controlling the process, which resulted in an ultimate disconnection from Kassandra and her experiences. Morag’s therapist seemed to offer a way to contain the process, stay connected with her, while allowing the process to move forward:

Rather than dodge it, or back away from it, another aspect of that [being solid] was that she wasn’t afraid to help me fine-tune my own feelings and way of expressing that. That she wasn’t afraid to ask questions, or get me to go further.... I could be all over the map and she would be okay with me being that way. For me that was ‘solid’... She wasn’t going to close up or back away, or, ... look embarrassed, or try to minimize how I felt.

Morag’s therapist demonstrated she could both handle and connect with whatever Morag needed to express. From this “solid” place, she then helped facilitate Morag’s deeper explorations.
b. Stability

Two participants, Kassandra and Sarah, explicitly stated their need to have a therapist who would “not freak out”. This appeared to be another way of saying that they wanted a kind of stability in their therapists that conveyed they could handle however, or wherever, they needed to be. Sarah was adamant about working with someone who possessed this quality.

I'm pretty complicated and I think about things in this manner...
this is generally who I am. A lot of people freak out.
Can you deal with it or are you going to freak out on me?

For Kassandra “not freaking out” came with what she identified as “emotional intelligence”. “The important thing for a therapist...is the emotional development, um, sort of like an emotional intelligence”. In Kassandra’s experience, therapists who have an emotional intelligence have “faced a lot of really, really harsh, harsh stuff” in their own lives and by virtue of these experiences, “they’re not going to get freaked out by your stuff” and “that’s the most important part”. So not freaking out, again, provided an assurance that this therapist had the know-how, through experience, to be with these clients when they were going to need someone to not only witness them, but to be with them as they revealed their “complicated” and “harsh stuff”.

c. Being Comfortable

Ginette’s therapist’s ability to be “very comfortable in herself” was another identified expression of solidness. Her therapist’s lack of detectable anxiety gave Ginette the impression that she could handle or manage whatever happened, which was similar to the other participants’ understanding of solidity:

She’s very comfortable in herself and she seems very grounded and kind of just calm. And so I don’t feel her anxiety around anything to do with me. So, I don’t have to worry about her at all...she’s able to take care of herself and she’s able to be there for me and she doesn’t seem to get distressed when I’m distressed...she’s solid, and open, and calm, and able to hold or
manage or whatever… [If your therapist were anxious?] It would probably make me a little anxious and then my attention would go, because it’s so easy for me to give my attention to somebody. So, then I would start to wonder if she’s okay and this and that.

By keeping her own personal anxieties from becoming an issue between them, Ginette’s therapist gave her the freedom to stay with, and explore where she was rather than having to turn her attention towards her therapist by way of taking on the role of caretaker.

Fundamentally, a therapist’s solidness, as an expression of her presence, seemed to provide an elemental kind of safety that created a space where these women could “let go”. For most of the women, they trusted their therapist’s ability to be with, contain, or support whatever emerged. However, what is also evident is that keeping connected with the client, and wherever she might be, is a pivotal consideration in a therapist’s expression of her solidness.

Consistency, Congruency, and Commitment of Therapist’s Presence

A therapist’s solid presence created safety. Consistency, congruency, and commitment with respect to that presence were reported to be important components in establishing trust and enhancing the existing therapeutic connection. As an example, while Sarah didn’t have the words to define connection when we first started exploring its connotations for her, she did identify it as, "…continuous, a continuous kind of thing that is something deeper than words…and ritual".

Sarah further commented that her therapist’s “consistency” in her beliefs and her actions and, her congruency, “how she treats me seems to reflect some of the beliefs she says she has” were “very important”. To Sarah, these particular manifestations reflected her therapist’s “honesty” and “integrity” -- “It’s how she is in the world”. Sarah also understood her therapist’s commitment to her, and their work, in a specific way:

Apart from taking me home and being my mom, I trust she will do whatever she can do to give me what I need, as I express it, or as we understand it. I trust that commitment.
Morag also discussed the importance of believing in her therapist’s commitment to, “be there no matter what”. As stated in the previous section, this particular commitment enabled Morag to “fall apart”.

For Mary, believing that her therapist “will not leave” if she showed her feelings created a sense of equality in their relationship, but it also exemplified her trust in her therapist’s commitment to the relationship, and to Mary.

A demonstrated concordance among a therapist’s beliefs, actions and commitments signified a congruency that these clients experienced as an important part of their therapist’s presence. According to these women, this congruency was an indication of genuineness and trustworthiness, and supported by their experiences, clients learned to trust and believe that a therapist was committed to what she was offering. The culmination of these experiences then solidified and stabilized the inter-personal connection, and clients then felt safe enough to take more emotional risks.

**Actualizing Presence**

After reading the narratives, it was clear that the ways in which the exploration processes took place in therapy were vital to the clients’ perceptions of themselves, the relationship, and the issues being explored. Most participants expressed the desire for their therapists to be non-judgmental, accepting and respectful with regard to their experiences and feelings throughout the exploration process. As Morag suggested.

If they [clients] are taken through the process in a respectful and understanding way, it helps peel away the layers, and... I think people do know about themselves...they’re not always able to access... They’ve been walled off or... they’ve been distorted in some way.

Clients specifically discussed how expertise, typified by a therapist’s presence, could be actualized in helpful and meaningful ways. These included a therapist’s ability to: move circles into spirals; respect that it’s the client’s work and process; implement a sense of boundaries, which includes making space and respecting distance as a place of connection; and, facilitate connection in disconnection.
Perhaps the unfolding therapeutic processes could be considered the junction where the therapist actualizes who she is, and what she knows, while maintaining a focus on respecting and accepting who and where her client is, and where she might need to go.

Moving Circles into Spirals

Some of the participants commented that they found themselves (at times) caught up in a reverberating loop where the same material was discussed again and again without noting any perceptible movement on the particular issue they were exploring. This could be a place of frustration, but it also could be a place where they appreciated their therapists’ expertise in helping them to become aware of where they were, and potentially helping them to move the exploration in another direction. While this was clearly a strategy that was dependent upon a therapist’s skill of exploration, the experience of being stuck, and how a therapist responded to that, was discussed by all participants in the context of referring to the therapeutic connection. Emily offered an example of what she found helpful when she was “bound by a circle”:

I somehow need some encouragement to, or some way to move out of being bound by that circle and move into a spiral so it’s going somewhere... doing the same things over and over again, going over the same areas... I think partly to be reminded, or brought to my awareness that I’ve explored this to death... [Emily would also appreciate being asked] ‘What are you going to do with what you’re finding?... Is understanding enough or do you want to go somewhere? Do you want to make changes? Where do you want to go with that?’... There needs to be something like, ‘think about this. Or, think about that’... which sometimes opens up possibilities for new understanding.

What Emily found helpful was when her therapist brought it to her awareness that she was going over the same material again and again; and this awareness may have been all she needed. From there, articulating potential options at the same time as respecting it
was Emily who would decide which way to go, had been very useful for her in her work. Again, what appeared to be central in this exploration was staying connected. Several participants talked about how being “pushed” can be a connection-breaking experience. Elizabeth asserted, “If she pushed me in the beginning, I’d be out of there”. Emily likewise concluded,

When I’m pushed... I tend to resist. Especially, if I don’t know where I’m going ... it means that I’m probably not going to go back [to that therapist].

Both Emily and Elizabeth suggested, it is the way they experience the pushing that can make a significant difference. Emily explained how “guiding” the process “provides the openings”, but it also let her feel some control “to choose” where she perceived she needed to go at the same time:

...when I was talking about the problems that I was having concentrating, the problems I was having getting down to writing... she very gently explored that with me.... She did push me, but she didn’t push in saying, ‘why are you really here?’ Someone who is able to let me find my own way into making those connections but, who provides the openings.... Lets me choose whether or not to take them, rather than pushing me into that. I think it’s got very much to do with... guiding rather than pushing... To feel that I have some control... in what’s happening.

Emily also acknowledged how tenuous it can be for a therapist working with her because she understood that she needed different things at different times. The challenge therefore was to know something about how and when to “push”.

And of course it’s also easy to be bound in that circle and part of what is helpful to move further is to be pushed and challenged. Um, but again, it is a fine line because if I get pushed too hard, I dig my heels in... and again going through those connections and
learning also when I need to be pushed and when I need to be challenged. And when I need to be left alone.... It's something I don't always know myself. Probably by testing gently... and to be supportive as well... 'Have you finished talking about this? Do you want to explore it some more? ...Do you want to move on? ... 'Cause sometimes I can talk about something and talk about it...but never go beneath the just talking about it. Instead. 'what does this mean for me?’. 

Elizabeth provided an example of how being “pushed” when it occurred within the context of a strong, mutually-respectful, non-judgmental connection was an important place of exploration for her:

And even when she does push me, it's just enough... There is a mutual respect there. I can listen to her and I think I can take it away with me ... I was talking about a problem I was going through at the beginning of this [personal] relationship.... and she said, ‘well you know, it is two ways. And you’ve got to think about your own flexibility, you know?... and asking me to question, and not quite rapping me on the knuckles, but certainly making me think. You know, pushing me a little... but not threatening at all... very non-judgmental... That feels okay, to be pushed just a little, and at the right times because I won’t be judged if I make a mistake.

As Elizabeth explained, non-judgmental “pushing” -- asking her to explore her contribution in her personal relationship -- helped move her into taking more responsibility for her inflexibility at the same time as instilling the understanding that making mistakes is okay. Their mutually respectful relationship provided the context for this exploration.

Emily offered reflections on the contributions of time, trust, and connection as important contributors to the process of moving into spirals.
Well to be honest I think this is what happens. ...in working with someone and making more connections then it becomes safer, and I can trust and go more deeply. So it does move into a spiral.

Elizabeth provided another important perspective on what she might need when she finds herself “stuck”. Elizabeth stated in the narrative below that she and her therapist both had to be able to tolerate a particular expression of “disconnection”. Disconnecting from her more positive feelings about herself, and “sitting with” the self-negating feelings was necessary for Elizabeth to “move beyond” the pain of “self-hatred”:

...to actually believe those feelings, ...if I think about the feelings that I’ve actually felt about myself and how deep they are, you have to be connected to them in some way... so there is a disconnection...rejecting yourself. And in order to do that you have to disconnect because, ...today. I would say that I actually quite like myself, ... and feel good about myself, and hold my head high. So to not like myself I went through some pretty negative things... you have to disconnect from those good feelings and sort of take a step away, you know? ...And the connection is actually very, very profound, because I really believe it, ... and it’s so painful... [Her friends say,] but, you’re beautiful.... How can you feel this way?... there’s a denial of it. But in therapy,... that’s where it’s so important because I can sit there... and, she can just sit there... I would be stuck with, ‘I hate myself’... But in therapy, we’ve gone beyond just saying, ‘I hate myself’. [Her therapist would say,] ‘Let’s try to counterbalance that to the actual cause’.... It was like I was moving on to the next level, the cause of those feelings, some perspective, but it’s also the painful part...

For Elizabeth, and others, sitting with, and being seen in the painful parts, even if it means going over and over the same feelings, can also be a necessary stage to moving
onto “the next level”. Therefore, according to these clients, there are many ways a therapist can be with a client who is feeling “stuck”. For example, gentle pushing, guiding, exploring, challenging, and sitting are some of the approaches that are considered helpful. All comprise aspects of expertise that are intrinsically related to qualities, attributes and philosophies of the individual therapist. As the women also indicated, it is how and when these methods get utilized that made the difference between connection-breaking or connection-enhancing experiences.

**Therapist’s Respect that it is the Client’s Process**

The women all had a sense of their process and pace to some degree. They also understood that they were tied into their sense of “readiness” to explore particular issues, in a particular way, at a particular time. It was their therapists’ ability to confirm, respect, and amplify this understanding that became the interpersonal component associated with expertise. These participants clearly articulated that their therapist’s respect for the fact that it was their work and their process was vital to how the connection was established and maintained. Ginette explained her understanding of this aspect of her therapist’s expertise in this way. “I find that she really encourages me to be wherever I need to be”. Even if, as Emily suggested, a client’s understanding about where she is is “I don’t know”, that is an awareness and an important place of shared acknowledgement.

As part of the assessment process with a therapist she identified as non-feminist, Emily was continually asked, “why are you here?” When all Emily could say was, “I didn’t know”, she was asked again the same question as if her answer was not valuable and knowledgeable enough. Not only did Emily not return to that particular therapist, the experience left her feeling even more unsure of herself:

Probably one, ‘is this what you want? or, is this what you need?’ would be appropriate. But then to my response, ‘I don’t know’, it was not okay to keep asking that... if you don’t feel listened to in one part, how can you feel listened to in the rest of it?.... I came home feeling worse about myself because I couldn’t even make it clear to her what it was that I needed. ‘And what’s the matter with me? I should be able to do that.’

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When Emily met with her latter therapist, she approached the initial session in a very different way. If the ‘not known’ was not validated then she would speak about what she did know:

I didn’t go and say, ‘This is what’s happening in my marriage and I don’t know what to do’. I went in and said, I am having trouble with school’.... And so that’s where we started... I needed to check her [therapist] out without telling her too much about what else was happening. She wasn’t pushing me right then to find something that was underneath what I was coming in saying... she didn’t put words into my mouth”. She respected the reason I had given her for being there... She wasn’t looking for another reason for me to be there... That felt very affirming... to even think of going to counselling and talking about what was bothering me, what was happening because I thought it was me... I had been suicidal. I didn’t want to be here anymore. .... [I had] the need to come at it in a very indirect, roundabout way... partly in order to sort of feel out... There was real fear that there was something wrong with me. If I find out it’s really my fault and there’s something wrong with me then what am I going to do about it?

Emily’s therapist accepted her reasons for coming to therapy and that’s where they “started”. As Emily explained, respect for what she could offer at a time when she feeling “suicidal” was “very affirming” for her, and it gave her the time she needed to “check her [therapist] out without telling her too much about what else was happening”. Emily used her skills to see what kind of therapist this was, and her therapist accepted her right and need to do so, which was one of the things that conveyed to Emily that this therapist had some of the expertise she wanted. “She knew what she was doing”.

Elizabeth also commented on going through the process at her “own speed”:

When I first started, or even two years later, or three years later, or four years later.... I didn’t want to push myself ... I didn’t want
to go there. Like I just wasn’t ready—it was too scary for me. ... I’ve also been aware that it’s up to me...so, in terms of her respecting and... letting me go through the process at my own speed. ... I feel very much in control of the process, which is how I want it to be, ... and I think if she ever did anything to challenge that, again, I’d be out of the office.

Elizabeth, like Emily and Ginette, knew a lot about where she needed to be. These women clients are emphatically stating that they are the best assessors of how fearful or ready they are to go into particular areas of their experiences, and a therapist’s respect for that knowledge is crucial. Emily said that her therapist “was quite willing to ... accept me to move along at whatever pace I wanted to move along at. So, if I was slow and inching in, which it was [laughs] and letting me be there”. And, as Elizabeth asserted, it was this “control” of her process and pacing, not a therapist’s belief about what she should be doing, that allowed the work to continue.

**Attunement and Flexibility**

How a therapist’s attuned to a client was named as important for connection. It appeared that attuning to, first of all, required a recognition of, and an appreciation for the individual client and her experiences. In addition, an ability to attend to a client’s subtle shifts in manner, behaviour, and expression of feeling or thoughts were integral parts of that attunement. Further, with adept flexibility, adjusting the ways in which a therapist approached the client in those given moments communicated to a client that where she was, was respected.

As expressed in the narrative below, for Morag’s therapist’s “fine-tuned” attention and responses were different from her early life experiences. This kind of attention helped her connect with, and find ways to express, her previously unnameable feelings:

Like, in what she would say, and pick up on the feeling I was trying to express, and help me to express it. I think my vocabulary, if we’re talking about how I felt, was not good in the
early therapy stage. She would come right in close, and if I was really emotional, she would just sit with me and not say anything. And if I was able to talk, she would help me express more clearly what I was really trying to say about myself. I just felt so cared for. I feel such... respect comes to mind... I felt her way of being with me so nurturing; in such a fine-tuned way. In a way that my parents weren't.

Morag's therapist adjusted her way of being with her depending upon where Morag was at the time. Knowing when to "sit", "come in close", "not say anything", or encourage her to find words for what she was feeling were, according to Morag, grounded in "respect" and "caring". Her therapist displayed her ability to notice and attend to the many verbal, but perhaps more importantly, non-verbal cues exhibited by Morag.

Attuning can also mean a "hearing beneath". Emily explained the importance of not having to talk about everything that was going on for her when she entered therapy. She was initially afraid to tell her therapist about problems she was having in her marriage, and she hoped her therapist would understand by "hearing beneath" what she was saying. For her, this meant detecting her fear without Emily having to explain everything in that moment:

And this may be unreasonable, but also 'hears under' what I'm actually saying. Um, I didn't go in and say,... 'I'm really scared'. I might have said something like, 'it's really difficult to come here'.... what I call 'hearing beneath'. She heard me talking...she listened to me talking and respected me enough that she didn't push to say, 'well, you know, this is what you're talking about, but I know that something else is going on with you'.

Not detecting fear and anxiety and persistently asking her to explain why she was there, *a mis-attunement*, especially in the initial sessions, was problematic for Emily. Emily admitted that it was a difficult task, listening and attuning to her fear, and at the same time respecting that she might not be ready to talk about the deeper issues that were
troubling her. However, she suggested that asking her why she was there once was sufficient. Asking more than that after she responded with, “I don’t know”, instilled a perception that the therapist was probably incapable of ever hearing her. As well, she blamed herself for not expressing herself more clearly. “And what’s the matter with me? I should be able to do that.”

**Boundaries**

a. *You/Me*  
b. *Making Space*  
c. *Respecting the Need for Distance*  
d. *She Stays*

The concept of connection and boundaries in the therapeutic relationship was a common point of discussion for all participants. The ubiquitous overt and implicit references to boundaries throughout the narratives, and their varied implications, made designating it as a single theme difficult. However, while boundaries will be also discussed within their respective contexts (e.g., therapist self care, and dimensions of mutuality such as therapist self-disclosure, and modelling), this section will include participants’ general experiences. As well, a discussion on the concepts of space, distance, and a therapist’s ability to “stay” and hold the inter-personal space for the client when needed, will be included in this aspect of therapist’s expertise.

Sarah’s articulation of her need and appreciation for therapeutic boundaries is presented in the excerpt below:

We have good boundaries. We have lots of boundaries. I want lots of boundaries. She respects mine and she respects her own. She’s really clear about her own and that’s really important because of some previous bad experiences with therapists, all of whom were some variety of feminist... where my boundaries (were) really trampled on... intentionally and unintentionally.

Sarah acknowledged that she herself hasn’t “got good boundaries”, and experiences with therapists who don’t establish, maintain, and negotiate respectful boundaries, have
resulted in her feeling “so injured”. Sarah concluded that her present therapist’s clarity about where her own boundaries were, “provide a structure...for me to relate in a way that has boundaries”. Further, her therapist’s comfort with her own understanding of where the boundaries lie allowed her to respond non-critically to Sarah, which was vital in contributing trust to their developing relationship.

I haven’t got good boundaries...she hasn’t gotten upset about it...she’ll confront me...it’s not judgmental, but she’ll say, ‘I’m not comfortable with this’. The non-judgmental thing is really important...and that’s where I trust. That’s where trust comes in... that she is not judging me... that I’m not bad person for feeling this way or thinking this way.

So, generally speaking, good boundaries provided an opportunity to deal safely with inter-personal issues. an important aspect of connection for Sarah and many other participants like Elizabeth, Morag, and Ginette.

a. You/Me

Within the participants’ conceptualization of boundaries between client and therapist there existed a complex dynamic. There was “you and me” as individuals, and at the same time, there was also a “you with me”. Retaining an understanding that connection may hold these two appreciably separate, but potentially simultaneous, experiences was what Emily referred to as her therapist’s ability to “be with me and step outside”:

The connection is there. That she can step out of it. And I knew she had because that has been my experience... that she can be connected to me, but she can disconnect herself from my experience so that she can see differently, may be more clearly what’s happening. It’s often much easier to see what’s happening to somebody else than it is to see what’s happening to you, yourself, because you can’t step outside it. [There’s] more safety.... knowing that with whomever I’m working, ...knows how
to do that.... [It] helps me feel more confidence and that leads to a feeling of safety.... Going back to that experience with my first therapist... she didn’t know what she was doing. ‘I’m here because I’m stuck in this. I don’t know what’s happening. I feel as though I’m going crazy. I don’t know how to get out of it. I need some help but I don’t know what kind of help I need’...The reason I’m here is because I don’t have a handle on it. I need for her to help me find a handle, and she doesn’t seem to know what she’s doing... To have some kind of skill that would help me see more clearly. or move out. or something.

This particular actulualization of boundaries gave Emily more confidence in her therapist’s expertise. It also helped her feel safe because as she suggested, if her therapist was not able to have enough distance from Emily’s experiences to help navigate her out of the “craziness”. she didn’t feel safe.

In a related sense, Kassandra feels unsafe if her therapist isn’t cognizant and clear about whose experiences belong to whom:

I would feel safe when the person that I’m with understands what’s going on with me. isn’t in a place of confusion, isn’t caught up with their own emotions... They have a certain level of understanding, so that I know I’m being seen.

For Kassandra and Emily an aspect of “being seen” depended upon a therapist’s ability to recognize herself and the client as individuals, and appreciate the ways that both she and the client were uniquely ensconced within their own life experiences. Where they met was the interaction of these experiences, and a place for conscious exploration into what each may be contributing to that moment. In Kassandra’s relationship, her therapist tended to see most of what happened between them as Kassandra’s “projections”, and these definitive designations leave Kassandra unsure of herself:
[I need to know] The real things that are going on with me are being understood. I mean, not completely, or anything; it’s not that I expect someone to understand everything... they don’t have to be where I am ...has a good understanding..... I don’t know. More often than not, [my therapist] would normally define it [inter-personal stuff] in terms of my projections towards her.

The “real things” that Kassandra referred to were issues that she and her therapist “are having conflict about”. Before even exploring where the conflict lay, her therapist often automatically located the conflict intra-psychically without consideration for the possibility it might be an inter-personal concern. The wish for this kind of understanding was in response to the confusion Kassandra sometimes experienced in her present therapeutic relationship where inter-personal experiences remained “ambiguous” for her. Sarah seemed to sum up what many of the other participants experienced with respect to boundaries in their therapeutic relationships, “she knows her work and she keeps me in mind”.

b. Making Space

The idea of therapeutic space, and a client’s understanding of her entitlement to share in it, has been implied in many places throughout the narratives. As an example, Emily described how her therapist did not often “interrupt” the space between them, which allowed Emily to speak more easily:

There was a warmth about her, and I can’t tell you how she did this, but she made it easy for me to talk. And maybe part of that was she didn’t interrupt except to clarify or comment...

Ginette’s experiences with two therapists she was seeing at the time of our first interview exemplified what other participants have alluded to as an invitation to take space. Ginette talked about the experience of space, not so much to demonstrate a comparison between the therapists who were both very important to her, but as a means
of discussing some differences between these experiences. Talking about her female therapist, she said:

She is supportive of me taking up as much space as I need to and being as big and powerful as I need to be, as I want to be.... I find that she really encourages me to be wherever I need to be... That [space] is feminist therapy for me because so many women are smushed down.... So she thinks it’s important for women to, or at least for me, and I am a woman and she’s a woman too, to take up lots of space, and to be heard.

While being with her male psychiatrist continues to be, in many ways, a good experience for Ginette, “I learned a lot there and he was really important to me”, however, with respect to space:

I didn’t feel like I had a lot of space there with him. He talked a lot... Like in some ways it was easier for me when this guy does talk for most of the time.... But I don’t really like it... I get resentful after a while. Like, in the beginning it’s good. And then after a while, it’s like, ‘shut up’.

While not having the space she needed to be fully present made it easier for her at times, not giving her the space she needed would sometimes become an unacceptable aspect of their dynamic. In order for Ginette to reveal parts of who she was, which was an indication of feeling connected with someone, she needed to know that there would be ‘adequate’ space, and someone wouldn’t be easily distracted. In other words, if they can convey the message that they are generally interested in her, she feels safer. So, it is the amount and quality of that space that defines whether or not Ginette will risk sharing herself with someone.

I can have a connection with somebody but I might not share anything and I guess for me, having a connection is also sharing something of myself. So I won’t generally choose to take up any space if I even think that someone is going to get distracted
[laughs] for a long time, or isn’t interested. It feels too hurtful or something. I wouldn’t want to bother [talking]... it feels like a waste of time.

As indicated, the concept of therapeutic space was important, and these clients’ perceived entitlement to it, and further, encouragement to “take” it, defined particularly crucial dynamics of the relationship. If not enough space is left for the client, she may protect herself by shutting down and pulling back, as Ginette has suggested.

Therefore, it was apparent that the attention to space, especially when women have historically been “smushed down”, was even more important in the therapeutic relationship where a woman’s ability to risk is an integral part of the therapeutic process. It appeared that defining space with respectful attention to its power to silence, or to expand a client’s being, required a conscious integration of this particular analysis. Further, countering women’s historical experiences with space necessitated a commitment to challenge and redefine the cultural norm by having the kinds of explicit experience that Ginette had with her female therapist. “She is supportive of me taking up as much space as I need to and being as big and powerful as I need to be, as I want to be”.

c. Respecting the Need for Distance

Respecting a client’s need for distance as an aspect of connection was something that was identified by several participants. Emily discussed distance as the need to “check her [therapist] out without telling her too much about what else was happening”, and “not being pushed” was important to many participants as was discussed in a previous section. While wanting a therapist to “respect distance” as a means of connection is a common wish among the participants, it was through the narratives of Sarah and Elizabeth that an understanding of the process and meaning of distance, and how it got played out inter-personally, was explored more fully. What became clear were the links among distance, trust and safety, control, and connection. In the following excerpt Elizabeth explained what “distance” meant for her. As well, she took us through the process of linking the experience of distance with connection, which emerged for her as we spoke:
I have trouble crying in front of people. I think I am very aware that I need space. I need my privacy. And maybe it's just too scary with her sitting across from me.... Well the distance feels safer. It's sort of an arms-length approach. It feels much safer..... I certainly know that at some point, I was really aware that. 'no, I don't want to get close to this person'.... I don't know if I would call it a place of connection. I agree that being able to stay distant was safer for me and she let me stay there, so I trusted her not to push me too far or threaten that safety. So in that sense, the distance helped nurture my trust in her and, in turn, a connection... being able to keep her at arms length secured me. I felt secure enough... and she wasn’t going to push me too far, you know? She would test a little but ... [she] wasn’t going to push me and that was probably one of the reasons I've stayed is that she let me feel safe enough there.... Within the therapeutic relationship, it did play a role. It played a role in that she respected that I needed to stay at arms length... She was aware that I didn’t feel safe enough to move forward to talk about that, to cry in front of her. to. you know. to probe more deeply .... As soon as you start opening up to someone, you’re becoming more vulnerable...just keep a little distance. you know?.... And she would test it but not in a way necessarily that I would feel threatened even, you know? ...Just sort of really respecting where I was and allowing me that arms length distance.... She is enhancing connection by respecting the distance.

Elizabeth’s therapist respected her need for distance as an important component of Elizabeth’s safety and trust. “She respects my distance, you know? All these things go into it and foster trust...” (in the relationship). Her therapist’s understanding that Elizabeth’s need for her arms-length approach between them was also indicative of the distance she had with her feelings, felt respectful to her. Her process was one where her
therapist “tested” out with her where they might go, and respecting Elizabeth’s choice to go or not go. One explicit way Elizabeth kept the distance was by not accepting her therapist’s caring, “If I don’t accept the caring, it just keeps people at a distance”.

Sarah discussed a similar understanding of what distance in the relationship meant to her with respect to safety, trust and connection. Sarah’s previous experience with a therapist who ended their relationship because she “couldn’t cope” with Sarah, has left her feeling like she needs a “line of safety” between her and her present therapist as a means of maintaining some perceived essential boundaries. Like Elizabeth, her insights emerged in the course of our discussions:

I have been waiting for the other shoe to drop.... I think I use that to distance too. I just realized that if I keep believing that, then she still stay over there in her place.... ‘don’t cross that line’. This is interesting. It almost feels like my line of safety... It's so interesting. distance as protection.... It’s interesting. I think I use distance as protection. Well it’s accepting my distance.... I guess is boundaries... maybe it’s the beginning of discovering boundaries ...and the [inter-personal] connection is respecting my boundaries.

In the excerpt above, Sarah noticed that by respecting her distance, her therapist was demonstrating how boundaries get set and respected, something that Sarah had not experienced much in her life.

While distance was a way for Sarah to step back from the relationship as a means of protection and safety, this didn’t mean that she didn’t notice what’s going on between them. For example, Sarah acknowledged that she was quite vigilant about her therapist’s mannerisms, dress etc., especially at a time when she was aware of specific changes her therapist was going through that indicated to her that maybe her therapist was a lesbian:

She was coming to work kind of more ‘butch’... just some way of carrying herself... that part of herself was showing... I’ve been a dyke for a very long time...I notice everything. That’s about
safety...when you connect.... You do pick up clues... even if we are making this distance at the same time... we know them”.

The “distance” gave Elizabeth and Sarah control over their vulnerability. and their therapist’s respect for that control allowed for a deeper connection and a chance to engage in more emotional risk-taking. From the necessary place of respecting distance as one means of establishing safety, there seemed to be room to then appreciate distance. in a non-threatening way.

Ginette believed that while distance can feel safe on some level, she also conceded “I don’t think it’s the best for me, therapeutically”.

Elizabeth also noticed that while in the beginning keeping the distance was essential. -- “being able to keep her at arms’ length secured me” -- an overview of that distance also gave her another understanding:

But I think that overall, my arms-length approach kept a distance that took away from my connection being developed earlier.

Sarah also explained how she had been noticing a shift in the relationship with her therapist and the experience of distance:

I guess.... the last few months. I’ve been quite conscious of the distance that I’ve created. And conscious that because of that distance... and the fear, that she was sort of more of a non-person. She was just the therapist. And I didn't really let her in as a person. And that was also safety. My own safety... from all these people and their shit, you know?... One day she made this joke. Some little joke that was something about, ‘oh, you noticed’, and I realized, it just brought the whole thing quite home to me that.... I just came and did therapy but really didn’t want to know this person... more of a non-person...and now wanting to be more relational. Wanting to learn a little bit more about, ‘how do I relate to this woman as a real person, and still keep the boundaries? Still have the boundaries. How do you do that?’
Sarah was beginning to recognize it was not an either/or situation; it was a negotiation. She understood over time that connection, and boundaries can co-exist. However, for Elizabeth, Sarah, and Ginette, moving towards lessening the distance in the therapeutic relationship was only possible after first experiencing a respect for their need to have it there.

**d. She Stays**

The above sections discussed boundaries with regard to the client’s experiences of her access and entitlement to “space” and “distance” in the therapeutic relationship, and what that meant for both intra-personal and inter-personal connection. Another aspect of boundaries and space had to do with a therapist’s ability to respectfully hold the inter-personal space when the participants needed to “let go”, “fall apart”, or were “off dissociating”.

Several participants experienced their therapists’ ability to “stay” when they needed to “let go”. Ginette commented on how helpful it was that her therapist wasn’t distracted by Ginette’s discomfort; she stayed focused. “It helps to knowing that if I get uncomfortable or something like that she will still be there….be in that. Like she won’t get distracted because I’m uncomfortable”. For Morag, and others, the way a therapist “stayed” was critical to their being able to trust dropping inside themselves:

Someone who would be there for me no matter what. So I could be all over the map… just letting all that out. Like being able to express all that in a very raw and crude way without it being judged.

As Sarah explained, in her moments of dissociation, there was a profound comfort and safety knowing that her therapist could hold the connection for both of them in such a way that Sarah felt taken care of in her own absence. Her therapist’s eyes provided a powerful tether that communicated the complexities of what Sarah needed for connection that included caring, safety, stability, and warmth:

I always had a sense of her focusing and staying with me…. Her job is to stay there so she sees me having a hard time being there
and helping me to be there. And that what’s she does... [it] has to do with her eyes... I feel her follow me with her eyes... it’s a good feeling. It’s very safe, very safe. It's a warm feeling, physically, like you're watching an adult who is taking care of a small child.... I might be off dissociating. It’s not like this connection/connection. But she stays there. And sometimes I’m in it. And sometimes I’m on the ceiling. And sometimes I’m away and I don’t always remember where I’ve been... I’ve been off dissociating... But she stays.

Staying not only referred to how Sarah’s therapist stayed present for her, it also referred to the ways that Sarah’s therapist helped Sarah to ‘stay’ present as well. Her therapist offered:

Something to help me stay... [She says], ‘can you try to stay around? Could you breathe?’ But mostly, I feel something about her eyes. Something about how she uses her eyes. She’s just there. I feel her through her eyes.

It seemed like these moments were precious for Sarah because she commented, while her therapist was a "very contained... quite properish" person, when she "followed me with her eyes, it is always a very warm feeling, physically... it’s a good feeling. It’s very safe". Sarah believed that her therapist’s ability to stay in the way she does has very much to do with her theoretical and experiential expertise, as well as her trust of that knowledge and the therapeutic process:

And part of it...It relates back really well to, um, also having the theoretical basis for what she’s doing. And having the trust in what she’s doing, so that she stays... she stays with herself, and her process, and with her knowledge, and trust in her own process that she brings... She stays with herself, and ... she’s done her work... She knows how to apply it, and she stays with it. She
trusts it. She trusts herself and stays with herself as her way of staying with me... She knows how and it is very important.

**Therapist Self Care**

A therapist’s demonstrated commitment to self-care emerged as another important aspect of expertise. Sarah commented, “It’s so important...a self care thing is very. very important”. For Kassandra, it is experienced as a kind of necessary power that someone either possessed or didn’t. “...I think [my therapist] is a powerful person and there is some sense in which I think she can take care of herself”. Kassandra compared [her therapist] to another therapist she saw for a short period of time. and one of the reasons she left was “....he wasn’t as powerful a person”.

According to some of the participants, if a therapist took care of herself, trust in the relationship was enhanced, and they as clients, felt freer to focus on themselves and their process. Ginette’s therapist’s comfort, groundedness and non-anxious demeanour assured her that she could stay focused on Ginette. and Ginette did not feel compelled to turn her attention to her therapist in a care-taking role:

She’s very comfortable in herself and she seems very grounded and kind of just calm. And so I don’t feel her anxiety around anything to do with me. So, I don’t have to worry about her at all... she’s able to take care of herself and she’s able to be there for me and she doesn’t seem to get distressed when I’m distressed...she’s solid, and open, and calm, and able to hold or manage or whatever... [If she were anxious and not grounded]. It would probably make me a little anxious and then my attention would go, because it’s so easy for me to give my attention to somebody. So, then I would start to wonder if she’s okay and this and that... Sometimes I think of my mom as very anxious and very kind of busy around me.... she gets uptight about things and worries about everything... That’s what made me think of if a therapist were anxious.
Further, these women suggested a therapist’s demonstrated commitment to self care had the potential to attenuate problems that can originate from a therapist making the kinds of mistakes that arise from doing the work isolated from adequate support, education, and commitment to continuing personal growth.

Sarah feared that if a therapist was not taking care of herself, she might do something beyond her acceptable limits, and blame Sarah for overextending herself:

I trust that she has her boundaries and that she’s taking care of herself and I don’t have to worry about her...she is not going to do something beyond her. You know how some people can do things for you and then hold them against you?. I asked her [my therapist] about connection today and I have to tell her I feel more connected than I thought I did. Poor woman [laughs]. [I told her], ‘you know. I don’t even feel connected to you’ [laughs]. I’m so happy that she has the training that she’s able to go home and be with that. And be okay, you know? Because I remember saying that to someone else and I remember her saying, ‘how can you say that after all I’ve done for you? You’ve hurt my feelings’. I am so glad that I don’t have to feel bad that I said that.

Trust in her therapist’s commitment to self care allowed Sarah the confidence to say what she needed to say about herself, and the relationship, without worrying about an emotional retaliation. Sarah’s present therapist’s involvement with regular supervision, her own therapeutic process, and membership with an organization meant that she was more accountable, and Sarah felt safer. When her therapist reached that imagined inevitable point where she “wouldn’t know how to cope” with Sarah anymore, Sarah retained a confidence that she could get outside support:

There’s this part of me that’s waiting for her to tell me that she doesn’t want to work with me anymore.... she won’t know how to cope... And I ask her every now and then, ‘are you going to throw me out?’.... She does take good care of herself... When I interviewed her I found out that she does have a supervisor, she
does have a therapist, you know? ...Part of the reasons I chose her was that she was with [an organization]... and that was really important to me that she was in an organization. This person had somewhere to go. If she couldn't deal with something, that she had a supervisor. There was some place that she could go to get some advice or help. That she wasn't some isolated professional. who hung out, you know? That was so important to me.

Sarah's “waiting for the other shoe to drop” was premised on a previous therapeutic experience. She had carefully screened the therapist for her level experience, but after six years of therapy, Sarah was told that “she couldn't handle it, and she dumped me. And I was left in a bad mess until I found [this therapist]”. Having somewhere to go has proven to be helpful to Sarah and her therapist. When they experienced some conflict. the support that was provided through supervision enabled them to work things out, and the fact that her therapist went for consultation felt safe and respectful to Sarah.

I guess we had a fight...a confrontation about... a judgmental thing... it was very heavy. I felt judged by her.... We worked it out. We worked it out quite... it was fine how we worked it out... she went for special supervision sessions. And she shared that with me. I thought it was great. I felt very good about that. I felt very safe about it, and I respected her for it.

Another indicator that Sarah's therapist takes care of herself is evidenced in her skill in addressing Sarah's occasional boundary transgressions.

I trust that she takes care of herself. I don't have to worry about her. I haven't got good boundaries...She hasn't gotten upset about it...she'll confront me... It's not judgmental, but [she'll say], ‘I'm not comfortable with this’.... The non-judgmental thing is really important... and that's where I trust. That's where trust comes in that she is not judging me... that I'm not bad person for feeling this way or thinking this way.
These clients wanted their therapists to take care of themselves in very specific ways. Feeling safe enough within the relationship to do what they needed to do without having to anxiously focus on self-protection, worrying about whether they could say certain things to their therapist, or wondering if they were supposed to take care of their therapists, was critical. If a therapist was comfortable with herself, could stay with herself, her process and her knowledge, and had appropriate supervision, clients felt less worried about taking emotional risks. This was because there were more explicit understandings of the limits to their relationship. According to these participants, a therapist was also less likely to say, ‘look what I've done for you’, or to judge them, when appropriate self care was conscious and consistent.

**Physical Closeness**

A discussion of physical closeness was included in this section on expertise because it is what the therapist chose to offer, or not to offer, in the context of her work. However, as Morag stated, and other participants have implied, this was not a therapeutic technique:

It was something organic. And it didn’t feel like a technique or anything used by my therapist in a deliberate way.... Touching not in a planned or theoretical way.

For a couple of the participants, the topic of touch within the therapeutic relationship emerged without prompting. However, I also asked a few of the participants about “touch” as a means of exploring another potential dimension of connection. Morag suggested it could be an important part of the conceptualization of connection.

The physical contact has definitely been a part of it... most of the time, it is verbal and non-verbal... that whole connection... the intangibles that you are trying to make tangible, I guess.

Elizabeth commented that physical closeness could sometimes communicate something so powerful that words were not needed to explain its intended meaning.

I could imagine a therapeutic relationship being in a really
distressed state and receiving a hug and that being just right. No words needed.

Associated with contact were experiences of acceptance, care, and compassion and, as Morag offered, a physical reminder that the client is not alone:

But we do have contact sometimes. We hug most every time we see each other..... I feel cared for and I feel it's some sort of bonding we have between us... in the moment... gentle, compassionate... I think it happened fairly early. And I think that was part of why it felt so okay so fast... In the early days it was definitely physical closeness and proximity that helped. Or putting a hand on my knee, and I remember that. I remember that experience and liked that.... I think when she sensed that I needed a physical acceptance, a physical message around ‘it’s okay, I’m with you’.... There was movement there. There was coming closer and there was going apart. But the coming closer was definitely in moments where she must have sensed I needed closeness.

Morag talked about the importance of physical closeness and proximity to establishing connection. The “gentle” and “compassionate” contact created an early “bonding” between them, and her therapist’s ability to sense her need was an integral part of that experience. Morag also suggested that the physical contact conveyed to her that she was accepted by her therapist, “I think when she sensed that I needed a physical acceptance, a physical message around ‘it’s okay, I’m with you’”.

Elizabeth too understood the impact of having someone with her in a physical way. For Elizabeth, engaging in a hug meant she was ready to accept her therapist’s caring.

Like, I am standing there all alone. What do I need? And she once said, ’you just need human contact, like a hug from someone you
feel okay with'.... My father died in December 1996. Quite suddenly of a heart attack... In July, and just recently in January, I spent the whole session in my therapist’s office crying, crying, just so sad. In July, she asked me if I wanted a hug at the end of our session, and I did, and it helped. That’s the first time that has happened. I think in my neediness, I’ve become more willing to open up to her and feel so vulnerable... I think my accepting her hug was actually accepting that she cared.... Really feel and accept the caring that she gave me... Accept the hug and feel, that, ‘well she cares’... I got the hug from her that I probably really wanted from my mom... It felt good. Like someone was recognizing that I just needed this, this hug... That she could see... Could that have happened when I first started therapy? Probably not, but there is something about the nature of the event that I think plays into it.

Like Morag. Elizabeth’s therapist respectfully checked out with her if this was what she needed. By accepting the caring, Elizabeth felt the connection with her therapist deepen.

When you don’t believe anyone could possibly care about you, believing that someone does, which I didn’t really for along while, goes a long way to feeling connection and trust.... I think it adds another layer of depth. I mean I think physical contact is so important. But I quite often will sit with my arms crossed... really distanced... there was so much inside me. Like I was so ashamed of my body and what I was doing to it... I really doubt there was any way I was going to let anyone touch me... either emotionally or physically... The boundaries were appropriate at the particular time. [My therapist] sensing [I] need this... and of course ask[ed] first and check[ed] the boundary... Sometimes I need it and sometimes I don’t. But adding the physical
dimension... there's a connection on one level, sort of one level a
bit deeper. The care is there and is being expressed through the
hug as well.

As Morag reminded us, physical closeness was not a technique. As with the other
dimensions of expertise, a therapist’s ability to sense or attune to what the client may be
going through involved much more than employing theoretically-based strategies.

Connection in Disconnection

With experiences of disconnection occurring as a natural ebb and flow of being in
relationship, how the therapist responded to keep the inter-personal connection viable and
thriving was considered quite crucial. As discussed in a previous section, ‘On My Side’,
the myriad ways in which the clients felt met, understood, and respected by their
therapists have been presented as integral components in the maintenance of therapeutic
connection. In addition to what has been presented, some clients have spoken specifically
about what sustained connection for them, and their responses were focused on the
holistic and historical integrity of the therapeutic relationship. For example, Morag
described disconnection with her therapist as part of a “continuum” of connection:

There were certainly moments of disconnection. It’s on a
continuum though. You know. moments of closer and lesser
connection. Because I felt generally like, very connected most of
the time... I think if you have had enough moments of
connection... well at least for me, I have enough moments when I
feel met than I can tolerate the moments of disconnection, and
know that in general, when I need again, I’m going to be met
again. If it were constant disconnection, like it was with my very
first therapist, then I’m out of there.

For Morag, trust that connection would be there again, even it was not perceptible in a
moment when there was some inter-personal rupture or disconnection, was built upon
having “enough” previous moments of connection to create a heuristically-based
knowing. Morag’s therapist had successfully instilled a belief in the continuity of their connection, and Morag was certain that when she “need[ed] again”, she “be [would be] met” by her.

Elizabeth likewise felt “sustained” even when she felt “frustrated” that there wasn’t “any work being done”. As Elizabeth explained in the following excerpt, she had reason to believe that her therapist would continue to offer her enough, as she had in the past:

So, I keep going even when I don’t feel there is any work being done…. even if I haven’t had to do really hard work … she has facilitated my learning, my understanding. I am still getting something from her. I always leave her office with something – whether advice, having been listened to, having my thoughts explained to me so I can understand then better, a hug…so even when I can’t full accept her caring, I still remain connected because I am getting something from her…. I continue because I still receive from her – knowledge, understanding, listening, ordering, facilitating. - I recognize there is a process… At times. I get frustrated with myself…. I like my therapeutic relationship - that’s why I’m still going. I like her a lot. I have a lot of respect for her. As much as I get frustrated and disillusioned, I am continuing and do feel for the most part better, or better, clearer…. I’ve grown during the years. That sustains me.

What the clients have suggested is that the past was a pretty good indicator of the future, and if the relationship had “enough” connection, then moments of disconnection could be sustained. The perceived quality of the therapeutic relationship, as evidenced in this section by their therapists’ abilities to sustain connection in disconnection, provided an important frame of reference for meaning making.
Summary

In exploring the many intricacies of expertise, these participants focused on the therapist, and the ways she brought herself to the work. The women implied that when a therapist consciously acknowledged, appreciated, and utilized the experiential and intuitive, as well as the theoretical realms of her experience (as part of her expertise) they, as clients, benefited. In addition, locating the therapist's knowledge within the multi-faceted contexts of her own lived experiences allowed her own humanness to be part of that conceptualization. Furthermore, as the participants have suggested, seeing their therapists as human, and not "god-like", was powerfully important. Finally, creating a frame of connection that could hold moments of disconnection spoke to the therapist's ability to tolerate rupture as a natural dimension of connection. As well, a therapist's skill in both instilling a belief in the continuity of connection and being able to offer something useful in the moments when clients were experiencing disconnections implied a particular strength to her overall expertise.
Chapter 7

Introduction to Mutuality

"Mutuality", as it emerged in our discussions, is the place where the client experienced some parity or equivalency of power with her therapist. Participants spoke of mutuality by referring to "equality", "shared" qualities, and feeling "level" with their therapists, and for most, these experiences of mutuality were recognized as processes that occurred over time. As well, their therapist's ability for "openness" and "honesty" seemed to contribute greatly to the experience. Further, if a sense of mutuality existed, clients were more likely to risk sharing more of themselves with their therapists as an expression of trust and safety, and the experience of connection was perceptibly enhanced. As Morag suggested, the process of co-creating the therapeutic relationship, a seminal underpinning of "mutuality", was central to the therapeutic experience:

I hope that a main tenet of what therapy is about, of how a good therapeutic process happens, that it's you in connection to your therapist or client and ... and the mutuality around that. Creating a relationship with your client and I think that's central to therapy. And then you can pull in other techniques or stances or information, and all that's helpful too but, you know, the relationship, one on one, if you can give that experience to your client, ...that is something that is transfused into your bones and it's unforgettable.

Differences with respect to power inherently exist on some level. For example, the therapist offers her/his particular 'expertise' to a client signifying different roles in the
relationship, a client can experience more emotional vulnerability than the therapist, and a client most likely enters a therapist’s space to do her work. These, among other elements, contribute to framing the relationship in a particular way. These fundamental differences define an intrinsic power differential within the relationship. However, according to the women participants, the degree of mutuality that could be experienced within these parameters, and in other aspects of the relationship, was negotiable enough to create a more equitable power distribution.

Some of the ways that mutuality was experienced within the relationship for these women included: a therapist’s ability to demonstrate or ‘model’ co-creation in the therapeutic relationship; therapist self-disclosure; a client’s recognition of her own process with respect to the pace of the work and her readiness to explore certain issues; and, the ability to work things out together. All these aspects of inter-personal relating were considered contributors to mutuality and connection.

An exchange of “liking” and “respect”, as with ‘on my side’, appeared to underlie the most fundamental conceptualization of mutuality for most of the participants. According to these women, however, a power sharing, mutual, or collaborative process required that that respect include a commitment to dismantling the traditional recognition of knowledge (as power) as a unilateral concept. As Mary indicated in the narrative below, a “healthy” connection was created in a therapeutic relationship that recognized two “human” beings; not a therapist-god dispensing “pearls of wisdom” to a lowly, wisdom-impoverished client:

Well I think the connection won’t take until I take back that power... There’s some connection, but it’s not a healthy one. It’s a connection of sitting at someone’s feet and waiting for pearls of wisdom to fall so you can scrounge in the dirt and pick them up...the fact that she was human to me, not a dictatorial god-like fountain. That was very important. It enabled me to connect I guess.

Mary’s imagery depicted a compelling association among power, connection, and dignity that reflected a culmination of her experiences with therapists who were, “very didactic, very paternalistic”. Her relationship with her present therapist enacted a less hierarchical
dynamic. Both existed in a more egalitarian, human exchange, and feeling “important” contributed significantly to this process of feeling “more level”:

...we are really more level. The last time I saw [my therapist], it was like two people talking. She really has the gift of making me feel important. None of my previous therapists ever gave me that impression. I am becoming more important. This is part of what [my therapist] wants me to achieve. [In the beginning of their relationship, she felt she was on] a 45 degree angle... these things take time to grow and for the reflex arch to be stretched.

As one descriptor of mutuality, “equality” came up several times in the narratives. As an example, Elizabeth discussed feeling an “intellectual” equality with her therapist. This specific kind of equality gave Elizabeth the necessary safety and confidence to “challenge her” therapist within that domain, which ultimately helped her to feel more inter-personally connected. For Elizabeth, intellectual equality felt safe, and it needed to be in place before she could begin to share her more vulnerable emotional self. Where Elizabeth felt that she and her therapist were not equal, pertained more to what she came to therapy for -- more self-understanding and healthier coping strategies. However, as she stated, these places of “inequality” were sustained by the places of equality, respect, and connection that more predominantly defined their relationship:

... when I think of her as a person, I have all this respect for her because of her knowledge, .... we are both intelligent individuals, so we sit and argue ... and I challenge her, and on that level we’re connecting. I think I’ve always felt safe intellectualizing problems or issues. rather than feeling them... I’ve always done well at school, been smart, and enjoy relating to people on that level. For me to have an equal relationship with someone, I need to respect their intellect and engage in it from time to time. So at that level, I could relate better, could learn to respect her, and felt safer. I respect her intellect, her knowledge, and engaging in the debate, on an equal level sets up equality in the relationship that isn’t
there in other ways. I don’t have well-developed healthy coping mechanisms whereas I think she does. I don't understand myself or take care of myself or listen to myself, whereas I think she has much more understanding and practice than I do... Because there is an equality there, I can connect to that person. She has a good sense of humour and we get along on that. She appreciates my sarcasm. Just like sharing intellect, a sense of humour is important to me.

While Elizabeth and others appreciated “equality” as something that was similarly shared, not all participants experienced equality in the same way. For Mary, recognizing that she and her therapist held different, not similar, forms of expertise contributed greatly towards an experience of equality. By accepting Mary’s sculptures as a form of payment, Mary’s therapist demonstrated to Mary that what she offered as a therapist had some equivalency to what Mary offered as a sculptor. Their shared appreciation that ‘different from’, did not mean ‘more powerful than’, enabled Mary to claim her own value and concomitant share of the power in their relationship:

She is more knowledgeable than I by benefit of training and by the way she lives. than I am. So she is still smarter than I. She may be off her pedestal, but she’s still smarter than I.... I didn’t take the road to go into psychotherapy or psychology. My world’s into the Arts. She can come to me for the Arts. And by taking my work in payment, she approves of my art, which is quite different from my family...., She sees it as a valuable part of the world. It’s not just in me. It’s the work, which I suppose is seeing the value which I am. She accepts me as an expert in my field. ... That doesn’t make her more powerful that I. It just makes her different from me... she was the expert in that field. But I am a valuable person in mine.
Clients seek out therapists for help at a time when they may be particularly vulnerable. Since therapists do not share this place of vulnerability in precisely the same way (being the one asking for help or guidance), the imbalance is an inherent one. Eradicating this particular power differential entirely, in one-to-one therapy, seems unlikely (except perhaps for peer therapy or some kind of co-therapy situation). However, these women’s experiences indicated it was how this vulnerability was perceived, accepted, and respected that made the difference in their connections, and the distribution of power. For Morag, being more “vulnerable” in the therapeutic relationship was something that she felt evolved, or was attained, only after many years of working with her therapist in a mutually respectful relationship:

(I’m) at a stage now where I can feel I can be as vulnerable as I want to be [laughs] ... it’s really free... The roles are still as therapist and client even though there is a very natural easy-going, even conversational quality to how we can be with each other at this point in time in our relationship... she is still far more there for me than I am for her. I’m still the one there sharing my life far more that she is.

In Morag’s situation, feeling vulnerable was an indication of how “free” she felt in her relationship. Also, the identified “roles” of therapist and client, (another place of potential inequality), in fact, merely helped define the dynamics in Morag’s “very natural, easy-going” relationship with her therapist. In other words, Morag’s therapist ‘being there for her more than she is for her therapist’ did not seem to detract from the connection they had, or certainly, Morag’s perception of her freedom to feel vulnerable.

In the following narrative Mary discussed how she initially withheld her thoughts and feelings in her therapeutic relationship. She identified this as a reaction to her belief that if she said what she thought, her therapist would “leave” her. While Mary saw the ‘withholding’ as a protection of her vulnerability, it nonetheless made her feel less powerful:

I was allowing her power over me by thinking that if I were honest, she would leave me. You know? That’s a tremendously
powerful thing to imbue... But it’s not the power the person assumes. It’s that I place it there. [By giving over this power, there is] inside me, a feeling of terror.... What I am enabling that person to do to me? ....and then trembling, waiting for.... But when you realize she won’t [leave you], you’re immediately raised or lowered to the same level. She’s lowered. I’m raised. I won’t lose her love by speaking my thoughts, feelings.

Like Morag, the process of connection for Mary and her therapist made room for her to be more vulnerable. By feeling safe enough to share her feelings, Mary experienced the shift into being “more level”.

Not all of the participants’ relationships supported this process of moving towards feeling more freedom to be more vulnerable, and subsequently, more equal. Being in a process that was moving towards some semblance of equality, mutuality, or feeling more level with respect to knowledge is not what Kassandra described when she discussed her relationship with [her therapist]:

..she knows a lot more that I do. Like, way more than I do. And I can’t define things as much, I don’t know what I think..... I am always doubting myself. I am always thinking ‘how am I going to think like [my therapist]? Like how am I wrong?

Further, with respect to process and the experience of mutuality, Kassandra felt that the earlier stages of therapy were easier in some ways. The complications arose for Kassandra as the therapy progressed because she had more of her “own ideas”:

I have a different set of issues between then and now...there was less ambivalence then...now things seem to be more complex...I have more my own ideas...it’s almost like I need it [safety] more now... It’s like I’m more suspicious now. I was so needy in the beginning that I didn’t really look at her in any kind of critical way.
Kassandra and her therapist did not share the kind of mutuality that most of the other women experienced. Therefore, while there were differences with respect to levels of vulnerability and roles within the therapeutic relationship, these participants have reiterated the notion that there was also some latitude as to how power got negotiated inter-personally (which is similar to the section on expertise). A commitment towards mutuality in the therapeutic relationship means addressing and ultimately diminishing unnecessary power-imbalances that were fashioned on a fundamental belief system where therapists were considered experts and the clients recipients of that knowledge. Most of these women saw themselves as respected, active collaborators in their process, and this was an extremely important element in the experience of mutuality. Sarah summed up what many participants felt, “...the relationship we established... it’s a co-creation. It’s not like I owe it all to her. It’s not that kind of power imbalance”.

In the following segments, the participants identified some of the specific components that manifested within experiences of mutuality. For example, according to the participants, a therapist who modelled mutuality in the relationship could experientially help clients learn about this particular dynamic. Also, the women who attended support groups discussed the benefits of a unique power-sharing situation, and, by inference, suggested aspects of that philosophy that could be integrated into the therapeutic relationship. In addition, a therapist’s willingness to use judicious self-disclosure, as well as a client’s acknowledgement of where she was in her own process (which included a respect for her individual pace) also contributed significantly to attenuating some of the power differentials. Finally, the participants’ perceptions of how conflicts were acknowledged and worked out together were explored as important aspects of mutuality.

**Modelling**

Modelling, as was suggested by the participants, is one of the ways a therapist enacted the dynamics of mutuality with her client. The ways in which a therapist expressed her emotions, thoughts, and beliefs, negotiated things within their therapy relationship, and encouraged and respected a client’s entitlement to being an active partner in the therapeutic process and the relationship, set up the relationship as a place
where mutuality and power-sharing were respected and realized. For example, Mary’s relationship with her therapist included an opportunity to partake in a very different relational dynamic than the one within which she grew up and earlier, didactic, therapeutic relationships. Mary’s therapist modelled openness and honesty in a way that invited an exploration of Mary’s experiences, rather than handing her a dictum of expected behaviour:

She was presenting herself as a role model, and one that I could like. She didn’t hide any of her life.... I didn’t ask... I guess she thought they were important to me... and where I needed an example too, perhaps. They [her therapist’s life experiences] served as an explanation and they served as a model, but they served as a helping model as opposed to the model under which I grew up. Openness and honesty of emotions were not a part of that [Mary’s early life].... The therapist has been the role model, which has been fantastic. And I don’t think it’s something that [my therapist] thinks of. I don’t think she’s setting herself up as a role model.... I think it’s more important to her that there be honesty and openness, which is why she wouldn’t hide anything. ...[Other therapists], they were pontificating and expecting me to agree with their sayings. It wasn’t an exploration... it was like a teaching process. With [my therapist], it’s been by example, by verbalization...

Sarah also discussed how her therapist’s open and honest way of being, which included modelling anger and empathy, allowed Sarah to recognize and appreciate her own feelings:

She’s doing the modelling. And that modelling is really important. She deals with things in a really honest way. I would see myself as someone without power, or being the victim...a friend...stood me up again... and I brought it to her almost apologetically. And she said, ‘well, of course you’re upset. That’s
a terrible thing to do...’ ‘...Oohhhhhh! okay. So it’s okay for me. Look at her. So it’s okay for me to be angry at this. I deserve to be treated properly...’ There’s something about that that is very affirming... we have an empathic relationship. Um, and I’ve sort of watched her be that, and it’s been really, really interesting.

Sarah stressed that the “modelling” to which she referred was not a therapist “show and tell”. More accurately, while her therapist was contributing to the way Sarah was reframing her experiences, it was not her therapist that became the “model”. The “model” was the structure of their co-created relationship that became a means for “working things out” in a dynamic, participatory, connected and mutually respectful way:

Modelling is more like how we work things out in our relationship.... in a more connected... the way that we would feel out... is the model...More than her being the model.... It’s got to do with her having boundaries and relating in a way that has boundaries... which encourages me to relate in the same way, which provides a structure...for me to relate in a way that has boundaries. And then I look at it afterwards and say, ‘oh, this is how you relate... it’s not a show and tell ...creating a situation that’s a model... It becomes a relational thing, you know? We do it together -- creating this situation that’s done in a different way... that I can use as a model as opposed to her being a model. It’s a little more complicated.... It’s more dynamic and more participatory.

In recognizing her participation in what got enacted in their inter-personal space, Sarah shifted all the power from the person (her therapist) to a structure (their relationship) within which she fully appreciated herself as a co-creator.

According to these women, a therapist who modelled openness and honesty invited an active, co-participatory, emergent process (or structure) that included both client and therapist as contributors in its creation.
Learning from Groups

When discussing mutuality, both Kassandra and Elizabeth suggested group therapy offered a kind of safety and trust that they didn’t experience in their individual therapy. Sharing a similar location with peers created a different kind of power sharing that allowed them the opportunity to be more open. Kassandra was in a group run by her therapist, and while she still feels her therapeutic relationship is “ambiguous”, groups sometimes provided a necessary “missing piece”:

.....if I were only with [my therapist] week after week and her just telling me, ‘that’s not what it’s about. That’s not what it’s about’, and I’m feeling mistrustful. I might have felt, ‘you’re right. I just don’t get it’. ...I might have just sort of closed off a bit… that’s what I sort of imagine right now.

By observing others, who were grappling with a similar issue, say to my therapist, “‘I hate you. And I want to resist everything that you’re saying’” and at the same time they understood “that this is a childhood feeling”, helped Kassandra realize that it was sometimes possible to validate, “both...reactions at the same time”. However, for her, it was only achieved through a trusting experience with another member of the group. “She was a peer, so I didn’t have to mistrust her so much”.

Although Elizabeth’s relationship with her therapist was very supportive, and not ambiguous like Kassandra’s, groups also provided her with a unique experience of safety. Other members were responding to Elizabeth’s “personal” struggles from a similar internal process, and her experiences of fear, isolation, and embarrassment, when shared with others who experientially understood where she was, helped her feel less “alone”. Groups also provided the possibility for Elizabeth to “give as well as take”, which was an extremely empowering experience when she, at times, could only envision herself as “so very needy”:

.....it was very, very safe. Like every one of those women had an eating disorder. The thing that humiliates me more in my life is the fact that I still use food as a coping mechanism. And I don’t talk about it with anyone, and yet there were these women who
did understand... I could go in there and talk about being afraid to
walk by a muffin store or something like that, and somebody’s
going, ‘Yeah, yeah’. I could connect with the women on an issue
that I was really so embarrassed about, humiliated about... That
you weren’t alone with it. Some of the behaviours were so
bizarre and so not understandable... there was no judging going
on.... I have always wanted to be able to give as well as receive.
This is why support groups I’ve been in have been so powerful
for me.... With these women starting feeling it was a safe
atmosphere, starting connecting.... Not the same one-sided
neediness... So I was needy, but I could also give. So there was a
give and take going on.

Therefore, the experience of connection with others who shared a similar location was
quite significant. It was an occasion where some kind of equality could be realized,
because with respect to mental health, others were sharing the very same social stigma.
The opportunity then existed to ultimately normalize that shared experience. As
Kassandra offered, being with someone,

who really is in the same kind of place that I am has been
invaluable. I think it’s helped me in my mental health a lot in a
way I don’t think a therapist can. Because it’s just us two going,
‘Oh my god. Yeah. This is how crazy I am...’ ‘I think about this,
this, and this..... You’re kidding? It’s like you’re just as crazy as I
am’ (laughter). You never think anyone else is as crazy as you
are.

The importance of the group experience was rooted in its potential for power
sharing based on equivalency, or approximation of location, and a “shared” level of
vulnerability. The group experience suggested that understanding something
experientially, or relating to someone from within a similar location of oppression, or
acknowledged shared context, created a particular kind of trust. This trust enabled the
client to feel less alone in her experiences, perceptions, and reactions. The women go on to suggest that in individual therapy, therapists have the opportunity to replicate some of these group therapy dynamics. (Kassandra)

I guess what I want it to be is... for the therapist to provide a space where certain things can happen like group. In terms of just helping one along, one's own process. To help me validate my own feelings of how I see the world... what the other workshop facilitator is talking about. helping one strengthen one's own knowing...

Kassandra's understandings of the group process, and its relationship to individual therapy, encompassed a fundamental notion of respectful exploration and discovery -- helping the client find her own way. The group experience also alluded to the potentially beneficial rewards of thoughtful and judicious use of therapist self-disclosure as a means of lessening the power gap, which will be discussed more fully in the following section.

**Sharing something of themselves**

A therapist's willingness to share some parts of herself that relates to what the client may be going through can have a profound impact. For most of the participants, when therapists shared some of their experiences, they were perceived as "open", "real", "genuine", and "human", and they, as clients, felt "normal", "not alone", and "safe". As an example, Mary spoke of how her therapist's expression of emotions helped her to envision the relationship as being comprised of two human beings which lessened the dichotomous division traditionally implicit in therapist and client roles:

The fact that she acknowledged being a person, human with emotions of her own, and a life of her own... I learned that [my therapist] wasn't a paper doll sitting there, a two-dimensional teacher, but a real person.

For Ginette, and many others, "sharing something" also enhanced connection. "I think I feel connected too when she shares a couple of things that are going on in her
own, like for her own self”. As the following narratives suggested, for many clients, when a therapist revealed parts of herself that reflected her human struggles, she was again challenging the myth of the ‘perfect’ therapist and the ‘flawed’ client. By demonstrating that there were places where their humanness could make them both vulnerable to pain and suffering, she was “normalizing” a client’s experiences and self-image as well. Further, when the experiences were similar enough, realizing that a therapist made it through could offer “hope” for a client’s own “survival”. (Morag)

...that whole connection... also the fact that she shared some of her own experiences. That helped me to feel, ‘I’m not alone’, ‘this is normal. If my therapist has had these experiences and worked through them and survived, I can too’. So, in some way that gave me hope and strength and a feeling of not aloneness. I think that was all part of our connection. It was all part of how she connected with me and vice versa.

Kassandra also felt “safe” when someone had a grounded or experiential understanding of “trauma and recovery”, and was able to share those experiences. Like Morag, Kassandra worked with someone who was willing to share that she has gone through something and is now “okay”. This instilled a faith in her own process of recovery:

[Speaking about therapy in general], I feel safe when I am with a really good deep person [laughs] who, has a really good understanding of trauma and recovery... from a very personal way. Like having lived through it, knowing it from the inside and um, sharing that, I guess,... when you can sense someone is expanded or deep. [Speaking about her own therapist], it’s been helpful when she disclosed certain things at different times. I mean she’s told me lots of things... when it’s relevant, I suppose... It’s very helpful. Just having someone ...like a mentor type of person who says, ‘this is the path I took’...like you’re not perfect. You’ve had this erratic kind of life and whatever and you’re okay.
These clients wanted and needed their therapists to share some of their experiences as a means of connecting. Sharing experiential knowledge, as a valuable adjunct to intellectual insights, helped to normalize clients’ own experiences, to humanize their therapists, and to provide some hope for recovery.

In addition to sharing some similar past experience, a therapist’s self-disclosure about what she was thinking and feeling in the moment was also helpful towards connection and mutuality. As Emily and Mary discussed in the following excerpts, sharing things that were presently occurring inter-personally had the potential to create an atmosphere that encouraged them, as clients, to be, as they described it, “more honest”.

If Emily were to re-enter therapy at this point in her life, she is clear about what she would need. The experience of mutuality is an important first priority, and that experience would be grounded in a therapist’s ability to be genuine and to not be afraid to “let herself show”:

I think now I would want to have some sense of mutuality that is...exploring with someone.... I don’t mean co-therapist in any way. I would like them to be more sharing, I guess... And I’m not talking about telling me everything about themselves...some sharing... I guess the easiest way to put it is in the negative way—of not being afraid to let anything of herself. that is not part of the client-therapist relationship. show... Not hiding behind a wall. No. that’s not helpful to me at this point. I think it’s always been important, a thing that I’ve said is genuineness... How can I be honest with someone who I don’t have the sense is being honest with me? How can you feel connected to who you feel is putting on a facade? ....It means that I am going to be genuine... it helps me get to that part in myself... knowing that it’s reflected and not that I’m being reflected but that genuineness is being reflected... risks on both parts... And I hope that there will be some mutual learning.
Emily’s ideas of mutuality included her therapist being able to take some risks to help Emily “get into that part” in herself. It also included the opportunity for mutual learning as well, which was similar to Elizabeth’s stated desire for “give and take”.

When Mary’s therapist told her she was moving in with a man (when she moved her office) it was an important “milestone” in their relationship. Her therapist’s disclosure helped dissipate Mary’s initial mistrust of her new therapist by giving Mary the opportunity to “be really honest” about her own “emotions for a change”:

When I first went to her, I did not feel safe with her... It dissipated very quickly... It took me a while to feel comfortable and I guess part of it was when we talked about her partner and moving in with a handsome man, a professional man.... I guess my family were never real. I always knew that something was missing. Now I know they didn’t talk about emotions and they lied to me.... Never being real is what really bothered me.... because I thought I was being really honest about my emotions for a change: that I wasn’t hiding them.... [It was a] milestone.... I won’t lose her love by speaking my thoughts/feelings.... I was jealous.... I could speak them [those feelings].... [my therapist] must have enabled me to raise [it] because I don’t think I would have been capable on my own... [Now I could] really be honest.... I won’t lose her love by speaking my thoughts/feelings... It enabled me to feel better that I would continue to be loved. Being honest would not change that.

Therefore, the disclosure from her therapist, and Mary’s subsequent revelation of her feelings in response to that disclosure, strengthened their relationship in a distinctly meaningful way. Mary contrasted this experience with a therapist she saw many years before her present therapist.

I had another female therapist in the 60s. Now I don’t remember the exact sequence of these events, but she had a miscarriage, pretty far along and almost died...the scuttlebutt got around and I
had heard... she told me she was going on a holiday, ...and we never talked about that. She let it hang. She never picked up on that. I wasn’t to talk to her about it.

For Mary, safety in the relationship was enhanced when she felt the freedom to talk about what was happening. Having been given that opportunity with her therapist to say what she felt, Mary now feels that they are “pretty much on a level plane. When you realize she won’t (leave you), you’re immediately raised or lowered to the same level”.

The above narratives exemplified the benefits of relevant therapist disclosure. Conversely, not sharing what was happening inter-personally could, at times, have detrimental effects on the quality of connection and the experience of mutuality. Kassandra’s therapist did not disclose enough information about her philosophical agenda to make Kassandra feel their discussion was a collaborative one. (Recalling the discussion on differing agendas in ‘On My Side’), when Kassandra’s therapist brought up the topic of depression and anti-depressants, and didn’t discuss why she was talking about them, Kassandra felt confused, worried and more mistrustful of her therapist and the relationship. She also became more doubtful of her own reactions.

She never says. ‘this is what was going on for me. This is why. you know. I yada yada yada..’ I want to know. ‘why did you go talk on that for an extra half hour? Is there something wrong with you?’... If there is anything wrong with her. I want to know about it. If there is something going on with her and she won’t tell me...she’ll lead me astray. This hasn’t happened very often but the one time I am thinking about specifically is a discussion we had about depression and anti-depressants...We talked about it one session for almost the whole session, and I hadn’t really wanted to talk about it. I had felt very reluctant to taking anti-depressants.... And [I] felt somewhat mistrustful of her around that issue. She doesn’t really care if I feel mistrustful... she doesn’t have a problem with that. But she feels quite clearly that anti-depressants can be helpful... And partly it’s confusion, and
partly I don’t know what I think about how she goes about it....
Maybe it’s just my suspicious self.

Another example of an occasion where lack of disclosure could confuse the client, and most notably exacerbate a power imbalance, is when the therapist utilizes the traditional “blank-screen” tactic. (Kassandra)

This discussion about depression... has triggered an emotional response in her... I can sense through her when she’s feeling annoyed with me...she never ever discloses when she’s feeling certain things towards us...ever. And I don’t know whether that’s right, um. but I find it confusing. I think... I can think of one time when I just got the sense that she was really annoyed with me...and I said something. ...and she said, ‘what does it matter?’ Not that I don’t matter but it doesn’t really matter whether she likes me at that particular moment...I don’t think she’s ever said. ‘I’m feeling anything towards you’. ever... What keeps popping up into my head is that makes her too perfect. or something. I can’t connect or something. It’s too one way or something. But maybe that’s the way it’s supposed to be. I don’t know. I’ve only had this one therapist.

When Kassandra did not get any acknowledgement from her therapist about what she perceived her therapist was feeling about her, she began to second guess her own perceptions. In addition to eroding Kassandra’s confidence in her ability to ascertain specific and important aspects of the inter-personal dynamic, it created an even bigger rupture, and ultimately intensified the non-mutual aspects of their relationship.

While Kassandra offered an example of when sharing too little can be harmful to the relationship and the experience of mutuality, Sarah warned about sharing too much or inappropriate sharing. She has been with therapists who have "dumped on" her. With respect to her present therapist. she admitted she is sometimes, "too scared to want to know all that much more about her". Sarah also told me that her therapist only disclosed,
"when it's necessary and when I ask,... but if I’ve wanted to know she’s always been real forthright”.

One of the things that Sarah wondered about with great curiosity was her therapist's sexuality. “And I feel like asking her, ‘How the hell can you still be a heterosexual? You don’t look like one. You don’t act like one. You’re so butch anyway’”. Her therapist told her when they first starting working together 5 years ago that she was a heterosexual, but Sarah thinks that might be different now because of her circle of friends, her appearance, and her politics. This desire to know is juxtaposed with her fear of knowing “too much” and wanting to maintain her “distance”.

I didn’t really let her in as a person... and that was also safety. My own safety from... all of these people and their shit. you know?

Sarah said her therapist disclosed that she was a lesbian sometime between our first and second interview. [She told her], “I’ve been wondering how to tell you this. I’ve been waiting for the right time”. It must have been something I said and she said, “I’ve been in a relationship with a woman now for...’. And I said, ‘oh’. And I thought, ‘that’s sort of neat’”. I asked Sarah what it was like for her to hear that then because there was a time when she was “too scared” to know that about her therapist. She replied.

It’s fine. It’s great. I thought it was a riot. Well. you know? I’ve been watching her. actually over the two years. I was thinking about it. She’d been coming to work kind of more ‘butch’...just some way of carrying herself...that part of herself was showing... I’ve been a dyke a long time... I notice everything... it was fine.

That’s funny. It was fine. It was fine.

Sarah implied she was ready to hear what her therapist told her, the disclosure was appropriately timed for their relationship and where Sarah was, and it validated what she had intuited.

Participants are indicating that they value therapists who are willing to show themselves in a thoughtful and respectful way that still honours the centrality of the client and her experiences. When a therapist shows something of herself that has some
relationship to what the client is struggling with, it is most often considered an act of risk-taking. This can contribute towards the experience of mutuality by demonstrating that she, as a therapist, is cognizant of, and willing to demonstrate her own relationship with vulnerability. As discussed, acknowledging what is occurring between a therapist and a client within their relationship can also be useful, at times, in helping the client feel less likely that everything that is happening is her responsibility, or her issues exclusively.

Incorporating Kassandra’s and Elizabeth’s group therapy experiences of mutuality is important. If a therapist can share a similarity of circumstance, vulnerability, shame, helplessness, etc., the historical notion that the therapist is fundamentally impervious to similar places of struggle in which the client finds herself, is challenged. While the therapist may not be actively engaged in that identical issue at that moment, and the experiences may not be exactly the same, the therapist is acknowledging, experientially that the client may not be all alone in her perceptions, reactions, and feelings about what might be going on for her. This supports the understanding that the social context within which we live puts many women in some similar situations. Moreover, the therapist’s sharing of her experiences, as Morag and Kassandra suggested, could potentially offer hope for some kind of transcendence.

**Physical Therapy Space**

As another act of disclosure, a therapeutic space can speak volumes. Many of the participants spoke of the space provided by their therapists as “comfortable”. where “shared interests” and knowledge about how both the client and the process are respected were visually and physically accessible. In other words, how much a client will be philosophically matched with her therapist, or how she much she will feel she will be welcomed as an active collaborator in many aspects of her process, can be leaked through the tangible and intangible characteristics of the space provided. For Mary, the fact that they meet in her therapist’s home was important to her:

It’s much easier to sit in her hall instead of a waiting room; a sterile waiting room... She doesn’t hide anything and ...because she’s got this beautiful room that connects me more to her...It lets me see her as a multi-faceted person.
For Emily, seeing that she and her therapist had some interests in common directly led to an increased comfort and connection:

Seeing immediately that we shared some things, some interests, connecting through sharing... it was comfortable... there were lots of books and plants... the feeling of comfort.... We shared some things, some interests.

Elizabeth included her therapist’s respect for her humanness as part of the scenario of comfort and belonging:

I can take my shoes off...slouch or curl up [in the chair] ...or sit on the floor and I’m comfortable in the room... The last time I took my shoes off and I said, ‘I hope you don’t mind if I take my shoes off. And she said, “oh no”.... I said, ‘Well I don’t think they smell. Then she said, ‘Well if they do, we’d just open the window’.

Mary talked about how the therapy room was “sacrosanct” because her therapist made sure it was protected and safe from outside intrusions. As well. Mary’s therapist’s personal issues, another kind of intrusion, were also left outside the parameters of “their room”. Demonstrating this kind of respect for the therapy space allowed Mary to feel entitled enough to claim that space as “ours”.

It’s our room. It’s separate. It’s quiet and everybody else is quiet for us. If anyone is disturbing me while I am walking down the stairs, she’ll go and tell them to ‘shut up’. She’ll close a window to keep the sounds out. This is important to me. And sacrosanct... I am aware of [her] serenity: she’s never flustered. But if she is, it is so deeply screened from me....She doesn’t drag arguments with her kids downstairs. It’s our room.
Elizabeth commented on how her therapist’s space included her in a particularly personal way:

There are the physical surroundings, which are very important... pastel colours, the chairs are extremely comfortable...a beautiful bookshelf...I sent a card that I made out of dried flowers which she actually still has on her wall and, it was kind of pretty actually. It’s sort of an acknowledgement that you would want. I don’t think there are other things from her other clients there. It is very comforting.

Seeing something that Elizabeth made for her therapist displayed in the office was comforting, and it gave her a special feeling of acknowledgement. Mary also commented that she has seen her “sculptures” in her therapist’s house when she was describing the warmth associated with the therapy space, and the house in general.

Clients normally go to a therapist’s office, which means they are entering the therapist’s space. Clients notice if there are some visible indications of shared interests, which can help them feel more comfortable and connected. They also notice whether or not they are invited to feel comfortable, or be part of the space in way that feels inclusive or shared. From all this information, clients get a sense as to whether or not they, as individuals, will be respected in ways that may be important to them and their work.

A Client’s Recognition of and Appreciation for Her Own Process

While the therapist can invite mutuality through modelling and acts of self-disclosure, another part of acknowledging the therapeutic process as a collaborative one includes a client’s understanding of her contributions to that experience. For these participants, one of the most significant contributions towards connection and mutuality was their awareness of their own process with respect to pace, readiness, and need. Also, a client’s understanding of disconnection and rupture, as a sometimes-collaborative occurrence, instilled another strong perception of mutuality in their relationships. These awarenesses empowered these women to accept responsibility for the aspects of their work that lay within the realm of their control. This included the direction and course of
their journeys, as well as their participation in some of the ‘disconnections’ that occurred inter-personally. Further, a therapist’s essential respect for a client’s attention to her pace (as was discussed in Therapist Expertise) further designated their connection as both a mutual responsibility and creation.

As previously mentioned in the section on expertise and boundaries, Elizabeth and Sarah both described the need to keep their therapists “at a distance”. Understanding that this distance had to do with their need for safety at that time, was an essential understanding of their conceptualization of mutuality and inter-personal connection. Elizabeth’s words reflected her thoughts on that part of her process:

> When I first started, or even two years later, or three years later, or four years later... I didn’t want to push myself [into my feelings] ... I didn’t want to go there. Like, I just wasn’t ready: it was too scary for me... I’ve also been aware that it’s up to me... so, in terms of her respecting and... letting me go through the process at my own speed. .. I feel very much in control of the process. which is how I want it to be. ... and I think if she ever did anything to challenge that. again. I’d be out of the office.

Elizabeth also came to realize that time was essential in order for her to access the deeper levels:

> [I had]... preset ideas that were going to limit the relationship. I think bit by bit, I have been eating away at it, bit by bit, bit by bit. ..I am very aware that it has been very, very slow work....It’s been a process... When I started therapy, I thought that it would be a quick-fix.... It has taken time to go to those deep, deep, deep levels... It’s been a process.... I think that it’s really me just not being ready, that it is a process and I’m just not ready.

As another consideration of what constituted readiness, Elizabeth appreciated her relationship with fear, and how it affected her work:
What is scary about doing the work -- I think doing the work for me means reaching and feeling the most painful feelings that are inside. And feeling them takes time and energy -- and a hangover of emotions -- it’s scary. After I have a big cry, I sometimes am so drained that I will sleep and sleep and sleep and my head hurts for hours. I’m afraid it won’t end. I’m afraid of being alone with those feelings because there are no limits on it. Many of the feelings also bring up feelings of hatred for myself and I really don’t like feeling that way.

While the narratives above spoke about some of what Elizabeth felt she needed to accept about the flow and dance of her process, she can still get “frustrated” with her pace. This sometimes has lead her to question the lack of movement as some deficiency in either herself or the inter-personal dynamic. For example, when she came to some emotional understanding of a violent trauma she experienced in Central America six years earlier, she said to her therapist, “this is six years, come on. I’ve been working on it and dealing with it and going back and kind of confronting it”. She experienced the emerging feelings with frustration because she “really didn’t understand why it had taken so long”. So while Elizabeth on some level acknowledged the process had its own pace, she can sometimes see “issues worked on three years ago coming up (again)” as evidence that she isn’t experiencing “a huge improvement or a change” in the way she imagined it. Her therapist then pointed out to Elizabeth that she “dismissed” things she “just wasn’t ready to talk about on any deeper level”, which reinforced Elizabeth’s emerging belief that she was ultimately, and necessarily, following her own reactions and emotions on her path towards readiness.

As was discussed, when Sarah considered the context of her own life and the necessity of having distance as a means of protection, she remarked:

As an incest survivor, part of the reason I’m in therapy is the total sense of disconnection and the great difficulty in really connecting to anyone.... It has a lot to do with all the physical and sexual abuse that was started when I was really young... and
the only way out was to not be in my body... [I’ve] been so desensitized for so long to pain and splitting, the splitting thing...
I was a drug addict for years, doing speed and heroin and stuff like that... I’m doing stuff to try to feel more connected with myself in my body. I find that really hard and really difficult.

Sarah was successful at uncoupling the connection between herself and the emotional pain that resided within her body. This important coping strategy, instituted as a means of protection, carried over into her present life and was experienced in the therapeutic relationship. Sarah has come to fully realize the progression that was taking place within her work was expected and understandable considering the profound disconnection she had experienced with herself throughout much of her life. When I asked her if there was anything her therapist could be doing to further facilitate her connection with her, she replied, “She’s doing it. It’s a process... it has to do with me being more connected with myself... It’s my stuff. It’s not her”. Sarah’s therapist, like Elizabeth’s, also recognized what Sarah’s life history brought to the relationship, and she supported Sarah’s journey towards self-connection as one means of respecting her pace with regard to their interpersonal connection. Her therapist told her, “It’d be hard to feel connected when you’re not connected to yourself and you are just working on that now”.

Morag offered an example of how she contributed to the direction of the process, which in this case was the ending of her therapeutic work. During the latter sessions of her therapy, Morag recognized that there were times when her therapist did not notice that Morag was feeling more deeply than how she was presenting herself. Rather than pursuing this with Morag, her therapist “made assumptions” that she “was okay”.

[There were] times when I wanted to go deeper and we didn’t. And I didn’t say anything. Uh, I let it go.... I wish my therapist had stopped me there, and picked up on that, or, stayed with that moment rather than skimming over it. And I guess my sense at those moments was she’s making assumptions that I was okay. There were times I didn’t want her to make those assumptions, but I think she was.... I wanted her to know that I had stronger
feelings where I was than maybe I was conveying on the surface. Yes, I wasn’t always as okay or together as I may have seemed to her ...being missed.... She stopped pushing and I sort of pulled back a bit.... [I wished that she] was not afraid for things to be messy between us or unfinished.... And it was about me also, feeling a natural ending to the process...that things were winding down... and I wanted them to wind down... If I had left to find another therapist, I would be telling you this in a different way...That wasn’t it. It was me I was active in that. I was active in not pushing for more at that point.... I wanted it to wind down...

Morag felt disappointed that her “therapist had [not] stopped her”. and could risk leaving “things messy between them”. However, Morag also knew that the process in which they were involved was contributing towards the therapy ending, which was Morag’s conscious decision at the time. “It would be nice to have a therapist all of your life who was supportive, I had to make a choice here”. Therefore. Morag recognized that her contribution to her process at that moment was to “let things go” because she was mindfully engaged in, “this gradual pulling out”.

In addition to the importance associated with recognizing their pace, direction and readiness, clients discussed how appreciating what they contributed to moments of disconnection was also a vital part of recognizing their contributions to the process. The excerpt below identified how Morag used “disconnection” as a means of understanding how to repair conflicts and take responsibility for her participation in the inter-personal dynamic:

And I learned through moments of disconnection about how to repair that. I can either speak up for myself, how to say, ‘no, you’re not with me right now’, that, ‘you didn’t quite get what I meant’, or, ‘where I’m at’.... It helped me to know disconnection is two-way too, so, it got to the stage where I could say, ‘maybe I’m not being clear here about what I want to say’ right? When
we’re really clear, it’s easy to connect, and when we’re confused it’s harder to... for someone to connect with us... like ‘she’s not connecting or she’s not understanding me because I’m not expressing myself clearly enough’. It could be that it’s triggered something in her that didn’t match me but it can also be that I haven’t been clear. ‘What do I really mean here? So that helps me to be more focused about what I’m really trying to say.

For many of the participants, it was through these experiences of disconnection that empowerment, self-awareness, and recognition and respect for the mutual aspects of the therapeutic alliance were richly enhanced. Respecting that disconnection was sometimes a two-way experience empowered Morag and others, to see that they can contribute to a rupture, which means they can also meaningfully contribute towards mending it.

As has been implied by many of the participants, mutuality was an experience of sharing power more equitably, and a client’s appreciation for her process could empower her to respect where she was, what she needed to do, and how she might need to do it. In other words, if the client did not see the therapist as being solely responsible for everything that transpired inter-personally in her journey towards healing, and she could see herself as an essential contributor to the quality and direction of that journey, the relationship could, and can, be framed within a more equitable construct.

**Working it Out Together**

As has been evidenced throughout this text, conflicts, or moments of disconnection were an inevitable part of connection. As an extremely important constituent of mutuality, the participants directly shared what they understood philosophically and experientially about how they and their therapists deal with interpersonal rupture. For most of the participants there was a trust that things would be “worked out together”. Mary believed that her therapist was committed to working things out, “[I feel she has]...respect for me, concern for me, and value. And not only is there concern but, [she lets me know that], ‘I will go out of my way to resolve this with you. And I’ll listen to what you think and feel’".

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Sarah offered a couple of instances where she and her therapist were engaged in confrontations, and their approach to conflict resolution was demonstrated in their ability to work things out together:

I guess we had a fight...a confrontation about...a judgmental thing...it was very heavy. I felt judged by her.... We worked it out. We worked it out quite... it was fine how we worked it out... It took a while for us to understand that together.... She went for special supervision sessions. And she shared that with me. I thought it was great. I felt very good about that. I felt very safe about it, and I respected her for it... I think that the disconnections have been dealt with in a positive way and they’ve become connections because of how they’ve been worked out. and that’s really important. And again it comes down to my idea of modelling. ‘How do you do conflict? And how do you do relationships?’ .... There was another thing, where she thought I was being too aggressive and transgressing [someone’s] boundaries. I said, ‘no. I wasn’t doing that’. It’s like, ‘no. I am not oppressing this poor person’. you know? It got resolved.... She just backed down. She was wrong and she backed down... [She said].’ I’m sorry’.

Sarah and her therapist have tested out the strength of their relationship by addressing the conflicts that come up, and by resolving them in a mutually satisfactory way. Sarah’s therapist was able to take responsibility for her actions and Sarah did likewise when she stated, “[I have] an obligation, if I am going to confront...to do it in a really principled way, whether I am a client or not”’. Spending enough time to sort through the disconnecting moments together indicated their combined commitment to both the relationship, and their philosophy of mutuality.

For the time Ginette worked with her therapist, the inter-personal exchanges around ‘moments of disconnection’, and how they were worked out, were multi-
dimensional and complex. The fact that her therapist "noticed" when Ginette was "upset" was an important part of their working it through:

I left a session [once] not very pleased. I was upset. I didn’t feel like she understood. The next time I came back, …she noticed something. Luckily, she actually brought it up, so I didn’t have to do any [of the work]. I didn’t have to be afraid to bring it up because she noticed… I feel that it was important to her that I felt badly, or felt misunderstood… [It meant to me], that she cared and I was important to her.

Other times, Ginette felt disappointed that her therapist couldn’t just stay with her feelings of embarrassment in order to help Ginette understand and process them. Instead, for the most part, Ginette’s therapist wanted her “to push through them”.

I’ll get into something and get distracted because I’ll start feeling really embarrassed… [I have some] fear of being seen in a vulnerable place… It’s scary for me to in front of her, to show that…. In the past there have been a number of times where she kind of encouraged me to push through that to what I was talking about before… It’s not easy for me to trust, so I say to myself. ‘maybe I shouldn’t focus here. Maybe it would be more helpful for me to push through it, because I could’ … So, I think I doubt myself….. She stayed with me the last time on it for a couple of minutes and that felt better… I think I need, probably to spend some time, even if it’s every single session… to just be there… really stay in the place where I feel really uncomfortable with her seeing me in that.

Overall, Ginette and her therapist enjoyed a general mutual respect. They felt they were ‘on the same side’ with respect to beliefs, politics and aspects of ritual. However, realizing the impact this missing inter-personal ingredient had on her sense of self, was
significant enough for Ginette to decide to switch therapists between our first and second interviews (the time interval was approximately 3 years).

I decided I wanted to switch therapists because...I wanted to see a therapist that...could deal with the connection between us, and whatever was going on right there between us. [In our first interview], you were asking me about disconnection and if I could bring [up] what was upsetting to me. And I said, 'oh. I could.' And I was really surprised when I read that. I thought, 'that's bullshit, Ginette'. I don't think it was easy to bring things to her... and I want someone who's going to really invite it. Oh I loved my woman therapist too. I felt so comfortable with her and I liked her so much. I felt so connected to her, like on a spiritual level. And could just see so many similar life things. I just really liked her. I didn't feel finished in that way, but I knew I needed to see someone different...

The suggestion here is not being able to work things out together appears to be a potentially, highly significant concern for the client's work, self-image, the enhancement of connection, and the progression of the relationship. Ginette did not negate what they shared, in fact, the experience was very important to her; she just needed to add another dimension to the inter-personal dynamic that involved 'working things out together' in a different way than she had experienced.

Kassandra's therapist, as evidenced in 'On My Side', "more often than not" attributed all inter-personal disconnections to Kassandra, which contributed to her feeling "undermined" in therapy. For example, when Kassandra brought something up that she felt was happening between them, the response was often reframed as a projection:

[She would say to me] 'How would that have made sense as to how you thought about your mother?' I'm just confused. Like, I just don't understand. I want to be able to respect my own feelings, my own knowledge, my own knowing, my own perceptions and I keep feeling that therapy undermines that.
Acknowledging a client’s history is important, as has been discussed. However, a problem can exist when the therapist attributes too much to a client’s history without appreciating the current inter-personal factors. Or more specifically, if she *denies* her own contributions to the experiences of disconnection. Kassandra clearly felt that her relationship did not allow things to be worked out together in a way that was important to her. The inter-personal issues, and how they were handled, were a source of continuing concern for Kassandra, that often left her feeling confused, and increasingly aware of her “missing voice”.

[My therapist] is right about a lot of things . . . . And she says she’s not perfect . . . . but the thing that pulls the rug out from under me, is that she might be seeing something that I’m not . . . . Something I have to learn . . . . it’s how to be somewhere and have my own voice. I think that’s part of the underlying struggle, is learning how to do that . . . . How to have my own voice, yeah. I think I’m in the process of learning that . . . . I can silence myself . . . . Um, so I want to feel secure. I guess, and just express what I think and have it be respected.

When Kassandra once suggested that her therapist was angry about something, her therapist’s responded with, “‘What does it matter?’ Not that I don’t matter but, it really doesn’t matter whether she likes me at that particular moment”. Kassandra was acutely aware of who held the power in these moments.

I don’t think I have a sense of us working things out together. That’s what I don’t feel often . . . . When she feels she’s right, she’s pretty direct about it [she put the palm of her hand out indicating a ‘stop’ gesture]. ‘This is the way it is. That’s not what it’s about’, or whatever . . . . And, like talking about the relationship, like ‘being right over the relationship’. I’d say she’s picking ‘being right’ . . . . The relationship I’ve chosen to have with her, I don’t feel capable of disagreeing . . . . There’s a part of me that wants to
hang onto some sense of security by hanging onto her as a perfect person which I am sure little kids do with their parents....

Kassandra identified her relationship with her therapist as having "lots of healthy things going on". She also believed, "I haven't grown enough or something to be able to see the limitations yet". However, she has had experiences where she clearly recognized that some conversations with her therapist were adamantly one-sided. Kassandra offered her insightful interpretation of this. "You know, it may be more painful for her to be in relationship with me, in the painful parts, then to just recognize what they are and tell me". Therefore, her therapist's potential inability to tolerate the pain involved in "working things out together", was a expression of power that is closely aligned with the more "traditional" definitions of a therapeutic dynamic. In other words, Kassandra got left out of the process, told what she should be feeling, and ultimately she experienced painful 'dis'-empowerment along the way.

It is evident from the excerpts above that the ability to work things out was critical in creating relationships that were built on a 'power-sharing' premise. Further, the way things get "worked out" differed from participant to participant and from scenario to scenario, which pointed to the need to respect the complexity involved in attending to these inter-personal schisms. However, essentially, the participants stated that when connection gets ruptured or interrupted, if they can trust that it can be "worked out together", some seminal semblance of connection could be sustained. Further, while these clients have struggled to understand their life experiences and how they in turn affect their relationships, the therapist's respectful acknowledgement of a client's history with disconnection, without losing sight of their on-going dynamic, appeared to be an immeasurably important consideration.

Summary

The realization of mutuality, in a more general sense, entailed both therapist and client taking responsibility for what they were able to contribute to the relationship. It was also important to keep in mind that the other person was also a vital partner in that process. The therapist’s willingness to be vulnerable and "show herself" contributed
greatly to transforming the therapist from a mystical omnipotent figure to a human being capable of connecting from her acknowledged place of humanness. Further, a therapist’s mindfulness about her position of power, and her openness to negotiating that position, re-conceptualized some basic inter-personal dynamics to incorporate a focus on inclusion.

As the women also suggested in the section on recognizing their own process, a therapist’s skill in guiding the process, which included her areas of competency, her abilities to provide comfort, insights, and her contributions to the creation of an equitable relationship, was only part of the story. The client’s appreciation for her level of readiness on various things like: self-trust, trust for the therapist, respect for how much she could manage or how much she wanted to initiate at any given point was her right and responsibility, as well as an elemental source of empowerment. Experiences with disconnection were also opportunities to exercise mutuality, if the relationship promulgated an inclusive contributory premise. More fundamentally, perhaps, the combination of all these dimensions of mutuality, as exemplified by the participants’ experiences, collectively created a vision of possibility where ‘mutuality’ was not just a theory, but a feasible alternative to the traditional manifestations of immutably skewed power dynamics.
Chapter 8

Role of Connection on a Client’s Sense of Well-being

Throughout the text there have been many references made to the participants’ well-being as a result of connection. For example, essentially everything that contributed to a client’s being seen and valued, and feeling more empowered were sources of well-being. As well, the places where the clients had garnered understanding about the ways in which social contexts had influenced what they were struggling with, and their self-conceptualizations (as a consequence of living with within those contexts), are considered elemental to accessing new ways of framing ability, strength, courage, and actualization.

Clients have also directly discussed “well-being” by reflecting on the totality of their experiences within their therapeutic relationships. What emerged for them was the sense of interconnection among emotions, voice and body. For example, the women made reference to how much more “aware” they were of their “bodies” and “emotions”, and how matching their “voice” with these feelings led to an experience of “integration”. Further, they reported that these empowering experiences that were manifested in increased “confidence” and “self-esteem”, were being generalized outside the therapeutic relationship. Morag reported:

It [or connection] certainly has affected my well-being and... I think my whole self-esteem, and self-confidence, and self awareness has been elevated through this connection in therapy.... It has had a profound impact on who I am.... It is crucial, critical.... I certainly understand myself in a way that I never understood myself before, and accept myself in a way that I didn’t before. Um, and I relate to other people in a way that I didn’t relate to them before. So, I think my therapy had ...a well-rounded effect, impact that’s been both understanding and action...sort of experience and application...It hasn’t been an exercise in reflection.... The well-being has generalised or transferred out.... what happened for me in therapy was putting feelings and voice together. I think I’d been able to be in my
feelings with friends and family too...but, being able to match those feelings with voicing those feelings, expressing them honestly were two different things that came together in therapy. ....So. yes. In some ways my therapist gave me a new voice.

Finding “voice” was particularly important to Morag as she described the milieu of her “voiceless” childhood:

I know that when I was a child, a lot of feelings were not allowed, were not accepted in my family... And so I didn’t learn to voice them as a child. Not being able to name them, I really didn’t know what was going on. I certainly had feelings ... in secret... but not a vocabulary for them... [Beginning therapy], I was living in a suppressed way, in a restricted, constrained way.... I think I felt very vulnerable and helpless at the time.

Morag and Mary concurred. in the narratives below, that discovering ways to access the “authenticity” and “spontaneity” of their “voice”(s) was important for these experiences of integration. As well, finding voice, contributed to a new found trust in their abilities to be able to, as Morag suggested. “take her own pulse”.

(Morag). I was with myself, with my feelings in a certain way but, it was in a way that was confused and not authentic... Putting feelings and voice together meant I could express them more honestly... and it (voice) gives me confidence, energy, and courage to be who I am inside and outside. So, to be more integrated..... I have the voice in me now...that voice...it’s not just a voice, it’s a mechanism ...that listens and catches me and stops me and then picks up on something that’s happening and takes me through that process. Figuring out what is it, where’s this coming from, what does it mean, how do I really feel here, what’s really happening here? And... it is just a matter of stopping and paying attention and taking time to figure it
out...and I can do that. I can be my own therapist.... being connected with myself....I’ve taken on that role for myself in staying connected to how I feel and checking inside with how I feel. So now I can take my own pulse.

(Mary) ...there’s no barrier between what I hear myself say and what I think. It’s just one and the same.... [In the past, I would have said]. things that I didn’t believe because I thought that’s what they wanted to hear...I thought of it in terms of trying to please them.... The more I say what I really think, the more impressed with myself I am. It’s true. I have a much better image of myself. It’s not perfect and it’s not complete....It’s amazing that our bodies know what we think... it’s given me ...the greater ability to have greater faith in my body. Because I’m really awed every time I hear myself saying things that I know are true... I speak the truth without scanning.... I say what I believe... [I know I am connected] because my body sings.... I am perking right along now.... The connection with my body is getting much stronger..... I seem have really come together as a person.

Kassandra, unlike the women in the examples above, was still very much in search of her voice.

Something I have to learn ...and it’s .. it’s how to be somewhere and have my own voice. I think that’s part of the underlying struggle, is learning how to do that... How to have my own voice, yeah. I think I ‘m in the process of learning that... What it would mean is that I would feel comfortable to express myself... Sometimes I express myself very strident, or belligerent, or I don’t express myself. I silence myself. So I do one or the other.... All I need is for my voice to be respected.
Kassandra was abundantly clear that she needed to have the experience of having her “voice respected”, before she could instill a sense of “comfort” in her ability to “express” herself. This need was similar to what the other participants had experientially described in their processes of integration.

For Sarah, her well-being from the connection that she and her therapist “co-created” has been physically discernible, as well as emotionally and spiritually perceptible:

I’ve gotten a whole lot healthier, physically than I used to be... My chiropractor said, ‘this is horrible that this [spondyliosis] has happened to you. But I’m really glad it’s now, because if it was 3 years ago, you could not have emotionally or spiritually coped with it. And now look at you, you’re great’. It’s from our [therapeutic] relationship... It’s come from the relationship we have established... It [the connection] has drastically affected my well-being. I wouldn’t be able to have this conversation with you in this way.....I guess I’m so much more aware and more connected to myself. ’Rrrrrrah!! This is good stuff... we’re connecting.

While Morag and Sarah specifically named the therapeutic connection (they created) as primary in providing the sense of well-being they were appreciating, Mary and Elizabeth spoke to the interaction of other life experiences with therapy when discussing well-being. Elizabeth saw the dynamic in the relationship as “key” to her growth and her stronger inter-personal “connections” outside therapy, but she wondered if this was an example of “the chicken or the egg” phenomenon.

Since we last spoke about 2.5 years ago- I believe that I have progressed a great deal- and this has been reflected in my personal life and in therapy. I think this is what is key actually- this dynamic- and I’m not sure if in my case, one happens first or they might happen at the same time, but basically I have been connecting more and more to people and to my therapist.... in the past two and a half years, I’ve seen such changes in myself... and
it's been in personal and therapy... kind of how the connection has developed ... is it the chicken or the egg? I don't know if it's happening more in therapy so therefore I'm able to take more risks personally, or if it's in my personal [life].

Mary was more sure about the combination of influences affecting her well-being, which for her, included Prozac:

...the combination of Al-Anon, therapy with [her therapist] ...the hard work I have done ...and Prozac have really connected my parts... and I said it before. It's not only [my therapist]. It's uh, Al-Anon. and it's all the years I'm sure I was trying to get to this point and was not allowed....and age...

Mary named her participation in Al-Alon, her hard work, the benefits of age, and drug therapy, as positively affecting her well-being. While drug therapy was not something any of the other participants spoke of as being part of their therapy, except for Kassandra who found her therapist's discussions around anti-depressants extremely problematic for her sense of self and the relationship. Mary specifically included it as part of her well-being scenario. Mary's understanding of her well-being, and the identified interactive influences certainly speaks to the complexity and uniqueness of individual experiences.

Summary

Generally speaking, having deeper connections with themselves and others, an increased self-confidence, a greater sense of self-esteem, and access to their voices were central to these women's definitions of well-being. Further, for almost all of these women, experiences with therapeutic connection and well-being were inextricably linked. Ultimately these interactions symbolized a vehicle of transcendence and integration that got transferred outside the therapeutic context. As Morag suggested, her therapeutic relationship has influenced both her “understanding and action...it hasn’t been an exercise in reflection. The well-being has been generalized out”. In appreciating the concept of integration, some women suggested that while therapeutic connection was vital, it was
appreciably interwoven with many experiences that together have influenced their sense of “coming together”. Their words are a reminder of the reflexive, organic relationship that exists between our multi-faceted experiences and our multi-textured lives.
Chapter 9

Discussion

Introduction to Discussion

Discussion of Themes as they Relate to the Contributions of this Research:

On My Side
- Feeling Seen and Valued
- Shared Beliefs and Politics
  - a. Gender, Power and Oppression
  - b. Other Dimensions of Diversity
- Therapist Expertise
  - Presence and Expertise
  - Boundaries
  - Self-Care
- Mutuality
  - Self Disclosure
  - Clients' Appreciation for their Process
  - Working Things out Together

Connection and Well-Being

Implications for Practice and Theory

Limitations of the Research

Suggestions for Future Study

Some Final Thoughts

Introduction to Discussion

Clients discussed places of validation and struggle when putting words to their many experiences of connection and disconnection; and, collectively, they have decreed that the ‘context of connection’ is a phenomenon that is a seminally linked to the facilitation of their therapeutic process, and their well-being.

This exploration of connection was from the perspective of clients in a feminist therapeutic relationship. However, it was not about the women’s experiences with feminist therapy in a general sense, per se. In other words, apart from soliciting participants in client-identified feminist therapeutic relationships, and asking a few questions specifically about feminist therapy, the majority of the interviews focused on the participants perceptions of what facilitated and/or what hampered their experiences.
with therapeutic connection. Centralizing the exploration on this particular aspect of the therapeutic alliance, and not on the client’s perceptions of ‘feminist therapy’, moved the focus away from asking the clients to interpret theory, to describing their experiences. From there, these women’s experiences have led the way into identifying some important dimensions in the therapeutic relationship. While there have been some similar concepts discussed by theorists, therapists, and researchers in feminist therapy, these narratives provided experiential accounts of some of the more inter-personal complexities involved in co-creating respectful, empowering, and helpful therapeutic relationships. As such, this research will support and extend valuable recent research that has been reflecting the client as consumer (e.g., Chandler et al., 1996; Chambless & Wenk, 1982; Hutchinson & McDaniel, 1986; Laidlaw et al., 1990; McDonagh, 1992, 1997; McLeod, 1994; Piran, 1999; Worell, et al., 1996).

This section will include: a) a discussion of themes as they relate to the contributions of this research, b) implication for practice, c) limitations of this study, d) considerations for future research on feminist therapy, and e) some final thoughts.

**Discussion of Themes as they Relate to the Contributions of This Research**

The specifics of the participants’ experiences represented a form of microanalysis into some of the intricacies involved in creating and maintaining a respectful connection. The three core themes that emerged were as follows: ‘on my side’, ‘therapist expertise’, and, ‘mutuality’. These themes, coincidentally, corresponded to three primary dimensions in the connection dynamic -- a) how the client is seen and valued within her multiple experiences and contexts, b) the therapist’s utilization of her combined expertise, and c) the negotiation of a more egalitarian, or shared relationship.

Central to this research was the importance of the therapeutic relationship, and in particular, how therapist and client were conceptualized as contributors in the co-creation of their connection. Naming the relationship as key to the process reiterated many of the writings on feminist (and other) therapies (e.g., Sturdivant, 1980): “...whatever else it may be, therapy is always a relationship between persons...” (Greenspan, 1993, p. 235).
On My Side

The words 'on my side’ spontaneously spoken by 4 out of the 7 participants, powerfully resonated with an important conceptualization. It signified a client’s acknowledged coalescence of what it felt like to be seen, supported and celebrated with someone who could appreciate her unique qualities and strengths to live within (and survive through) the many expectations, oppressions, and influences consistent with a patriarchal, hegemonic social context. This suggested that the ways a client and her experiences got seen and valued were directly linked to a therapist’s political/philosophical standpoint combined with the experiences associated with her social locations in the world that included gender, culture/ethnicity, age, class, sexual orientation, etc.

The sub-themes identified as implicit in this theme were as follows: Feeling Seen and Valued (liked, respected, empathized with, validated, cared for, interested in, believed, and understood), Shared Beliefs and Politics including shared agendas, and Matched Social Characteristics such as gender, culture, religion, ethnicity, sexual orientation, and class.

The connotations accorded the experience of having a therapist, ‘on my side’, as they have been represented throughout the sub-themes, have been mentioned in various ways in the literature and other research, and these particular references will be incorporated into the following discussions. However, it was the integral combination of these three components that was essential to the ‘on my side’ conceptualization.

Feeling Seen and Valued

A client’s experiences of being liked and respected, cared for, listened to, believed, and understood by a therapist are perceived to be valuable by therapists in their work in feminist therapy (e.g., Chaplin, 1988; Jordan, 1997). Further, these particular findings on a client’s experiences in feminist therapy also replicated some of the seminal analyses provided by McDonagh (1992, 1997), McLeod, (1994), and Piran (1999), and more specifically in the research of Piran (1999) and McDonagh (1997).

Analysis of Piran’s (1999) data, procured from her questionnaire on The Feminist Frame Scale, resulted in three dimensions, one of which was ‘Respectful Validation and
Care’. This particular dimension represented the ways in which a client and her experiences were validated, which included a consideration of her contexts, and her ways of coping. McDonagh’s (1997) questionnaires and interviews also revealed the importance of validation, mutual respect and liking, being listened to, feeling accepted, and feeling cared for in a dimension she entitled ‘Therapeutic Alliance Factors’. While some similarities existed between this study and the above named research, there were, however, fundamental differences that emerged in this analysis.

This research suggested that the ways in which a client felt validated was part of a larger phenomenon that included the impact of ‘Shared Beliefs and Politics’ as well as the implications of being matched (or not matched) on particular social characteristics, or dimensions of diversity. A therapist’s beliefs, politics, and a client’s and a therapist’s shared ‘social locations’, were perceived as inseparable from the ways in which a client felt valued. Therefore, they were presented as one integrated theme. Specifically, being seen and validated in profoundly meaningful ways was framed within, and dependent upon, a therapist’s non-pathologizing, anti-oppressive perspective. Further, sharing some experiences with oppression (e.g., gender, sexual orientation, and class) brought a particular experiential sensitivity and awareness that bolstered the integrity and meaningfulness of that validation.

An association among these components was implied in some of the research. For example, the way in which Piran’s (1999) items were grouped, and McDonagh’s (1997) reference to ‘context’ in ‘Acceptance/Validation/Support’ indicated a relationship between these factors. Also, Chambless and Wenk (1982) referred to “shared beliefs” and “being women” together as important components in feminist therapy. However, in each of these studies the connection among these factors was not made explicit. It appeared that other categories, for the most part, had subsumed or obfuscated what was perceived in this study to be intrinsic to the experience of ‘Feeling Seen and Valued’.

**Shared Beliefs and Politics**

Acknowledgement of a socio-political environment and its impact on women’s experiences is one of the major philosophical underpinnings in feminist therapy literature (e.g., Enns, 1997; Mirkin, 1994; Ussher & Nicolson, 1992), and the following research
examples support its importance. When therapists conveyed these particular beliefs or analyses, "[clients] learned they were not to blame for their circumstances that created those feelings, whether they arose from not fitting the stereotyped notions of femininity or from physical, psychological or sexual abuse" (Malmo & Laidlaw, 1990, p. 323). With specific reference to sexual violence, "Removal of a false sense of guilt and self-blame which women experience as a consequence of sexual violence ... [means] women are allowed to 'hear' that they are not guilty, and that they need not accept the culturally sanctioned definition of woman as a legitimate object of male sexual aggression" (Hutchinson & McDaniel, 1986). Further, "as a result of a shared value system, all clients reported feeling safer with and understood by their feminist therapists" (Chambless & Wenk, 1982, p. 60). McDonagh's (1997) study also supported the centrality of acknowledging 'context': "viewing women's experiences and issues within a broader social and political context was very prevalent in women's definitions of feminist therapy and in their explanations of what was feminist about their therapy/therapist" (p. 273).

Providing a context that identified oppression in its many covert and overt forms. (exemplified in the sub-theme 'Shared Beliefs and Politics') in combination with shared social characteristics (e.g., gender) was, as discussed above, the lens through which all aspects of these clients were seen, respected, cared for, and valued. Incorporating the breadth of a client's experiences within oppressive sociopolitical context(s) suggested the therapist could demonstrate her ability to be a powerful advocate. Further, if through her own commitment to resistance, she could acknowledge, value and support the client's lived experiences that likewise exemplified acts of revolution and defiance as elements of survival and healing, she helped create a powerful representation of the theme, 'on my side'. Therefore, ultimately, the strength of this alliance re-framed the clients' experiences, and helped them see themselves as being "less to blame" than the socio-political context that supported their particular suppressions. Further, in the safety of this new frame, clients often felt more free to "lay bare their souls".

a. Gender, Power and Oppression

Many participants saw sharing gender with their therapists as significant. Fundamentally, therapists who were able to expose the stereotypes and oppressions
associated with an androcentric society, and identify the particular ways these women were affected by those oppressions, was important for the participants' understanding that the 'personal is political'. Further, not that the experiences between therapist and client were mirrored, but sharing a particular social location as women seemed to provide what some clients needed to reframe their issues — from individual inadequacies to sociopolitical consequences. In other words, the 'shared' experiential understanding of oppression seemed to be critical to this essential reframing.

When looking at the totality of these participants' experiences, the issue of gender proved to be complexly intertwined with power, diversity, and oppression. In other words, how power is conceptualized and utilized, and how the contexts of oppression are understood and incorporated into the therapeutic interactions, affected the process and experiences with connection.

The relationship among gender, power and other forms of oppression is widely discussed (e.g., Hare-Mustin & Maracek. 1990; Kanuha. 1990; Ussher & Nicolson. 1992). The summary of the Tenets of Feminist Theory of Psychological Practice, newly formulated in 1997 (Brabeck & Ting. 2000), outlines in Tenet 1: “While gender is an important unit of analysis for feminists, other loci of oppression must also be examined” (p. 11). The importance of this is twofold. First, “treating women as a unitary group may unwittingly endorse a restrictive rather than an emancipatory view of women” (p. 11). This is consistent with the 'non-essentialist'. 'post-modern' and 'feminist poststructuralism' sensibilities that recognize and appreciate the various constructions of gender, perspective, experience, and expression (Fawcett, Featherstone, Fook, & Rossiter. 2000; Gavey. 1989). Second, 'centralizing gender' dangerously predisposes a subsuming of other dimensions such as race, ethnicity, age, ableism, sexual orientation, and so forth, which would essentially obfuscate critical understandings of the range of impact of oppression within each of these dimensions.

With specific respect to the participants' experiences with gender, use of power, and feminist identification, various scenarios were reported. In addition to experiences with some male therapists who imposed a male construct of normative, the women in this study discussed prior therapeutic experiences with non-feminist female therapists and 'feminist' therapists who used power as authority. Therefore, it was clear that being a
female therapist did not equal being a feminist therapist. Furthermore, there were certainly some indication that all therapists calling themselves feminists did not work in the same fundamental ways. Consequently, identifying as a female feminist therapist does not guarantee an experience that is free from "subordination", as McLeod (1994) discovered in her research — "positive outcomes from feminist therapy only occurred when women's emotional needs and capabilities were not subordinated" (p. 133).

Clients need to check out what therapists mean with respect to philosophy and the evolution of the therapeutic work, and therapists need to be able to describe their perspectives and how they are implemented into the process so clients can be more informed about their choice of therapist. McDonagh (1997) suggested this was a necessary component to what she described as the "Introduction and Negotiation" phase of therapy.

There were, however, in this sample, many more examples where therapists (identified by participants as feminist) acted in ways that facilitated a client's sense of empowerment and well-being through a pervasive commitment to respect, and all its ubiquitous manifestations. Consistencies between feminist identity and behaviors were also found in work by other researchers that looked at both clients' assessments and therapists' self-monitoring (e.g., Chambless & Wenk, 1982; Chandler & Worell, 1996; Hill & Ballou, 1998; Maracek, Kravetz, & Finn, 1979; McLeod, 1994; McDonagh, 1997; Piran, 1999; Simi & Mahalik, 1997; Worell & Chandler, 1996).

b. Other Dimensions of Diversity

In addition to gender, analyses of sexual orientation, colour, ethnicity, culture, age, and degree of ability are integral to the integration of context and therapy (e.g., Barrett, 1990; Brody, 1984; Brown, 1994a; Burstow, 1992; Comas-Diaz & Jacobsen, 1991; Enns, 1997; Jordan, 1997; Kitzinger & Perkins, 1993; LaDue, 1994; Landrine, 1995; Mirkin, 1994; Raja, 1998; Ussher & Nicolson, 1992; Williams, 1999; Worell & Johnson, 1997). With reference to this study and the dimensions discussed in the section on 'Matched Social Characteristics', other than gender, there was clearly not enough exploration into the impact of these characteristics on the therapeutic alliance, even though the women represented some diversity in these respects. However, the experience
of one participant suggested that the effects of oppression, in this case anti-Semitism, made discussions around the "centrality" of her cultural identity "fearful". Even when a therapist adopts a strong anti-oppressive stance, there is still an imperative to be sensitive to the potential subtleties of oppression that can exhibit themselves in therapy. This was consistent with the feminist therapy emphasis on the constant need for "reflexivity" as a form of practice (see Feminist Therapy Institute Code of Ethics in Feminist Therapy Institute, 1990; Kaschak, 1981). Finally, since the sample was comprised of all white women, there were specific restrictions with respect to interpretations, and these will be discussed more fully in the section on 'Limitations'.

While this study suggested that an anti-oppressive stance was very important, some shared understandings of oppression were also intrinsic to the facilitation of the alliance. Other researchers have presented aspects of diversity in various ways. In case vignettes, Comas-Diaz and Jacobsen (1991) presented examples of where "ethnocultural factors served as catalysts for such major therapeutic issues as trust, anger, acknowledgement of ambivalence, and acceptance of disparate parts of the self" (p. 401). Laidlaw and colleagues (1990), through the accounts of therapists and clients, demonstrated the richness of diversities as they were interwoven with particular innovative approaches in feminist therapy. McLeod (1994) found that some women in her study held specific criticisms about the inclusion of diversity as it related to their therapy, which highlighted the complexities of integrating social dimensions.

[Women suggested that their] emotional needs were subordinated by their differential experiences as Black women, lesbian women, women from working class backgrounds, and older women being marginalized in various ways in practice at the Centre. Thus their experiences indicated that feminist therapy cannot be assumed to take account of women's differential experiences in practice...
(p. 131).

These studies indicated that more research is needed on the particulars of subordination based on "social" differences, as there are certainly many variables to consider when looking at the interactions of gender, class (e.g., Baker, 1996; Leeder,
1996; Wyche, 1996), sexual orientation (e.g., Kitzinger & Perkins, 1993), culture, and ability (Fay, 1983; Olkin, 1999), with the influences of oppression, power, and individual experiences.

The theme ‘On My Side’, as stated earlier, suggested that a client’s experience of being seen and validated was inseparably ensconced within a therapist’s political/belief system as it interacted with a therapist’s specific socially-contextualized locations of experiences. While these components -- social context, validation, and shared locations -- have been perceived as critically important to the practice and philosophy of feminist therapy, they have been conceptualized as potentially ‘separable’ dimensions. Their demonstrated inherent inter-relatedness in the form as an indissoluble aggregate may highlight understandings of both the process and the dynamics in feminist therapy that have not been previously explored in this way.

**Therapist Expertise**

The notion of therapist ‘expertise’ was essential to the clients and their work. In other words, they wanted it, appreciated it, and found it fundamentally helpful to their process and therapeutic connections. It was multi-faceted in its manifestations, but its essence was embodied in the therapist’s ‘presence’, which exemplified an integration of a therapist’s experiences, intuition, theory, and politics.

The two identified sub-themes of expertise were: ‘Presence’, which included aspects of ‘solid’-ness, confidence, comfort, and stability; consistency, congruency and commitment, and ‘Actualized Presence’, that focused on dimensions such as -- moving circles into spirals, a therapist’s respect that it is the client’s process, attunement and flexibility, the manifestation and utilization of boundaries, therapist self care, physical closeness, and connection in disconnection.

**Presence and Expertise**

Tenets of feminist therapy underscore the notion that the client is the expert her experiences (e.g., Butler, 1985; Sturdivant, 1980). Also the responsibility for the direction, pace, and control of the therapeutic process is considered within the realm of the client’s authority (e.g., Hill, Glaser, & Harden, 1995). The available research
supports the client's right to retain control over her experiences and the therapeutic process, which are crucial to empowerment (Chandler et al., 1996; Malmo & Laidlaw, 1990; McDonagh, 1992, 1997; Piran, 1999; Worell et al., 1996). However, moving away from the traditional notions of therapist as expert, it was clear from this research that participants wanted their therapists to have particular kinds of expertise.

Therapist expertise was conceptualized as who the therapist was and how she was, as an expression of her many kinds of knowledge. As the participants have suggested, a therapist's expression of "humanness" as it is integrated with her "politics", "theoretical" understandings, "intuition", "desire", "connectiveness", and "experience", are some of the fundamental components to what the women considered therapist expertise. The participants have further stated that connection was established, maintained and enhanced through particular experiences associated with a therapist's "presence", as a critical embodiment of her expertise.

The suggestion of 'expertise' in feminist therapy has been essentially shied away from because of its proximity to the notion of 'expert', and its particular relationship to power abuses. Accounts of the harm perpetuated by therapist as "authority" have been well documented (Chambless & Wenk, 1982; Hutchinson & McDaniel, 1986; McDonagh, 1992, 1997). However, in this study, the concept of 'expertise' centralized the therapist's 'person', not an imbued authority. This particular focus corroborated the long-held notion in feminist philosophy that, "the therapist's most essential tool is herself as a person" (Greenspan, 1993, p. 235), and "the therapist as a person and her involvement with the client are integral parts of the change process" (Sturdivant, 1980, p. 249).

"Presence" was described in various ways, such as: "solid and stable" not rigid, "open" not disengaged, flexibly "attuned" not frame-less, clear not "heavy-handed", "comfortable not anxious", "consistent" not "ambiguous", and "guiding" not controlling, which culminated in, for many, a profound feeling of "safety". Some of these particular descriptors of a therapist's presence created a substantive image that decried traditional connotations of expert, as well as adding some specific conceptualizations to an emerging feminist formulation on the constituents of expertise.
Many aspects of a feminist therapist’s ‘expertise’ (e.g., facilitative skills, techniques of exploration, strategies, and interventions) have been written about in the literature as one means of understanding the intersection between feminist ethics and practice (e.g., Brabec, 2000; Brody, 1984; Brown, 1994a; Burstow, 1992; Rosewater & Walker, 1985; Worell & Johnson, 1997). The research on the practices of feminist therapists from the perspective of therapists (Hill & Ballou, 1998; Maracek & Kravetz, 1998), from clients of feminist therapy (Chambless & Wenk, 1982; Chandler et al., 1996; Hutchinson & McDaniel, 1986; McDonagh, 1992, 1997; Piran, 1999), and from both clients and therapists in feminist therapy (Malmo & Laidlaw 1990; McLeod, 1994; Worell et al., 1996), all touch on various experiences of therapist’s expertise as well. The specifics of which are discussed more methodically in the ‘Introduction’ section, and when applicable, in the rest of this section.

The women in this study, in addition to promoting a distinctive conceptualization, used unique language to provide rare insights into their varied experiences associated with their therapists’ ‘actualized presence’. From “moving circles into spirals” to the many descriptions of boundary negotiation, such as “she stays”, most of the participants viewed these particular representations of expertise as ensconced within a pervasive “non-judgmental”, “accepting” and “respectful” attitude towards them and their process. “Gentle pushing”, “guiding”, “sitting with”, and “hearing beneath” as examples of “attunement” and “flexible” responding, both nurtured and fortified the connection, and included the client’s “pace” and “readiness” as primary considerations in the progression and direction of the work.

**Boundaries**

Boundaries and therapeutic ‘frame’ are sometimes used inter-changeably in the literature because of their inter-relatedness (Margolies, 1990). In other words, the philosophical frame is central to the type of boundaries deemed necessary, appropriate, and “useful”. With specific reference to boundaries as an expression of a therapist’s ‘expertise’, it is clearly a much-discussed topic as an aspect of ethics. While ‘rigid’ boundaries are not part of the feminist conceptualization, what makes flexible yet ‘ethical’ boundaries is not easily defined (e.g., Rave & Lerman, 1995; Worell & Remer.
In particular, the notions of “impulse” vs. “intuition” (Brown, 1994a), “concreteness” vs. “flexibility” (Bennett et al., 1994; Heyward, 1993; Hill, 1990; Jordan, 1997; Lazarus, 1994; Margolies, 1990; Parvin & Biaggio, 1991; Perry, 1993), and defining “violation” (e.g., Greene, 1994; Leman & Rigby, 1990) are respected for their intrinsic complexities. McDonagh’s research (1992, 1997), revealed a client’s need for “clear” therapeutic boundaries with respect to therapist availability.

This study provided some yet unexplored dynamics in feminist therapy with respect to boundary negotiation, flexibility, and the integration of “space” and “distance”. Generally speaking, participants wanted boundaries. However, the subtle art of attunement in conjunction with “flexible” responding, as has been described by the participants, required the therapist to come out from behind a fixed approach or strategy of exploration. The women clearly stated that sitting behind the traditional ‘blank screen’, as a means of keeping boundaries intact, can lead to “pain” and “confusion”, especially when inter-personal interactions are primarily considered clients’ “projections”. Or, when distance is used to separate client and therapist as a means of concretizing power differentials. Essentially, the one-size-fits-all approach, exemplified when boundaries are immutable and rigid, not only does not work, but, in fact can be harmful. This belies the traditional stance of maintaining a rigid frame as ‘good therapy’.

Participants offered many depictions of how boundaries can feel “safe”, as well as giving them a sense of entitlement to take “space” and make “distance”. In addition, a therapist’s abilities to “stay”, “step outside”, and recognize where she and the client intersect, are considered essential in communicating the notion that, as one participant eloquently puts it, “she knows her work, and keeps me in mind”. These are novel findings that describe the processes of negotiation in action. Further, these experiences are testament to the ultimate fluid and organic nature of boundaries. As these women strongly suggested, however, fluid and flexible does not equal absent. Rather than an ‘either or’, it is what Laura Brown described as a “continuum” and a “conceptual” rather than a “concrete” (1994a, p. 214).

The participants’ experiences supported a therapist’s continuous reflexivity around the parameters of her knowledge(s), experiences, and intuition as they intersected with the client’s history, trust in the relationship, and fluctuating needs for space and
distance. These particular experiences may help inform discussions on feminist theory in ethics, as the intricacies of boundary facilitation are perceived as central to the integrity and practice of responsible counselling.

**Self Care**

Another dimension of expertise was the client’s perceptions of the therapist’s willingness and commitment to engage in “self-care”. *The Feminist Therapy Institute Code of Ethics* (Feminist Therapy Institute, 1990) under Principle IV *Therapist Accountability*, and therapist writers (e.g., Butler, 1985; Faunce, 1990) speak to the necessity of “therapist self-care”. For example, therapists’ acts of self-care (a) protect the therapist from burnout, (b) promote care-taking in the client, and (c) protect the client by reducing risks of ethical violation (Carroll, Gilroy, & Murra, 1999).

According to the participants in this study, a therapist’s commitment to self-care was imperative for their sense of freedom and “safety”. Self-monitoring for “anxiety”, having a good sense about emotional and physical limits, having access to appropriate supervision, and implementing a system of accountability all contributed to assuring the client that boundary maintenance, in these respects, was not something with which they had to be concerned. The freedom to “not worry about” a therapist also built trust that the therapist would be “more non-judgmental”, less “isolated”, and therefore, “less likely to do something outside her limits”. While these particular self-care imperatives reflected some of what has been discussed in the code of ethics and the literature, these experiential accounts are not discussed in other research. Further, including it as part of a therapist’s realm of expertise, further indicates the multi-dimensionality of this concept, and its integral applicability to the practice of therapy.

Finally, with respect to expertise, the clients acknowledged that while disconnections happened as a matter of course, a therapist’s ability to instill a belief in the “continuum of connection” seemed vital to the continuity of the process, as well as a deepening trust in the relationship.

These participants were suggesting that “expertise” required a therapist’s willingness to move outside the ‘protection’ of a static frame, and this demanded a substantial amount of reflection. Staying steady with the principles of respect, mutuality
and support, as well as holding onto something open-ended or flexible required courageous and thoughtful risk-taking on the part of the therapist. Further, conscious venturing into the unknown with the client, while maintaining something stable to which the client can attach when she was “falling apart”, “letting go”, or “off dissociating”. was what these participants have identified as an important part of their healing.

Participants come to their therapists for expertise; what they don’t want is to feel subordinated or oppressed. Consequently, expertise, if not used to have ‘power over’, can be used, as discussed in the section on mutuality, to recognize different areas of proficiency between client and therapist. Although discomfort with the word is grounded in resistance to abuse of power, this resistance may preclude an emerging ‘holistic’ concept that reflects the use of many kinds of knowledge as being valid, accumulative, diverse, and instructive. Further, re-examining our prejudices may allow for more integration of various kinds of experiences that have traditionally been excluded from, or deemed inconsequential to, the domain of therapy practice.

Ultimately, according to these women clients, the difference between expert and expertise lies in a fundamental distinction in their emphasis. Expertise focuses on the person, or the integrated “presence” of the therapist, which tends to leave room to respect the client as a knowledgeable and competent person as well. The notion of expert, however, makes the ‘position or status’ of the therapist more central, and as such, saliently supports and perpetuates a socialized, hierarchical differentiation between an all-knowing professional and an incompetent, deficient recipient.

Mutuality

The dimension identified as ‘mutuality’ encompassed many experiences that supported a move towards a sense of egalitarianism in the therapeutic relationship. According to these women, the experience of ‘mutuality’ was essentially dependent upon a foundation of ‘mutual respect and valuing’, and a shared commitment to contribute, albeit in different ways, towards realizing a more “equal” exchange. In other words, conceptualizing a co-creation of intention and direction for the therapeutic process required the combined efforts of both therapist and client.
Some power differentials can not be, or should not be obliterated. However, this research offered some unique representations of a kind of ‘power negotiation’ that held a primary focus on both enhancing a client’s sense of empowerment, and deconstructing a therapist’s claim to authority. The sub-themes in this section are -- therapist modelling, learning from groups, therapist self-disclosure, a clients’ recognition and respect for her own process, and, how therapist and client work things out together.

The intersection of ‘mutuality’ or ‘egalitarianism’ with the issue of power in feminist therapeutic relationships has been one of the core considerations for over 20 years (e.g., Gilbert, 1980; Rohrbaugh, 1979; Smith & Douglas, 1990). As discussed in the Introduction section, a commitment to egalitarianism is not an attempt to eradicate power differentials because their existence is inherent. However, to acknowledge this and to consciously work towards diminishing some of the unnecessary socialized remnants of an authority-infused concept of what a therapist stands for, is an explicit credo for feminist therapists.

Some recent research (e.g., Chandler et al., 1996; Worell et al., 1996; Piran, 1999) has found empowerment to be a critical constituent in identifying feminist therapy as “unique”. Piran’s ‘Empowerment through Collaboration, Skills Development, and Political Awareness’ dimension is one of three dimensions that differentiated feminist therapy from humanistic and medical practice. The items (i.e., questions) reflecting this dimension specified ways of empowering clients that included recognition of the impact of a socio-political context, and helping clients to both recognize their needs and define the direction of therapy. Chandler, Worell and their colleagues suggested similarly through their research, that “part of what is unique about feminist outcomes is the expansion of goals to include empowerment, egalitarianism, and an emphasis on changing self and the environment” (Chandler et al., p. 2).

These investigators are distinguishing some significant identifying features of feminist therapy, in this case -- empowerment -- as it is experienced both within therapy, and beyond. While these prominent studies are emphasizing a ‘frame of therapy’ through their questionnaires, I have focused, through narrative, more on the ‘process’, and its dynamic components, to address the question of egalitarianism in therapy. I have also included unique factors in the expression of this dimension, such as the importance of
therapist and client working things out together, and a client's recognition and appreciation for her own process (which is qualitatively different from a therapist's recognition of a client's authority or control over her process -- discussed in the last section on Therapist Expertise). A similar emphasis on what gets extended outside of therapy will be discussed in the next section, 'Connection and Well-being'.

Feminist therapists' accounts of their commitment toward "egalitarianism" is represented in other research as well (Hill & Ballou, 1998). Further, clients reported benefits from "more egalitarian" relationships (Chambless & Wenk, 1986), specifically through their therapists' appreciation for their need for "control and direction" of the process (McDonagh, 1997). The aforementioned research underscores the importance of understanding the intricacies of egalitarianism not only as a foundation of theory and practice, but also in its key relationship to a client's sense of empowerment.

While 'empowerment' was identified in the questionnaires as a key dimension, these studies have not identified a cohesive theme identifying some of the 'complexities or processes' that contribute towards an experience of egalitarianism from a client's perspective. Further, exploring the effects of a client's appreciation for her process, and what appeared to be one of the most critical elements in this experience -- 'working things out together'—(which emphasized a client's feelings, intuitions, and perceptions as crucial to the connection and mutuality) are new to research. (However, this particular experience was central to Carter Heyward's personal account [1993], -- see Introduction of this paper). All these studies complement each other in that they highlight and describe particular integral factors that help distinguish this dimension in feminist therapy from traditional modes of counselling.

When looking at other specifics of how mutuality can be experienced in the therapy relationship, it was apparent that feeling "equal" or "more level" fundamentally referred to 'mutual valuing and respect', which was also mentioned by Malmo and Laidlaw (1990), and specifically named as an "ethic of respect" by Hill and Ballou (1998). As well, exploring movement toward more 'egalitarian' structures in the therapeutic relationship, and what both therapist and client can contribute towards that shift has been the focus in this particular description of the dimension.
Undeniably there are particular challenges that occur in retaining a frame while maintaining a flexible-enough approach so that clients are included as respectful and knowledgeable collaborators in the redefinition of power and access (Brown, 1994b). It has also been conceded that mutuality is a complicated concept to negotiate in outside relationships as well (McLeod, 1994).

This research explicitly identified, via experiential accounts, some of the processes that culminated in feeling “more level” from the client’s perspective. For example, therapists modelled mutuality in the therapeutic relationship in specific ways that resulted in the creation of a “dynamic, participatory” structure of respectful relating. Also, clients made suggestions as to what therapists could incorporate from the group dynamic to make their connection more “safe” and more mutual. Therapist self disclosure, clients’ appreciation for their process, and working things out together, as additional factors in this theme, will be discussed in the following segments.

**Self disclosure**

One of the ways that therapists can specifically decrease power differences is through the use of judicious self-disclosure (e.g., Brown & Walker 1990; Greenspan, 1986; Mahalik et al., 2000; Rawlings & Carter, 1977; Russell, 1984; Simi & Mahalik, 1997; Weiner, 1998; Wyche & Rice, 1997). It has been shown that feminist therapists use more selfdisclosure than psychoanalytic/dynamic and other therapists. Further, the content of that material, and the intention in its use, is qualitatively different among these groups. Specifically, feminist therapists are more likely to disclose sexual orientation, use disclosure to create more egalitarian relationships, and encourage the client’s choice of a role model in the therapeutic relationship (Simi & Mahalik).

Comparisons in the results from this study with other research and literature are as follows. If therapists “showed something of themselves”, clients witnessed some similarities in their experiences and struggles which helped them to feel like their therapists were “persons not gods” (Chambless & Wenk, 1982). They also felt less isolated (Russell, 1984), and it was an opportunity to understand their concerns were not individualistic (McDonagh, 1992, 1997), which was a demonstration of what Gilbert (1980) identified as one of the two key components of feminist therapy, the “personal is
political”. Finally, a therapist’s ability to share her own struggles, as long as they were relevant to the client’s issues (Burstow, 1992; Greenspan, 1986), provided a sense of hope for healing (McDonagh, 1992, 1997).

Mahalik and colleagues (2000) suggested that while the study by Simi and Mahalik (1997) identified some important “content” differences around disclosure in feminist therapy, questionnaires did not access the “context” in which these disclosures took place. In this study, the participants experienced their therapists as more “human”, “open”, “real” and “genuine”, and they themselves felt “normal”, “not alone” and “safe”. The women’s experiences highlighted some of the complexities involved with timing and relevancy of disclosures, making distinctions between “dumping” and disclosing in the client’s interest, and the effects of a therapist withholding certain kinds of information that was relevant to the client’s process and their inter-personal connection. These particular phenomena were critical to more fully exploring the meaning of ‘judicious’ self disclosure in the interest of the client.

**Clients’ Appreciation for their Process**

A therapist’s understanding that it is the client who ultimately decides the direction and pace of her process is considered a mainstay in feminist therapy philosophy (e.g., Hill et al., 1995). Recent research also provided evidence to suggest that it was a source of empowerment for the client (e.g., Chambless & Wenk, 1982; Chandler et al., 1996; McDonagh, 1997; Worell et al., 1996). The importance of these inter-personal dynamics has been explored in the section on therapist’s expertise.

However, a client’s eventual recognition and appreciation of her own process went further to empower her as a collaborator in her work, and contributed meaningfully to the experience of mutuality. The ‘process of recognition and appreciation’ seemed to occur for the participants who had developed a strong ‘context of connection’ and a substantial foundation of mutual respect and valuing in the relationship they co-created. Appreciating that sometimes “frustrations”, “disconnections”, or “need for distance” may not have anything to do with what the therapist is doing, or not doing, in that moment, seemed to come from knowing and trusting, over time, that the therapists were essentially “doing what they can”. Realizing what they, as clients contributed to these complex
processes, resulted in a more egalitarian exchange, and an enhanced sense of connection. Ultimately, the women seemed freer to value and support their own pace and understanding of "readiness" in the evolution of their therapeutic process.

**Working Things out Together**

All the components of mutuality described in that section represented some of the essential contributions that can be made by the therapist and a client in their joint commitment towards mutuality. The contributions of "working things out together" however, was exemplary in defining how conflict or rupture could be incorporated into the continuity of connection. Disconnections occur, and according to the clients, they can be considered "healthy" and "necessary" for "growth". However, it is more likely at the point of rupture that power dynamics are exposed in ways that were not quite so salient in other relational aspects. Specifically, it is clearer in moments of conflict, and 'resolution', how mutual the relationship really was with regard to respect for the 'voice' and contributions of the client. These moments also provided an experience with what was perceived as the ultimate intention of feminist therapy – creating social change. In other words, "working things out together" was an exercise in self-advocacy and social activism. Specifically, if clients were given the freedom to address and resolve interpersonal conflict with therapists, who hold a particular position of power, they have an 'experience of empowerment' that can be transferred outside therapy. Working things out together essentially required being heard, respected, and included in the resolution of that conflict or rupture.

The problems of power misuse occur when therapists are unable to validate what a client perceives is happening interpersonally. As Smith and Douglas (1990) suggest, "It is unethical to deny the accuracy of the client's perceptions" (p. 48). Further, when therapists deny their contributions to the rupture, and exclude the client from the resolution process, the result is a profound experience of 'dis'-empowerment for the client.

This research outlined some of the ways that 'mutual respect and valuing' was realized in the experience of mutuality. As one means of respecting the client and her experiences, the therapist was required to take responsibility for the power she held, but
to also challenge traditional notions of power as strictly a unilateral concept. Further, she needed to respect the fact that the client was paradoxically living within the constraints of a multiply oppressive socio-political context that defines her ‘issues’ as individual problems of ‘adjustment’. The therapist also needed to share power with the client in the process of conflict resolution to ensure the client’s position as a respectful member of their dynamic. Finally, she needed to respect that the client’s understandings of her life experiences and direction of the therapy take precedence over her own. In this climate of respect, a client can stake her claim to the “mutual space”, and participate in the “continuum” of inter-personal connection as an empowered, integral partner.

**Connection and Well-Being**

The results of a study by Chandler and colleagues (1996) supported a strong alliance between well-being and empowerment with women engaged in feminist therapy. McLeod (1994) also reported that the women clients in her sample experienced a particular kind of well-being. “As a result of this opportunity to be their truer (i.e., less subordinated) selves in these respects, women experienced a greater sense of self-worth and consequently felt happier” (p. 120). Extending beyond a focus on the ‘individual’ and focusing attention towards changes in the social environment, McLeod (1994) suggested more research was warranted on the particular effects of well-being, and the ways it gets channeled into socio-political change.

In this research there were some similarities in findings to the above named studies. An example is the notion of ‘freedom of expression’ (McLeod, 1994). The women discussed the integration of “voice”, “body”, and “emotions” as a powerful indicator of well-being. Also, increases in “confidence” and “self-esteem” seemed to closely align with Chandler and colleagues’ (1996) empowerment model, in particular the dimensions of ‘self-acceptance’ and ‘autonomy’. The women also reported having more “courage” to say what they felt and thought, being able act as their own therapists, believing in the integrity of their experiences, seeing more critically the effects of an oppressive social context, feeling more connection with others, and being more willing to take more personal risks in their lives. As one participant suggested, the whole experience of integration or well-being was based in combining “understanding with
action" throughout the therapeutic experience, and as that "mechanism" was "internalized", it could be "transferred outside therapy". These experiences, along with the findings from the other researchers, exemplified how internal changes could be extended to the outside social realms, which is one of the ultimate goals in feminist therapy.

Implications for Practice and Theory

The three dimensions explored in this research offered many places of reflection for their potential implications for practice. New aspects may have been highlighted in this work that will help inform us of some of the complexities in the client-therapist dynamic. Further, the women's experiences associated with some of the reflexive 'intra-psychic' processes around self perceptions and process were valuable and useful.

The concept of 'on my side' resonated with the ways in which clients felt seen and valued. However, what was seen and valued was dependent upon the perspective and location of the one doing the 'seeing'. For these women, if the 'valuer' had a political perspective that was grounded in acknowledging and challenging existing contexts that wield power by identifying individuals as responsible for their oppression, rather than holding itself accountable, the women felt fundamentally validated. Further, some experiential understanding of oppression (e.g., gender, sexual orientation, etc.) held in tandem with a political analysis of its impact, helped the women feel even more seen. As therapists, and theory makers, it is imperative to consider the implications of the inextricable inter-relatedness of these dimensions on a woman's sense of well-being, and healing.

Mutuality invoked a sense of being 'equal'. However, what the women described as mutual was ultimately the respect that they and their therapist had for each other, as has been suggested by Laidlaw and Malmo (1990). From there, the move towards 'more egalitarian' experiences in the relationship involved an openness to negotiate more mutual exchanges, for example -- working through conflict together, and therapist's appropriate self disclosing. While feminist therapists, theorists and ethicists have always described a feminist commitment to egalitarianism, and empowerment for the client,
these women outlined some of the specifics of these particular negotiations, which was instructive and valuable.

With respect to expertise, this new understanding challenges therapists to confront their discomfort with claiming 'expertise' in the interests of listening to what clients state that they want and need in order to feel safe, and respectfully guided in the therapeutic process. The therapist's 'person' was identified as the embodiment of expertise, and the ways she facilitated the process was an expression of that 'person', and all her experiences. Clients carried this holistic depiction of their therapists when they described what, in particular, enhanced or disrupted the work and the inter-personal connection. By incorporating these and other subtle and explicit directives from clients' experiences into theory, we will be more fully describing and defining the places where theory and practice meet.

Limitations of the Research

The sample of participants was small, but in this sample there was some diversity with respect to age, culture/religion, sexual orientation, and ability. These dimensions were discussed briefly but were not sufficiently explored, as the focus of this particular study rested with following women's experiences around therapeutic connection. In other words, apart from some general questions centering on connection, the women discussed what they considered important. The limitation, as such, was not systematically directing specific discussions into the impact of these important dimensions of diversity on the participants' respective experiences.

The most egregious limitation was the non-representation of black, Asian, and Native Canadian women. It was extremely difficult for me to go ahead with the study with these important voices missing. In between the first and second interviews, I hoped that I could get at least one woman from each of these groups to participate in this research. Despite advertising in therapy offices, immigrant women centers, therapy referral services, community service centers, and contacting several therapists in the community who were committed to educating on cross-cultural counselling and diversity, I was unable to interview any women from these marginalized groups. While this was, in itself, a valuable source of analysis, and I will offer my reflections as to why access was
so difficult, I felt, nonetheless saddened by their absence. Accounts of how connection in feminist therapy both acknowledges and responds to their particular oppressions is an important and necessary source of knowledge.

It is well known that black women and other minorities are disproportionately oppressed by poverty and classism (e.g., Burstow, 1992). These particular disadvantages can affect their access to feminist therapists, since government health coverage (OHIP), extends to professionals who generally practice more traditional forms of therapy. In addition, since I am a member of an institution, and disadvantaged women have a history of subordination by institutions, there may have been some hesitancy to participate in research for fear of not having control over their representation. Also, the fact that I am a white woman may have further contributed to their reluctance.

In addition, with respect to sample size, all seven participants were recruited from a large Canadian urban centre. Larger samples from extended geographical regions, as in McDonagh’s (1997) cross-Canada sample, would provide more representation allowing, among other things, the opportunity to explore the impact of location, including perhaps differential access, on experiences. The participants weren’t asked to describe, in any detail, all their understandings of feminist therapy in order to procure an experiential definition of this approach. In addition, although one participant discussed how she screened therapists before deciding with whom to work, I did not explore this directly with any of the participants. Other researchers have been exploring more systematically how a therapist integrates particular feminist practices into their work (e.g., Maracek et al., 1979; Simi & Mahalik, 1997; Worrell et al., 1996; Chandler et al., 1996) along with examining a client’s screening practices when searching for a therapist (see McDonagh, 1997).

Finally, while this study offered some background information on a few of the clients, an integration of a client’s history prior to and after therapy would provide more contextual narrative on the potential interactions among these life experiences.

Suggestions for Future Research

Generally speaking, there are numerous initiatives that could be undertaken with respect to the exploration of feminist therapy, since research on this topic is just
beginning to proliferate. Understanding how both the client and therapist experience the work will bring informed strengths and weaknesses associated with the application of a feminist approach to therapy. Also, with reference to this work, again generally speaking, any dimension of the three themes presented in this study (investigating a client’s experiences with feminist therapy) could be explored more fully. Further, as I have written in the section on the limitations of this particular research, in addition to the work by other researchers, exploring clients’ experiences with diversity(s) within the realm of feminist therapy will fundamentally contribute to the evolving formulation of a theory of feminist therapy.

Specifically, the following suggestions are made with respect to this study:

1) This research focused on ‘connection’ in a feminist therapeutic relationship from a client’s perspective. While the therapeutic relationship is a central component of the therapeutic process, and a profound source of important data with respect to the experiences of therapy, the concept of ‘connection’ is a construct. Therefore, as with any construct, it provides a particular frame of reference. More exploration on the experiences of the relationship from other perspectives, or points of analyses, would provide a richer understanding of the complexities involved in engaging in this highly dynamic process.

2) This was a sample of women clients with women feminist therapists. How men experience feminist therapy and male therapists who align themselves with these tenets experience the therapeutic relationship, would extend the knowledge that we are accumulating.

3) With respect for the dynamic qualities inherent in a relationship, how both therapist and client understand what is occurring in any given moment would provide useful and insightful information. For example, a meta-analyses of the momentary exchanges between client and therapist (e.g., Rennie, 1992), would procure some interpretative or reflective components of feminist therapy in action from both a client’s and therapist’s perspective.

4) Finally, participants discussed aspects of connection that were not explored beyond what was offered, and these were the “ritual”, “spiritual”, “sacred”, and “creative” realms of their lives. In developing an expanded conceptualization of connection in therapy, these dimensions could provide rich sources of expression and
information, as well as respecting what women are including as “core” components of their identity.

This was a preliminary ‘micro-analysis’ on the reflexive experiences of connection, as an aspect of being in a feminist therapeutic relationship, from a clients’ perspective. As preliminary research, it stands as an invitation to others to further explore and describe many of the dimensions associated with the therapeutic relationship both from clients’ and therapists’ particular locations.

With respect to theory building, it is imperative that we consider the findings of this study and others that give clients the opportunity to express their understandings of what is helpful and not helpful within feminist therapy. I offer one framework of understanding on the dimensions of connection that is influenced by who I am, where I am located in the world, and what my experiences are. These results combined with the vital contributions from other researchers on feminist therapy, offer some integral shape and form to what is slowly evolving into a body of research on clients’ unique vantage point as consumers. Theory has thus far been formulated on the experiences of seasoned therapists. While their contributions are necessary and valuable, clients need to be included in the construction and conceptualization of a theory that has been demonstrated to have profound effects on their lives.

Some Final Thoughts

I have been deeply moved by these women’s words as they eloquently and poignantly described their experiences. I sat with audio-tapes and transcripts for many months before writing a single word because I wanted to give their experiences the chance to surface and lead the way in this manuscript. By not rushing to interpretation, I learned so much from them. They took me in directions that I would not have gone on my own, and I thank them. As their words resounded in my head, I challenged, and continue to challenge myself (on the basis of their experiences) to keep reworking my thinking on context(s), responsibility, respect, boundaries, and knowledge(s). I am very grateful to these women for their time, patience, commitment, effort, willingness to share, and their wisdom.
References


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Appendix A

(For clients who are not therapist-in-training)

The Consent Form

I, __________________________, hereby give permission to Deborah Duggan, doctoral candidate in the Ed.D. programme in Applied Psychology at the Ontario Institute for Studies in Education, to use information obtained from my participation in two tape-recorded interviews as material for her thesis and related publications.

I understand the topic focuses on women clients' experiences of connection in feminist therapy relationship and I will be asked to share my experiences about my relationship with my therapist. For example, I will be asked about my needs for connection, and how I perceived these needs to be met, or unmet, within my therapeutic relationship.

I understand we will meet for three taped interviews and each will last approximately 1 1/2 - 2 hours. During the second interview I will have the opportunity to review and approve the transcripts from the previous interview and any material that I am not comfortable with can be removed. I will also have the opportunity to clarify, or expand on any information previously given. In the third interview, I will read a summary of the findings and give my reaction to those findings. I will again be given the opportunity to change any of the information.

In order to assure my anonymity and confidentiality, Deborah Duggan and her supervisor will be the only persons to have access to the raw data. All the material will be coded and any personally identifying information, such as names will be removed. All information will be locked in a private file and tapes will be erased once the transcriptions have been made.

I understand that participating in this research will give me the opportunity to explore my therapy experience. However, disclosing and discussing personal information may stir some emotional issues. The researcher, as a therapist-in-training, will tailor the process in a way that she will be sensitive to these potential concerns.

I am free to withdraw from the study at any time. If I choose to withdraw, all material relating to my experience will be omitted and destroyed.

Name:________________________________ Date:_________________________________
Appendix B

(For clients who are therapists-in-training)

The Consent Form

I, ____________________________, hereby give permission to Deborah Duggan, doctoral candidate in the Ed.D. programme in Applied Psychology at the Ontario Institute for Studies in Education, to use information obtained from my participation in three tape-recorded interviews as material for her thesis and related publications.

I understand the topic focuses on women clients' experiences of connection in feminist therapy relationship and I will be asked to share my experiences about my relationship with my therapist. For example, I will be asked about my needs for connection, and how I perceive(d) those needs to be met, or unmet, within my therapeutic relationship.

I understand we will meet for three taped interviews and each will last approximately 1 1/2 - 2 hours. During the second interview I will have the opportunity to review and approve the transcripts from the previous interview and any material that I am not comfortable with can be removed. I will also have the opportunity to clarify, or expand on any information previously given. In the third interview, I will read a summary of the findings and give my reaction to those findings. I will again be given the opportunity to change any of the information.

In order to assure my anonymity and confidentiality, Deborah Duggan and her supervisor will be the only persons to have access to the raw data. All the material will be coded and any personally identifying information such, as names will be removed. All information will be locked in a private file and tapes will be erased once the transcriptions have been made.

I understand that participating in this research will give me the opportunity to explore the therapy experience, which may be especially useful to my role as a therapist-in-training. Also, disclosing and discussing personal information may stir some emotional issues. The researcher, as a therapists-in training herself, will tailor the process in a way that will be sensitive to these potential concerns.

I am free to withdraw from the study at any time. If I choose to withdraw, all material relating to my experience will be omitted and destroyed.

Name, ____________________________ Date, ____________________________
Appendix C

Interview Schedule

General Question:

The counselling relationship has been considered important in feminist therapy theory. As someone who's been involved in feminist therapy (as a client) for over two years, I am interested in your view of (a) what your experience is (was), in terms of how important the relationship has been (is) for you, and (b) what (was) is sense of connection, and (c) what seemed (s) to help that connection, or (d) what stood (stands) in its way, and if (e) that sense of connection affected (s) your well being?

The key parts of question are:

(a) Interested in your view of the experience.

(b) How important was (is) the relationship?

(c) What was (is) your sense of connection?

(d) What seemed (s) to help it?

(e) What seemed (s) to stand in its way?

(f) Did (does) the sense of connection affect your well being?

Embedded within the general question are these specific questions:

1) What does it mean for you to 'feel connected' in the therapeutic relationship?

2) What does it mean for you to 'feel connected' to yourself?

3) What qualities enhance a feeling of connection within the therapeutic relationship?

4) How does connection affect the therapeutic relationship?
5) How does therapeutic connection affect your sense of well being?

6) How does therapeutic connection affect your healing process?

7) What are the limitations in this relationship?

8) What is your definition of feminist therapy?

**Inquiry Dimensions:**

1. Emotional Boundaries:

   (a) Are you aware of your emotional boundaries and are you aware of when they are being respected?

   (b) How much connection do you need with your therapist?

   (c) When does it feel like too much?

2. Safety:

   (a) In your experience when does connection feel safe?

   (b) When does it not feel safe?
Appendix D
Demographic Information

In order to ensure that the participants I interview are varied in terms of age, education, ethno/racial backgrounds and sexual orientation, I will need to ask you for some personal information with respect to these dimensions. Also, since I believe it also important to pay attention to how clients and therapists are 'matched', it is important to have similar information about the therapist with whom you are working/have worked.

I realize that some of these questions are extremely sensitive in nature, and I would like to reiterate my commitment to ensuring confidentiality throughout this research process.

Participant:
age___________________________________________

education_______________________________________

ethno/racial background_______________________________________

sexual orientation_______________________________________

parents' education_______________________________________

parents' occupation_______________________________________

socio-economic status: present_______________________________________

Therapists/Counsellor:
age___________________________________________

highest level of education_______________________________________

ethno/racial background_______________________________________

sexual orientation_______________________________________

self-identified therapeutic approach_______________________________________

mental health discipline_______________________________________