POWER, INTERPERSONAL TRAUMA, AND THE COUNSELING RELATIONSHIP: A GROUNDED THEORY ANALYSIS

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POWER, INTERPERSONAL TRAUMA, AND THE COUNSELING RELATIONSHIP: A GROUNDED THEORY ANALYSIS (366 pp.)

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Counselors must be equipped to support clients who have histories of interpersonal trauma (SAMHSA, 2014a). Interpersonal trauma often involves experiences of powerlessness (Finkelhor, 1986), and counselors can risk retraumatizing trauma survivors by misusing or neglecting power (Sweeney et al., 2019). Therefore, it is essential that counselors understand clients' experiences of power within the counseling relationship. However, there is a paucity of research exploring the client's perspective of power within the counseling relationship.

The purpose of this qualitative dissertation was to explore how adult women with histories of interpersonal trauma experience power within the counseling relationship. This constructivist grounded theory study (Charmaz, 2014) included semi-structured interviews and follow-up emails with 29 participants during concurrent data collection and analysis.

Data analysis led to the construction of seven categories and one core category. Categories are sorted via the Corbin and Strauss (1990) model, leading to two contextual conditions (*Sociocultural Mental Health Factors* and *Prior Experiences of Power*), one causal

condition (*Choosing Counseling*), two action strategies (*Advocating for Needs* and *Assessing for Safety and Fit*), and two results (*Reclaiming Power* and *Reliving Disempowerment*). The core category summarized all other categories and answered the research question: participants experienced power within the counseling relationship by *Practicing Personal Power in Connection with Others.* Analysis also included comparing the grounded theory to Relational-Cultural Theory. Findings illuminated implications and recommendations for counselors, educators, supervisors, leaders and advocates, and researchers.

DEDICATION

To the courageous women who shared these stories for this project. To my friends, family, and community, who have graciously allowed me to be part of their stories. To Johnny, who empowers me to live my story every day.

And to three women whose stories about power changed everything:

"All struggles are essentially power struggles." – Octavia Butler

"Any human power can be resisted and changed by human beings." – Ursula le Guin

"Now. Let's get to work." – N. K. Jemisin

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Completing a dissertation requires time, thoughtfulness, patience, and perseverance. I am so fortunate that when I struggled to find my own, others provided theirs. In her memoir exploring ecology, Indigenous wisdom, and storytelling, botanist Robin Wall Kimmerer described the process of research:

> I smile when I hear my colleagues say "I discovered X." That's kind of like Columbus claiming to have discovered America. It was here all along, it's just that he didn't know it. Experiments are not about discovery but about listening and translating the knowledge of other beings. (2013; p. 159).

I'm grateful for Kimmerer's words, because I couldn't have said it better. This dissertation is nothing more than the experience of listening and translating others' knowledge. I could not have done this alone, and I owe so much to so many.

This study could not have happened without the incredible 29 women who shared their stories. I am impossibly grateful for the participants' openness, vulnerability, and courage, and am honored that I got to be someone to bring these stories together. I am forever changed by our conversations.

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CHAPTER I: INTRODUCTION

Power exists in every facet of human life (Collins, 1990; Miller, 2008; Butler et al., 2011), contextualizing and impacting people's lives by informing who has social advantage and who experiences oppression (Collins, 1990; Miller, 2008). Power can impact clients' experiences in counseling, including their safety and success in treatment (Sweeney et al., 2018). Sociocultural factors can deepen the impact of power in counseling (Butler et al., 2011). The purpose of this dissertation is to explore how adult women with histories of interpersonal trauma experience power within the counseling relationship as clients in outpatient mental health counseling.

Chapter one begins with definitions of terms to ensure transparent reading and consistent language throughout the manuscript. Chapter one includes a review of the problem statement, need, rationale, and significance for this dissertation, concluding with the research question and sub-questions. Chapter two serves to review literature regarding power, women's issues, and interpersonal trauma, as well as examining ways power manifests in administrative tasks and the counseling relationship. Chapter two also includes a review of the comparative theory for the present study, relational-cultural theory. Chapter three includes an overview of qualitative research, grounded theory, and constructivist grounded theory, as well as a synopsis of the methodological procedures. Chapter four includes results from participant interviews using constructivist grounded theory methodology. Chapter five includes a discussion of how the grounded theory conflicts, confirms, or extends the current scholarly literature regarding this phenomenon. Chapter five also includes limitations and implications of this study for counseling, teaching, supervision, leadership and advocacy, and research. Discussions of power are complex, contextual, and deeply impacted by an individual's personal experiences (Proctor, 2017). I was

reflexive and transparent throughout the process to engage the readers in equal power throughout this reading.

Definition of Terms

- *Administrative tasks in counseling:* Woolhandler and Himmelstein (2014) differentiate between administrative and clinical work in healthcare, defining administrative tasks as tasks needed to inform clinical work. Examples include diagnosis, intake, navigating insurance, billing, scheduling, termination, and working with collaborators.
- *Clinical mental health counseling (CMHC):* CMHC is a type of counseling that includes the study of psychotherapy, human development, and mental illness to inform therapeutic services with individuals, including tasks such as diagnosis and treatment (AMHCA, 2021)
- *Clinical mental health counselors (CMHCs):* Clinical mental health counselors (CMHCs) are trained professional counselors who apply training in clinical mental health counseling (AMHCA, 2021). For the present study, CMHCs included students enrolled in CMHC programs, CMHCs working under supervision, or independently licensed CMHCs.
- *Counseling relationship:* The counseling relationship is a professional but intimate co-constructed relationship between a CMHC and client (Sexton & Whiston, 1994). This relationship is impacted by actions happening between client and CMHC and serves as the vehicle for all counseling (Sexton & Whiston, 1994).
- *Gender-based violence (GBV)*: Gender-based violence includes any harm enacted towards an individual or group because of their gender (United Nations Women, 2022).

This can include acts conducted by an individual, community, or a governmental system that directly targets individuals based on their gender (United Nations Women, 2022).

- *Interpersonal trauma*: Interpersonal trauma is a type of traumatic event that occurs when someone experiences violence in their relationship with another (Lilly & Valdez, 2012). This includes all forms of abuse, assault, or neglect that occur relationally (Lilly & Valdez, 2012). Examples include physical assault, physical abuse, or physical neglect, emotional or psychological abuse or neglect, or sexual abuse, sexual assault, rape, or any unwanted sexual contact (Mauritz et al., 2013). These forms of interpersonal trauma can occur in childhood, such as by a family member, peer, or authority figure, or in adulthood, such as in domestic violence or intimate partner violence (Mauritz et al). Interpersonal trauma can also include discrimination, such as microaggressions or forced destruction or denial of language or culture (Sweeney et al., 2018; Carter & Forsyth, 2010; Nadal et al., 2019). For the present study, participants decided whether or not their personal experiences could be defined as interpersonal trauma.
- *Power:* Power is an ongoing interaction between institutions or systems that maintain power and each individual's agency and autonomy (Proctor, 2017)
- *Relational-cultural theory (RCT):* Stemming from feminist theory, RCT is a counseling theory that focuses on change in context of culture and connections with others (Jordan, 2017). RCT serves as a comparative theory for this dissertation.
- *Retraumatization:* Retraumatization is when an individual with previous traumatic experiences is reminded of their past trauma, which reactivates symptoms and causes distress (Human Rights Watch, 2000).

- *Sociocultural factors:* Sociocultural factors are environmental conditions, including social and cultural influences, which can impact how an individual experiences mental health and behaviors (American Psychological Association [APA], 2022).
- *Traumatic event*: Traumatic events include a real or perceived threat and may include a single event or series of events over time (SAMHSA, 2014a).
- *Traumatic stress response*: Traumatic stress responses include an individual's reaction to a potentially traumatic event, which may include mild short-term symptoms or meet criteria for post-traumatic stress disorder (SAMHSA, 2014a).
- *Women:* Women include all self-identifying women, regardless of the gender assigned at birth.

Retraumatization in the Counseling Relationship

Research suggests that a rising number of women experience traumatic events (Boserup, 2020) or meet criteria for posttraumatic stress disorder (PTSD; GlobalData, 2018). PTSD is a type of traumatic stress response, which may occur after someone experiences a traumatic event (SAMHSA, 2014a). SAMHSA (2014a) explained a traumatic event includes a real or perceived threat and may include a single event or series of events over time. Not all individuals who experience a traumatic event undergo a traumatic stress response, and not all individuals who experience a traumatic stress response undergo severe enough symptoms to warrant a PTSD diagnosis.

GlobalData (2018) found that 5.87% of women in the United States (U.S.) meet criteria for PTSD. There are several important contextualizing factors for this data (GlobalData, 2018; Olff, 2017). First, the U.S. has the highest rate of PTSD among all countries (GlobalData, 2018). Second, within the U.S., women experience PTSD at a 2.71% higher rate than men (GlobalData,

2018). Third, GlobalData (2018) predicted that these numbers will increase. This suggests that instances of traumatic stress responses may increase, as well as traumatic events themselves. Lastly, the data from GlobalData only included formal diagnoses of PTSD and does not include all women who have experienced a traumatic event or are experiencing a traumatic stress response.

Although traumatic events can include a range of events, such as natural disasters, war, or accidents, women are more likely to experience interpersonal trauma than men (Olff, 2017). Interpersonal trauma includes any type of trauma that occurs in a relationship with another person (Mauritz et al., 2013). This may include abuse, neglect, discrimination, or any other one-time or ongoing harm enacted in a relationship (Mauritz et al., 2013; Sweeney et al., 2018). Olff (2017) proposed that women are more likely to meet criteria for PTSD because women disproportionately experience interpersonal trauma. Olff (2017) hypothesized that part of this may be because it is difficult for an individual to find social support when they experience interpersonal trauma. Similarly, SAMHSA (2014a) indicated that social support is a key part in coping after a traumatic event.

Olff (2017) maintained that as women experience traumatic stress responses to traumatic events they turn to counseling for support. Terlizzi and Norris (2020) reported that 25.6% of women in the U.S. attended mental health treatment in 2020, which is higher than 14.6% of men. Olff (2017) argued that women are more likely both to enter and benefit from mental health treatment. Research suggests that numbers of occurrences of interpersonal trauma are rising during the COVID-19 pandemic (Boserup, 2020), which may further increase the number of women who turn to counseling for support. Clinical mental health counselors (CMHCs) must be

prepared to meet the needs of women who have experienced traumatic events, particularly if these numbers continue to rise.

One special consideration for CMHCs working with women with histories of interpersonal trauma is the risk of retraumatization. CMHCs may retraumatize clients who have experienced interpersonal trauma when they ignore or misuse power in the counseling relationship (Butler et al., 2011; Sweeney et al., 2018). Butler et al. (2011) argued that retraumatization in counseling occurs when CMHCs minimize client choice and autonomy, disregard client experiences, or push clients towards vulnerability before they are ready. Interpersonal trauma is characterized by an experience of powerlessness (Sweeney et al., 2018; Sweeney et al., 2019; Lovett et al., 2018; Butler et al., 2011; Finkelhor, 1988). Herman (1997) asserted that any mental health care that mimics powerlessness experienced in trauma is innately harmful. As such, when CMHC's act in ways that cause clients to feel powerless, they may experience retraumatization or a worsened stress response (Orth & Maecker, 2003; Sweeney et al., 2018).

CMHCs may worsen retraumatization if they minimize, ignore, or threaten clients' multicultural experiences and contexts (Hook et al., 2016; Gangamma et al., 2021). For example, a CMHCs may retraumatize women with histories of interpersonal trauma when they ignore sexism or gender-based violence (Butler et al., 2011). Retraumatization can negatively impact the counseling relationship and treatment outcomes (Sweeney et al., 2019; Lovett et al., 2018) and can discourage clients from pursuing counseling services altogether (Norvoll & Pederson, 2016).

Understanding Power

As women with histories of interpersonal trauma increasingly turn to counseling services, they may seek to find support for their interpersonal trauma or other mental health needs (Norvoll & Pederson, 2016). However, clients may experience retraumatization in a variety of ways when turning to counseling for support (Butler et al., 2011; Norvoll & Pederson, 2016; Jin et al., 2023). Clients with histories of traumatic stress responses can experience retraumatization when they encounter barriers to accessing services (Cheney et al., 2014). Butler et al. (2011) hypothesized that clients experience retraumatization when CMHCs ignore how clients experience power or use power to force their goals on a client. This reenacts feelings of powerlessness a client experienced during their trauma, ultimately leading to retraumatization (Butler et al., 2011).

Retraumatization can endanger both clients' mental health and the counseling relationship (Sweeney et al., 2018; Butler et al., 2011). Clients experience pain and distress when retraumatized, as they relive traumatic memories and symptoms (Orth & Maercker, 2004). Retraumatization can exacerbate a traumatic stress response and worsen clients' mental health (Center for Mental Health Services & Human Resource Association of the Northeast, 1995). Additionally, if clients experience retraumatization in counseling, they may feel counseling itself is dangerous (Geanellos, 2003). Therefore, retraumatization may damage the counseling relationship and undermine treatment (Sweeney et al., 2018; Butler et al., 2011). Further, Norvoll (2016) proposed that clients who are retraumatized in counseling may feel unsafe returning to counseling services. This means such clients may avoid needed mental health care indefinitely after experiencing retraumatization.

Some theorists assert that client experiences of power are relevant in their experiences of retraumatization in counseling (Hooper & Warwick, 2006; Butler, et al., 2012; Sweeney et al., 2018; Quiros & Berger, 2015; Jin et al., 2023). Hooper and Warwick (2006) described this potential when they wrote that "there are risks of retraumatization if services or professionals, wittingly or unwittingly, replicate the dynamics of abuse, for example by reinforcing stigma and powerlessness" (p. 471). Quiros and Berger (2015) argued that trauma-informed care is not sufficient for meeting client needs without attention to power. They shared an account of women with histories of trauma who felt retraumatized due to unpredictability of mental health treatment, interruptions during counseling by other staff members, and the high turnover– all of which contributed to their feeling powerless and out of control (Quiros & Berger, 2015). Butler et al. (2011) considered that an over-emphasis on compliance in counseling can enact feelings of powerlessness in clients. Norvoll and Pederson (2016) studied client experiences of coercion in mental health care and reported that when clients experience coercion, whether intentional or unintentional, a client may lose a sense of self and even enthusiasm for life.

The potential for retraumatization due to power is particularly problematic because CMHCs may not recognize a potential concern (Sweeney et al., 2018). Sweeney et al. (2018) asserted that CMHCs "do not always have insight into, identify or appreciate the effects of the power dynamics within which they work and the culture that exists to fix or rescue people in paternalistic and disempowering ways" (p. 326). CMHCs may not intend to harm clients through power, but a lack of awareness or insight may cause unintentional harm. Sweeney et al. (2018) argued that this can happen even in trauma-informed organizations. For example, CMHCs may use their power rather than rapport to encourage clients to follow organizational rules, particularly in places of high turnover and stress (Sweeney et al., 2018). Power may directly

inform a client's experience of retraumatization, even if CMHCs miss how power manifests in counseling relationships (Sweeney et al., 2018; Miller, 2008; Quiros & Berger, 2015).

It is particularly crucial that CMHCs understand how power and retraumatization impact clients (Sweeney et al., 2018) because some researchers ventured that rates of traumatic stress responses will rise (GlobalData, 2018). GlobalData (2018) reported that 17.1 million individuals globally were diagnosed with PTSD in 2018. GlobalData (2018) predicted that the total global number of individuals with PTSD will rise from 17.1 million to 17.8 million by 2028. This statistic only includes individuals formally diagnosed with PTSD, suggesting that the actual prevalence of traumatic stress responses or traumatic events may be higher.

This increase in traumatic events and traumatic stress responses may disproportionately affect women (GlobalData, 2018; Boserup et al., 2020). GlobalData (2018) found a 3.16% prevalence of PTSD among men and a 5.87% prevalence among women, suggesting women experience PTSD at a higher rate than men. Women are also increasingly at risk for experiencing traumatic events during the ongoing COVID-19 pandemic (Boserup et al., 2020). Boserup et al. (2020) found a rise in domestic violence calls and arrests, suggesting that domestic violence reports rose as people quarantined due to COVID-19. The United Nations Women (2020) referred to the rise in domestic violence as a *shadow pandemic* and argued that these rates particularly impact women. Considering this, women may be at particular risk for interpersonal trauma (United Nations Women, 2020; Boserup et al., 2020).

As rates of traumatic events and traumatic stress responses are rising (GlobalData, 2018) and disproportionately affecting women (Boserup et al., 2020), it is likely women will continue to turn to counseling for support (Olff, 2017). However, these women may experience retraumatization if CMHCs do not recognize the experience of power in the counseling

relationship (Sweeney et al., 2012). Therefore, it is important to understand how women with histories of interpersonal trauma experience power within the counseling relationship, to ensure they are not experiencing retraumatization and prematurely terminating services. Examining these experiences can better inform CMHC practice and help CMHCs navigate the complexities of power in the counseling relationship.

Client Perspectives of Power

In response to these needs, the purpose of this dissertation is to explore how adult women with histories of interpersonal trauma experience power within the counseling relationship. The purpose of this rationale section is to justify the focus on power, women, and interpersonal trauma in the present study. The rationale section also includes an introduction to grounded theory as a methodology and relational-cultural theory as a comparative framework. Later chapters include an elaboration on each of these topics.

It is important to begin with the focus on power in this dissertation. Miller (2008) wrote that "those in power do not usually talk about it and the rest of us tend not to recognize it either. A similar situation exists in therapy, where the therapist herself may not be aware of her own power-over tactics" (p. 145). Butler et al. (2011) and Sweeney et al. (2022) agreed that CMHCs often overlook when clients feel empowered or disempowered in counseling. When CMHCs ignore clients' experiences of power, CMHCs may inadvertently harm clients and prevent treatment success (Butler et al., 2011). We know little about how women with histories of interpersonal trauma experience power in the counseling relationship because existing literature on client experiences of power is largely conceptual (Proctor, 2017; Sweeney et al., 2019; Wilson, 2020). Although limited research exists examining client experiences with power, these studies (e.g., Reyes et al., 2022) identify power as a facet of a larger phenomenon and do not

centralize power itself. Similarly, Spies et al. (2021) asserted that clients are ideal participants in mental health research because of their lived experience, expertise, and wisdom regarding the counseling relationship. However, mental health research has historically devalued the voices of clients (Spies et al., 2021). Therefore, the purpose of this dissertation was to research how these clients experience power in counseling.

It is critical for CMHCs to recognize power, particularly when working with women (Miller, 2008; Sweeney et al., 2018; Kitzinger & Perkins, 1993; Reyes et al., 2022). Kitzinger and Perkins (1993) argued that women's issues in counseling require special attention due to gender-based violence. Gender-based violence can include violence perpetrated by an individual or by a larger social system (United Nations Women, 2020). Kitzinger and Perkins (1993) argued that CMHCs need to explore the nuances of systemic gender-based violence within the counseling relationship, or they risk retraumatizing or reenacting gender-based violence on women. Reyes et al. (2022) explored the lived experiences of womxn, including all feminine-presenting people (including people who are transgender, gender non-binary, cisgender, or gender nonconforming). Specifically, Reyes et al. (2022) found that counselors who worked with queer womxn of color needed awareness of "intersectionality, systemic oppression, and the impact of pervasive experiences of oppression on clients' experience and conceptualization of concerns" (p. 180). Further, Olff (2017) argued that women experience traumatic stress responses more acutely and have a higher risk of developing PTSD than men. However, research suggests that women are more likely to seek and benefit from treatment for trauma than men (Olff, 2017). This dissertation focuses on how specifically adult women with histories of interpersonal trauma experience power in the counseling relationship.

It is helpful to note that the present study includes the term *women with histories of interpersonal trauma* instead of *victim* or *survivor*. Messamore and Paxton (2021) reported that trauma communities and organizations frequently debate the benefits and downsides of trauma terminology. They suggested that many trauma activists criticize victim-language, as this language removes agency from the person who experienced trauma and dehumanizes them further (Messamore & Paxton, 2021). Messamore and Paxton (2021) additionally pointed out that many activists push against survivor-language, as it focuses too strongly on an empowerment angle, as such failing to recognize the harm caused by the traumatic event. Most importantly, different individuals may resonate more closely with either the terms *victim* or *survivor* (Messamore & Paxton, 2021). To honor the complexity of this discussion and create space for any preferred terminology by participants, the present study utilizes the term *women with histories of interpersonal trauma.*

Although attention to power may be helpful for women who have experienced all types of traumatic events, attending to power seems particularly salient for women who have experienced interpersonal trauma (Sweeney et al., 2018). Some researchers asserted that women are more likely to experience interpersonal trauma (e.g., child abuse or sexual assault) than other types of traumatic events (van der Meer, 2017; Olff, 2017; Brody et al., 2018). Courtois and Ford (2013) thought that women with histories of interpersonal trauma have unique challenges joining a counseling relationship because they have experienced pain in prior relationships. By experiencing violence from other individuals, women who have histories of interpersonal trauma may be less likely to be vulnerable or feel safe with CMHCs than women without such histories (Courtois & Ford). For example, a survivor of childhood sexual abuse by a caretaker may struggle to trust others more than someone who lived through a natural disaster would struggle to

trust. This dissertation explores how adult women with histories of interpersonal trauma experience power within the counseling relationship.

In a meta-analysis, Flückiger et al. (2012) asserted that the counseling relationship is a highly significant factor in the success of treatment across a range of treatment modalities. The counseling relationship is a professional, yet intimate relationship co-constructed by clients and CMHCs (Sexton & Whiston, 1994). Sexton and Whiston (1994) argued that there are varying terms used to describe the counseling relationship (i.e., therapeutic alliance, working alliance, or therapeutic relationship). However, the counseling relationship is an inclusive term that speaks to both the shared work and relational dynamics happening between CMHCs and clients (Sexton & Whiston, 1994). Therefore, the term counseling relationship will serve to capture the relational phenomenon between client and CMHCs.

Although there are various ways a client may connect with CMHC, the present study focuses solely on clients in individual outpatient mental health counseling. Counseling relationships may look different for clients who see CMHCs through an inpatient stay, through in-home care, or during group counseling (Flückiger, et al., 2012). Further, in a survey assessing the types of mental health care provided by facilities, SAMHSA (2018) reported that 77% of mental health facilities provided outpatient counseling, suggesting that outpatient counseling is the most common form of CMHC. While future research would benefit from exploring how women with histories of interpersonal trauma experience power in the counseling relationship in other environments, this study focuses on outpatient counseling as its primary setting.

Participants must have had current or recent experience with individual mental health counseling. Yilmaz (2013) observed that qualitative research is ideal for exploring a phenomenon in depth rather than comparing multiple phenomena. As group counseling,

marriage counseling, or family counseling involves multiple relationships, power in these phenomena would likely be uniquely different in each context. Therefore, participants needed recent or current experience specifically in individual counseling to capture the depth of the counseling relationship.

Women who have histories of interpersonal trauma may struggle to trust or connect with CMHCs due to previous experiences of feeling unsafe in interpersonal relationships (Courtois & Ford, 2013). When an adult woman with a history of interpersonal trauma experiences a misuse of power within the counseling relationship, the counseling relationship may become a source of pain rather than healing (Sweeney et al., 2018). Since multiple studies argued that the counseling relationship is a highly significant factor in counseling (Flückiger et al., 2012), it is important to understand how women with interpersonal trauma histories experience power in the counseling relationship.

The methodology for this dissertation was grounded theory. Sweeney et al. (2018) asserted that hearing from clients directly is critical to build best practices. Qualitative data allows for a deep analysis of an event or process (Yilmaz, 2013), making it ideal for capturing how adult women with histories of interpersonal trauma experience power within the counseling relationship. Further, grounded theory examines underlying contexts (Hays & Wood, 2011), which is helpful when examining what factors contextualize how adult women with histories of interpersonal trauma experience power within the counseling relationship. Chapter three includes further justification of grounded theory as a methodology.

Relational-cultural theory (RCT; Miller, 2008) served as the primary comparative theory for this dissertation. Charmaz (2014) explained that rather than rooting the findings of a grounded theory study in an existing theory, grounded theory methodologists seek to develop a

theory fully rooted in participant data. As such, using an existing theory to inform theory development risks removing a participant from the data itself and following assumptions by other researchers (Charmaz, 2014). However, utilizing an existing theory as a source of comparison can have benefits for grounded theory researchers, such as allowing researchers to examine their theory in context of current literature and explain comparisons and contradictions to help foster reader understanding. As such, RCT will serve as a comparative theory for the present study following data analysis.

As an offshoot of feminist therapy (Jordan, 2018), RCT originally focused on women's issues, although it has expanded to include all clients (Miller, 2008). One of the founders of RCT, Judith Jordan (2017) wrote that "RCT is a theory about our basic interconnectedness, about the inevitability of needing one another throughout our lives" (p. 231). RCT serves as an ideal comparative theory due to its attention to women's issues (Jordan, 2017), focus on the relationship in counseling (Miller, 2008), and awareness of the impact of sociocultural factors in counseling (Jordan, 2018). Most saliently, RCT theorists pay attention to how power can influence the counseling relationship (Miller, 2008; Jordan, 2018). Chapter two includes a more detailed exploration of RCT, and chapter three will discuss its application after completion of the analysis in this dissertation.

Research Questions

This dissertation utilized grounded theory to explore how adult women with histories of interpersonal trauma experience power within the counseling relationship as clients in outpatient mental health counseling. I investigated this using a research question with two additional sub-questions.

- Research Question: How do adult women with histories of interpersonal trauma experience power within the counseling relationship as clients in individual outpatient mental health counseling?
    - Research Sub-Question 1: How do administrative tasks in counseling contextualize how adult women with histories of interpersonal trauma experience power within the counseling relationship as clients in individual outpatient mental health counseling?
    - Research Sub-Question 2: How do sociocultural factors contextualize how adult women with histories of interpersonal trauma experience power within the counseling relationship as clients in individual outpatient mental health counseling?

The primary research question investigated how adult women with histories of interpersonal trauma experience power within the counseling relationship itself.

The first research sub-question provided an examination of administrative tasks in connection with power within the counseling relationship. Woolhandler and Himmelstein (2014) reported a dearth of research regarding the role of administrative tasks in healthcare, however they found that physicians spent almost eight hours a week on tasks outside of their time with clients. Although little research has explored administrative tasks in counseling, AMHCA (2020) has pointed to areas such as billing, scheduling, intake, and diagnosis as critical for a counseling relationship to occur. For example, if a CMHC does not diagnose and bill an insurance company, a client may not be able to continue services without insurance coverage.

Administrative tasks may impact how clients perceive the counseling relationship. For example, Norvoll and Pederson (2016) reported that clients who experienced powerlessness

through the mental health system (such as through mandated services or breaches of confidentiality) carried these feelings into the counseling relationship. Kirwan (2020) shared perspectives of clients who report feelings of powerlessness in the diagnostic and intake process. These clients report feeling betrayed, frustrated, disappointed, and untrusting toward CMHCs when experiencing a dismissive or powerless intake and diagnostic assessment (Kirwan, 2020). Considering these findings, the first sub-question will help explore how administrative tasks in counseling contextualize how adult women with histories of interpersonal trauma experience power within the counseling relationship. Chapter two will include further information regarding the role of power in administrative tasks in counseling.

The second research sub-question served to further contextualize the counseling relationship, specifically through the role of sociocultural factors. Sexton and Whiston (1994) argued that sociocultural factors influence the counseling relationship. Clients' cultural and social experiences can contextualize how they experience the counseling relationship (Guevara et al., 2021). Hook et al. (2013) maintained that awareness of cultural factors can improve the counseling relationship while neglecting cultural factors can inhibit the counseling relationship. Quiros and Berger (2015) asserted that awareness of sociocultural factors is particularly important when counseling women who have histories of interpersonal trauma, due to the combined complexities of trauma and systemic oppression.

Therefore, the second sub-question serves to explore how sociocultural factors contextualize experiences of power within the counseling relationship among adult women with histories of interpersonal trauma. Sociocultural factors, particularly those impacting adult women who have histories of interpersonal trauma, will be explored further in chapter two. Considering that both administrative tasks and sociocultural factors of counseling can contextualize the

counseling relationship (Sexton & Whiston, 1994; Norvoll & Pederson, 2016), I utilized the three-part research question to provide a thorough and contextualized examination of this topic.

Strengthening the Counseling Profession

Through utilizing a grounded theory approach, I sought to construct a substantive theory that describes how adult women with histories of interpersonal trauma experience power within the counseling relationship. This theory may have significance in several ways. First, CMHCs can better understand power by listening to client experiences (Sweeney et al., 2018; Reyes et al., 2022; Sweeney et al., 2019) and better understand the risks of retraumatization by increasing awareness of clients' experience of power (Butler et al., 2011; Sweeney et al, 2019; Wilson, 2020). The creation of a theory exploring these client experiences can allow CMHCs to better understand the nuances of power. By explicitly examining concepts that remain primarily conceptual (Proctor, 2017), this theory can provide practical and grounded considerations for CMHCs to increase their understanding of power.

Second, in addition to better understanding how the target population experiences power, CMHCs can use these findings to create a safer space for clients (Miller, 2008). This theory may be beneficial to CMHCs both in preventing misuses of power and in addressing concerns regarding power among their and their colleagues' practices. By constructing a theory informed inductively by client experiences, this theory can inform best practices around power when counseling adult women with histories of interpersonal trauma. This is particularly important considering the rising prevalence of trauma (Boserup et al., 2020; GlobalData, 2018).

Third, supervisors, educators, and leaders in the counseling profession may benefit from utilizing this theory in their practice. This theory may serve as reflection points for supervisors and educators, who can consider how to better prepare counselors to attend to power in the

counseling relationship. Leaders in the counseling profession may benefit from considering this theory when making decisions regarding counseling practice, such as policies that directly impact client autonomy.

Fourth, this theory may be beneficial to clients themselves. Miller (2008) suggested that clients may feel less power in counseling due to the structure of counseling and limited knowledge of the counseling process. By constructing a theory fully rooted in client experiences, I hope to highlight participants' language and honor the complexity of how adult women with histories of interpersonal trauma experience power in the counseling relationship. This theory may benefit clients by validating their experiences or giving them additional information or tools in their own counseling relationships.

Lastly, although much exploration around power in counseling is needed beyond the present study, this exploration can strengthen ongoing conversations around how clients experience power in counseling. In a systemic review, Hickmann et al. (2022) found that literature exploring client power, autonomy, agency, and involvement in healthcare was overly saturated with unclear, deficient, and missing terminology and standards. I sought to emphasize the importance of ensuring client voices in discussions regarding power by constructing a theory on how adult women with histories of interpersonal trauma experience power in the counseling relationship. As Miller (2008) suggested, it is easy for those with power to ignore it. I hope the present study emphasized the importance of attending to it instead.

CHAPTER II: LITERATURE REVIEW

In chapter one, I provided an overview of this present study, including exploring the present need and rationale for studying how women who have experienced interpersonal trauma experience power in the counseling relationship. In chapter two, I elaborated upon each focus, beginning with an exploration of power. Although I have argued thus far that the literature exploring power in counseling relationships is limited, it is important to contextualize this study in past and current discussions both within counseling and across fields of anthropology, psychology, sociology, and philosophy. Chapter two also includes attention to womens' issues and power, to justify the inclusion of a sub-question exploring how sociocultural factors inform participants' experiences. Chapter two serves as an overview of interpersonal trauma, including how interpersonal trauma may manifest in counseling and retraumatization. After this, I included a deeper exploration of both how power may play a role in counseling, including in the profession, in administrative tasks, and in the counseling relationship itself. I situated the present study across discussions in each of these areas. Chapter two concludes with an exploration of relational cultural theory, which will be used as a comparative theory for the present study. I focused on connecting each topic back to the present study, to provide full context for this dissertation.

Previous counseling researchers have called for attention to power (Miller, 2008; Singh et al., 2020; Sweeney et al., 2017; Wilson, 2020; Sweeney et al., 2019; Knudson-Martin et al., 2019; Reyes, et al., 2022). However, there is little consensus on what these considerations look like in practice. Even the American Mental Health Counselors Association (AMHCA) recommended that CMHCs should address power within the counseling relationship in their Standards for Practice (2014) but provided no further guidance on how to attend to power. To

better understand the concept of power, it is helpful to visit theories of power informed by sociology, psychology, and philosophy before later applying these theories to the counseling profession.

Theories of Power

To better understand how power manifests in counseling, it is helpful to examine theories of power across multiple disciplines– all of which consider power in unique lenses. Most theories of power fall into one of two categories (Proctor, 2017). *Structural* theories of power focus on institutions, social norms, and structures that maintain societal status quo (Proctor, 2017). *Agenc*y theories (also discussed as post-structural theories) of power focus on capability and individual and collective action (Molm, 1990; Proctor, 2017; Wilson, 2020). This section serves to explore both structural and agency theories of power, and advocate for a working definition that blends elements of each for the present study. This context can inform later explorations of power in counseling and contextualize the present study in ongoing discussions regarding power.

Structural Theories of Power

Proctor (2017) wrote that structural theories explore power as a possession, namely that those who hold power utilize it to influence the lives of others, often negatively. For example, racism would be considered a structural power, in that a particular group (in this case, White people) hold power over others (Black, Indigenous, and people of color; BIPOC), to negatively impact their lives. Power then, is a dichotomy between who holds power institutionally and who is disempowered. Stivachtis (2008) posited that it is crucial to understand structural power, and how different countries utilize and wield political power allows a larger understanding of global affairs.

Further, as Stivachtis (2008) wrote, those with power focus on how to utilize it while those without power focus on how to survive it. This is similar to the call by Ratts et al. (2015) who argued that all CMHCs must consider the intersections of privilege and marginalization, both in their own lived experiences and through listening to others. Several researchers addressed the intersections between oppression, therapy, and power (Miller, 2008; Sweeney et al., 2017; Butler et al., 2011; Singh et al., 2020; Reyes et al., 2021). Each argued that oppression, therapy, and power were interlinked concepts that could inform how the other manifests (Miller, 2008; Sweeney et al., 2017; Butler et al., 2011; Singh et al., 2020; Reyes et al., 2022). The present study serves to examine how adult women with histories of interpersonal trauma experience power in the counseling relationship. Thus, an exploration of structural power can inform the complexities of power in the counseling relationship. The next section serves as an overview of structural theories of power, with attention to how counseling may be examined in light of this theory.

Exploring Structural Theories

Much of the literature on how power manifests as a structure, or social institution, is rooted in sociology, anthropology, and international affairs. Social theorist Anthony Giddens (1984) proposed that power exists at the intersection between the larger sociocultural norms, or structure, and the actions of the individuals who live within this structure, called actors. This theory (dubbed *structuration theory*) suggests that actors do not act without influence from the structure. Instead, structures provide a setting of resources and rules which inform how individuals exercise their personal power and agency (Giddens, 1984).

Similarly, Michael Mann (1986) considered structural power as the generation and mobilization of resources. These resources can leverage power between communities when one

system is lacking what another system has (Mann, 1986). He suggests that power networks form when individuals, institutions, or even systems continue to connect to strengthen allyship and pursue common goals through shared resources (Mann). Both Giddens (1984) and Mann (1986) asserted that power is held structurally through government policies, international relations, geographic location, relationships between different cultural groups, and similar institutions. This structural power directly impacts a person's ability to enact their own personal power within their lives (Giddens, 1984; Mann, 1986). Examining CMHC through these theories would suggest that those who hold the most power in CMHC are insurance companies or government bodies and organizations who create laws and policies regarding mental health.

Hindess (1996) considered a different angle of structural power by considering the social construction of who does or does not deserve power, also referred to as legitimate capacity. He writes that, "power as involving not only a capacity but also a right to act, with both capacity and right being seen to rest on the consent of those over whom power is exercised" (Hindess, 1996, p. 1). Hindess (1996) asserted that socially constructed morality impacts a community's capacity and agency, meaning that who does or does not have power is not solely material or financial, but instead is rooted in what social norms dictate as being worthy of power. This theory may suggest that CMHCs hold power as long as their services are considered worthy by society.

These theories echo the wisdom of Patricia Hill Collins. Patricia Hill Collins is a critical feminist sociologist, whose work emphasizes the experiences of Black individuals, particularly Black women, as they navigate oppression and power (Collins, 1990). Collins wrote about the matrix of domination, which includes four domains of power relations in society, each of which is designed to maintain hegemonic status quo, in which systems of oppression continue to exist

(1990). Considering CMHC in light of this theory, each of these domains impacts the way CMHCs and clients exist individually and the way their relationship manifests.

The *structural domain of power* includes societal institutions that serve to organize systems of oppression, such as disempowering Black women within housing markets, schools, and hiring practices (Collins, 1990). The *disciplinary domain of power* upholds systems of oppression by disempowering and punishing individuals who seek to usurp unjust institutions or utilize their personal power in ways that do not align with the institution. The *hegemonic domain of power* refers to the system of beliefs and ideas (referred to as controlling images) that stereotype and reinforce messages used to justify the structural domain of power. Lastly, the *interpersonal domain of power* serves as the space where everyone internalizes, challenges, and processes systemic power structures through daily thoughts, actions, and relationships (Collins, 1990). Collins (1990) argued that in this way, power structures directly impact how individuals understand and enact (or are unable to enact) their personal agency within their lives.

Social activists Hunjan and Petit (2011) were also informed by systems of oppression as they examined how to recognize and undermine oppressive systems of power. According to Hunjan and Petit (2011), power can manifest in one of three faces: visible, hidden, or invisible. The first face of power is *visible power* includes power structures, community hierarchies, or power differentials in relationships that are clearly articulated and understood by all parties included, such as electoral processes or employees entering a work-relationship with a supervisor. The second face of power is *hidden power* includes the use of power that is seen and understood by those with power but is either directly hidden or made difficult to understand through layers of knowledge-barriers, paywalls, or red tape so those impacted by the expression

of power are not aware. This occurs when leaders set agendas behind the scenes or when certain voices are or are not included in discussions.

The last face of power is *invisible power*, which Hunjan and Petit (2011) argued is the most insidious form. Invisible power includes the expression of power through social norms, values-laden language, and belief systems to create a culture of oppression, isolation, and powerlessness. Each of these faces of power are used as tools for the status quo and for the structure of power to remain in power. In this theory, CMHCs and clients may experience visible power via work with supervisors, hidden power through insurance companies and government policies, and invisible power through societal attitudes and beliefs about mental health.

The previous structural theories of power focused on the innate power differentials in structures or social institutions that impact how power manifests for individuals or communities. Proctor (2017) asserted that

> ….structural theories of power remind us of the pervasive patterns of power that do structure our lives and provide a context for every one of us. These are necessary to consider in therapy, particularly with respect to people in structurally powerless positions, where psychological distress is a direct result of their position (p. 30).

Understanding structural theories provides an essential context to understanding power. For example, CMHCs who recognize structural power may honor the complex sociocultural factors impacting clients' choices and situations. However, structural theories are only one part of considerations around power. To understand how individuals and communities act within these larger social structures, agency theories can provide further detail. The next section will explore agency theories.

Agency Theories of Power

As the previous theories of power explored the structural components of power, this section analyzes theories of power that focus on the agency of the individual, relationship, or community to act (Proctor, 2017). Also discussed as post-structural theories or theories of agency, agency theories serve to illustrate power not as a singular entity held by some and not others, but instead as either innate to all people, or flexible and capable of change depending on the circumstances (Molm, 1990; Proctor, 2017). While structural theories focus on systems that impact an individual's ability to act, agency theories focus on one's ability to act in spite of systems (Molm, 1990). As Proctor (2017) argued that discussions of power are often reductionist or hyper-focused on the dangers of power, I seek to provide an authentic overview of power considering the varying complexity that participants may experience. As such, examining agency theories of power serves to contextualize later discussions regarding participants' experiences providing a complex examination of power rather than assuming power as a singular, unidirectional force. The next section serves as an overview of agency theories of power, with attention to how counseling may be examined in light of this theory.

Exploring Agency Theories

One theory focused on power as agency within an interaction is social exchange theory. Originally offered by psychologists Thibaut and Kelley (1959) and extended by Emerson (1962), social exchange theory suggests that each relationship is a transactional exchange of goods, social rewards, or psychological states between two individuals. For example, a boss and employee exchange labor and money, friends may exchange psychological states such as happiness, and relationships between colleagues, neighbors, and teachers may exchange social rewards such as status and approval (Emerson, 1962).

For most relationships, there is a mutual exchange of these consequences, which can also include negative consequences when there is conflict or disagreement (Emerson, 1962). However, power changes when one party becomes more dependent on the other, such as when a parent has the power to give more goods, psychological states, or social rewards to a child than vice versa (Emerson, 1962). Similarly, power states can change when pre-determined agreements of exchange are altered, such as payment being withheld from an employee or a neighbor failing to provide a promised social reward. Conceptualizing counseling through this model suggests an exchange of money (from the client) and labor (from the CMHC). However, this gets particularly more complex if the goods exchanged in the arrangement are unclear or change, for example if a client feels they are paying for the psychological state of validation and a CMHC begins to stop validating and begin challenging.

French and Raven (1959) also examined power as an action, exploring how leaders can enact their power through five bases of social power, each of which justifies one's power and agency in each situation. *Reward power* refers to who can provide a reward to others, such as a teacher being able to reward students for positive behavior (French & Raven, 1959). *Coercive power* includes one's ability to manipulate another into acting, oftentimes used with threat of punishment (French & Raven). *Legitimate power* is rooted in the belief that said person has the right to make demands of others or require certain actions from followers (French & Raven). Like Hindess' (1996) theory of legitimacy, legitimate power is informed by social norms and socially constructed values. *Referent power* includes power gained through deemed worthiness, including attractiveness, desirability, and hope to create or maintain a relationship (French & Raven). *Expert power* refers to a leader holding knowledge and insight needed to lead or serving as the authority in a specific area (French & Raven).

For each of these five areas, French and Raven (1959) argued that the stronger the basis of power, the greater power the leader or individual will have overall. CMHCs are likely to hold expert power or legitimate power (French & Raven) as society may view them as experts in their field. However, CMHCs may utilize all other forms of power, depending on the relationship and actions of both CMHC and client and the social context in which counseling occurs.

Although French and Raven's (1959) theory focused on power as agency enacted in relationship, Brown (2018) examined power as a static force held by each individual. Feminist psychotherapist Laura Brown (2018) asserted that each individual holds four types of power, each of which serves as an ever-evolving aspect of one's personal power. She described *somatic power* as the power one holds within their body, connected with one's bodily safety and autonomy (Brown, 2018). *Intrapersonal power* includes one's ability to think critically or maintain a flexible but thoughtful mindset. *Interpersonal power* refers to one's ability to influence relationships, such as the ability to create, maintain, or end personal connections. Lastly, *spiritual power* refers to one's ability to make meaning and stay connected to their sense of identity, culture, and creativity (Brown, 2018). Brown's (2018) four types of power are interdependent, constantly evolving, and are impacted both by the surrounding environment and one's own actions and choices. Examining CMHC in light of Brown's (2018) theory would suggest that both CMHCs and clients hold each of these forms of power.

Agency theories of power are pivotal to understanding how power manifests in counseling relationships because each theory speaks to an individual's ability to enact agency, engage, shape, and relate to the world around them. Without agency theories, CMHC may risk mechanistic hopelessness that puts all focus onto the power an individual lacks without opportunity for change, either internal or social (Proctor, 2017). However, agency theories often

fail to fully consider the larger context and structures that limit one's abilities to act or create real consequences for actions (Proctor, 2017). Instead, perhaps the most effective way to examine power is through a blend of both agency and structural theories.

Blended Theories of Power

Thus far, I have provided literature related to disparate theories of power: structural and agency. This has been important to provide an overview of how people may individually experience each of these conceptions of power. However, the full complexity of power may best be captured considering a blended approach to power, which suggests that power in counseling is neither fully structural fully about agency, but instead an overlap of both. Proctor (2017) wrote that the "challenge for therapists is to take seriously the issue of power in all their complexity, without reducing all these aspects and the complex dynamics between people to obscure either structures or individual agency" (p. 175). As Proctor (2017) described, conversations about power often fluctuate between entirely oriented in a structure, in which an individual is a passive object subject to the impulses of those in power, and between full personal agency, in which an individual has full autonomy and agency to act despite any institution. Both are incomplete, and arguably dehumanizing theories of power. Structural theories strip individuals of their agency, while agency theories fail to account for the larger social context.

Charmaz (2014) advised constructivist grounded theory researchers against using theories to inform data collection and analysis to ensure data came fully from participant experiences and not a researcher's preconceived notions. Therefore, it is important to recognize theories of power as a critical context for the present study without using these theories in data analysis. The blended theories of power contextualize the present study through recognizing that when asked about power, participants may speak to experiences with structural power, experiences of

agency, or intersections between the two. As such, it is important to examine blended theories to illuminate discussions regarding the complexity of blended approaches.

Exploring Blended Theories

Some theories work to integrate structural and agency approaches to power, recognizing the complex interplay. Archer (1995) argued for what she calls a *morphogenetic approach*, explaining that the interrelated concepts of society, culture, and agency are deeply interwoven, and it is impossible to examine one without the other. As such, power found by the individual in agency is not only contextualized by but directly related to how power manifests in social institutions and cultural values (Archer, 1995). Applying this theory to counseling would suggest that the power experienced by both CMHCs and clients within the counseling relationship is directly impacted by both power they experience in society and culture.

Archer (1995) may have been informed by Hannah Arendt (1958) who proposed that power is different from both individual strength and material resources. Arendt (1958) focused on the power of community and coalitions and argued that power is not about force or strength but is about potential, particularly potential formed across coalitions and communities. Arendt (1958) argued that agency held by individuals grows when combining forces with others. This can lead to the creation of structures and can lead to the demolition of harmful structures through collaborative, or shared power. This may manifest in counseling, such as in the collaborative power experienced by CMHC and client, or in mental health advocacy, such as the power clients and CMHCs gather when advocating together.

Foucault (2014) conceptualized power from a philosophical perspective and suggested power is fluid and ever-changing. Foucault (2014) asserted that institutions and individuals hold power, and power is so deeply embedded that social norms reinforced institutional power.

Therefore, individuals may begin to accept inequitable and unjust power differentials because of the ongoing attitudes and biases informed by power. Wilson (2020) asserted that Foucault's (2014) perspectives of power can manifest in counseling by a client internalizing the counselor's attitudes. For example, a client may be more likely to agree with a counselor's perspective due to internalized power dynamics.

Another relevant blended theory in this discussion has no name or sole creator but has evolved over time through different groups and grassroots movements. One of the earliest writers on this theory of power is Mary Parker Follett (1940), who wrote of the phenomenon *power over* as she admonished leaders who micro-managed and exerted their influence to coerce others. She defined *power over* as when an individual, community, or system holds power to sway, coerce, or influence the actions, safety, or well-being of another individual, community, or system (Follett, 1940). Since Follett's (1940) early writing, this theory of power has changed and morphed with input from others, becoming the theory expressed today by many, ranging from CMHCs and psychologists to writer Brené Brown. Miller (1976) was one writer who expanded on Follett's (1940) original power over with two additions: *power to* and *power with*. *Power to* speaks to each individual's agency to act and impact the world around them through their actions (Miller, 1976). *Power with* represents the impact of collaboration, and the capacity of collective action to lead to long-lasting individual and societal change (Miller, 1976).

Since Miller's (1976) work, some authors, particularly in grassroots activism, refer to a fourth type of power: power within. *Power within* refers to one's innate power, self-worth, dignity, and value that exists whether or not whether an individual is engaged in action or use of their power (Hunjan & Pettit, 2011). This is a key addition to this theory of multiple powers, as it speaks to the innate dignity and power of all individuals, regardless of whether they are acting

through power to. All four types of power here may be evident in the counseling relationship, and the application of each likely varies from relationship to relationship.

Applying a Blended Approach

These theories each consider how institutions inform agency without limiting the innate potential in all individuals. Approaching counseling from a blended approach to power allows for a more holistic understanding of power, and of how power manifests in counseling (Proctor, 2017). For example, when blending patterns of both structural power and agency, we can envision the following scenario. A group of individuals with shared mental health experience may feel disempowered and even marginalized by the mental health community. Individually and collectively, they may experience limited power when facing the institution of mental health, particularly if their experience of injustice is reflected in ethical codes, diagnostic manuals, or insurance practices. But perhaps these clients come together to reflect on their shared experience, and in doing so they build a coalition and strengthen their power, utilizing their agency to impact change. However, this coalition is still subject to norms and values within larger structures, and all power and agency utilized as individuals, or a coalition are subject to over-arching systems.

Considering the benefits of this blended approach, this study includes a definition of power as both structure and agency. This working definition of power can inform a more complex exploration without reducing power to deterministic forces, minimizing the impact of systemic influences. This section served as an overview of theories of power, to inform the working definition of power in the present study and contextualize the present study in ongoing discussions of power. To further contextualize the research questions, the next section of the literature review will explore women's experiences of power.

Women and Power

The previous section included an analysis of both the structure and agency of power, ultimately justifying the blended definition of power utilized in the present study. However, power is further contextualized by the multicultural contexts in which power manifests (Collins, 1990; Reyes et al., 2022). As such, power may look different for different cultural groups depending on the social structures at play, as well as how individuals and communities enact agency. Further, cultural values and experiences may impact how someone experiences and defines power altogether (Steward & Phelps, 2004).

This dissertation specifically explores how women living in the United States experience power in the counseling relationship. In this dissertation, women include all individuals who self-identify as women, regardless of gender assigned at birth, and includes women from all races, ethnicities, countries of origin, or other facets of cultural identity. As it would be unethical, irrational, and impossible to boil down all American women's experiences into a single monocultural experience, this section will introduce the concept of intersectionality (Crenshaw, 1989) to explore the nuance in experiences of womanhood. Staying true to this dissertation's blended approach to power, this section will include both structural elements impacting women, and how women experience and employ agency. Reviewing these points are critical to provide context for how women experience power in counseling, helping clarify both later sections of the literature review and contextualize participant responses.

Gender Inequality and Structural Power

As explored in the previous section, individuals' experiences of power are contextualized by the systems of power occurring at a societal level (Collins, 1990; Proctor, 2017; Reyes et al., 2022; Knudson-Martin et al., 2019). This is particularly salient for women, who experience

gender inequality throughout multiple facets of their lives (Firestone et al., 2012; Parker & Funk, 2017; Smith et al., 2015; Monmaney, 2019). The Pew Research Center reports that between 23-42% of women have experienced gender-based discrimination in the workplace, compared to 10-22% of men (Parker & Funk, 2017; Horowitz & Parker, 2023). Similarly, the Smithsonian further reported that 60% of former or current service women have experienced sexual harassment or assault (Monmaney, 2019).

In research conducted through the Centers for Disease Prevention and Control, researchers found that one in four women report experiencing sexual assault or attempted sexual assault in their lifetime (Basile et al., 2022), one in six women report sexual harassment (Smith et al., 2018), and one in four women experience intimate partner violence in their lifetime (Smith et al., 2018). In each of these cases, women experience these occurrences twice as often as men, or more (Smith et al., 2018; Basile et al., 2022). Women of color are disproportionately impacted by violence (Basile et al., 2022). These studies demonstrate the increased risk of violence women experience throughout their lives. However, beyond threat of violence, research suggests that this gender inequality carries into other aspects of life, such as equal pay (National Partnership for Women and Families, 2022), gender bias in health care (Greenwood, et al., 2018), and equality in hiring practices (International Labor Organization, 2017; Saad, 2020). Each of these statistics demonstrate trends women may navigate related to power, whether they experience structural power weaponized against them or others enacting their agency to commit violence upon them.

Each of these studies look at women collectively, however the experiences of power become more nuanced when considering gender as one element of a person's full multicultural self. Legal scholar Kimberlé Crenshaw described this concept through the term *intersectionality*, which she introduced as how gender and race intersect to create a complex, multidimensional

experience of the world for Black women (Crenshaw, 1989). This connects closely with Collins' theory of structural power when Collins (1990) referred to the "interlocking nature of oppression" (p. 14) or how different facets of race and gender could impact how oppression manifests.

Crenshaw's concept of intersectionality has been adopted by many, and some theorists utilize intersectionality beyond the original conception of experiences of Black women. For example, Cole (2009) described intersectionality as understanding various elements of cultural identity, including both differences and social oppressions with these identities. Exploring how the definition of intersectionality has changed over time, Collins (2015) wrote that presently the "term intersectionality references the critical insight that race, class, gender, sexuality, ethnicity, nation, ability, and age operate not as unitary, mutually exclusive entities, but as reciprocally constructing phenomena that in turn shape complex social inequalities" (p. 2). Further, Collins (2015) argued that power is a key element of intersectionality, as society's response to one's intersecting identities may impact how people experience power. As the term is being increasingly utilized, Crenshaw (2017) warned against simply using intersectionality as a blanket term for complex experiences. Instead, she defined intersectionality as "a lens through which you can see where power comes and collides, where it interlocks and intersects" (Crenshaw, 2017).

Considering these points, intersectionality applies to women's experiences of power in that women will experience power through each lens of their identity. For example, Chenoweth (1996) pointed to the risk of systemic oppression on disabled women, noting how women with disabilities may be subject to forced institutionalization, marriage restriction, and legally losing autonomy through forced guardianship. Kim (2009) and Iwamura (2015) examined the intersection between race and gender when describing the lived experiences of Asian American

women, citing racist and hyper-sexual depictions of Asian American women in media that can lead to sexual violence used as a hate crime. Transgender women lack some of the legal protections provided to cisgender women, as laws and rules ensuring protecting and affirming care for transgender people vary across communities (Hersher & Johnson, 2017). Therefore, transgender women may experience heightened structural powerlessness– when institutions refuse to protect transgender women from increased harm, or intentionally alienate them from affirming care (Wirtz et al., 2020).

These intersectional elements are just a sample of the complex ways women experience power in womanhood. Further, these findings demonstrate how societal attitudes of racism, ableism, transphobia, and other biases can further complicate structures of power. As the present study explored experiences of women, it is important to consider that participants' experiences with power can be complexly intertwined with their intersectional identities.

Women and Agency

In spite of the adversity and systemic marginalization they experience, women frequently utilize and enact agency to affect change in their lives and the world around them. Black feminist author bell hooks (2014) wrote, "sexism has never rendered women powerless. It has either suppressed their strength or exploited it" (p. 94). Women have worked to recognize and free their power through social movements and advocacy throughout history. Worell and Remer, (2003) speak of the power of coalitions during feminist movements, and how throughout history women came together to share of their common experiences and work towards a common societal goal. Several leaders stepped to the forefront to share their experience openly in spite of communal backlash, such as Sojourner Truth's "Ain't I a woman?" speech (Painter, 1996) and suffragettes protesting for the right to vote (Wheeler, 1995). More recently, activist, and sexual assault

survivor Tarana Burke initiated the #MeToo movement, with the goal of empowering women to connect through shared experiences and bring attention to sexual violence (Millner, 2018).

These acts of agency reflect an anthem of the feminist movement, *the personal is political.* While this phrase is commonly accredited to Carol Hanisch as the title of her 1969 essay, Hanisch (2010) has since credited editors and other advocates as coining the term and titling her essay. In her essay, Hanisch (1969) explained that women would gather to share concerns in their personal lives and reflect on common overlaps in their experiences, using what they referred to as consciousness-raising. Critics of feminism minimized these meetings, calling them personal therapy groups (Hanisch, 1969). But feminists took on the phrase *the personal is political,* to argue that discussing personal matters and bringing personal matters into the public eye was a revolutionary political act of agency (Hanisch, 2010).

Women's individual and collective agency is not immune to the pressures of structural power, and efforts to undermine sexism are often riddled with racism, ableism, transphobia, or other forms of oppression. White suffragettes campaigning for voting rights frequently left women of color out of the conversation and only worked to promote the rights of White women (Wheeler, 1995). The #MeToo movement was almost wrongfully credited to a White celebrity instead of Tarana Burke, until Black feminists rallied support and demanded rightful recognition (Millner, 2018). These moments of intersection between race and gender are examples of what led Crenshaw (1989) to coin the term intersectionality, recognizing that Black women are often rejected by White women for being Black and rejected by Black men for being women. Collins (1990) asserted that interpersonal choices can either subvert or uphold harmful structural oppression, and sometimes as one pursues freedom for themself, they reinforce oppression for

others. Recognizing each woman's intersectionality is pivotal in understanding the context for their agency in the face of oppression.

This section served as an overview of women and power through an examination of how women have experienced power structurally, experienced agency, and the overlap between such as in issues of intersectionality. However, this dynamic between women and power is additionally complex when considering the impact of trauma on experiences of power. The next section will continue to explore women's experiences with power, particularly when they have previously experienced trauma.

Women and Interpersonal Trauma

Previous sections have explored theories of power and women's issues in historic and modern society. These are critical contexts to inform how adult women with histories of interpersonal trauma experience power in the counseling relationship. It is additionally key to define and explore interpersonal trauma before examining power in the counseling relationship in later sections. This section includes an overview of interpersonal trauma and women, including a more comprehensive definition of interpersonal trauma, considerations for interpersonal trauma and counseling, and interpersonal trauma and retraumatization.

Research and clinical practice regarding trauma have grown rapidly over the past fifty years (Goodman, 2015; Courtois & Gold, 2009; Sweeney et al., 2019). Although trauma had been in discussions throughout the 19th century, discussions around trauma rose to the forefront in the 1970's (Courtois & Gold, 2009). Two factors increased attention to trauma. First, veterans returning home from the Vietnam War struggled to assimilate to society, causing many to revisit initial conceptions of the long-lasting emotional toll of war (Courtois & Gold). Second, the feminist movement brought women and children's experiences of abuse to the forefront, causing

clinicians and researchers to examine the impact of abuse (Courtois & Gold). Advocacy and lobbying with both of these communities helped to establish trauma as a concept worth attention (Goodman, 2015).

Since the 1970's, researchers and CMHCs have explored many forms of traumatic events– including interpersonal trauma. Mauritz et al. (2013) define interpersonal trauma as a traumatic event that occurs when someone experiences violence in their relationship with another. This may include emotional abuse or neglect, physical abuse or neglect, or sexual abuse (Mauritz et al., 2013) or discrimination (Sweeney et al., 2018). Interpersonal trauma can occur in childhood or adulthood (Mauritz, et al., 2013). Although anyone may experience interpersonal trauma, women have an increased chance at experiencing interpersonal trauma (Olff, 2017). One in four women in the United States experience physical abuse, sexual abuse, or stalking by an intimate partner (National Coalition Against Domestic Violence [NCADV], 2020). Four in ten women have experienced coercion or control by an intimate partner (NCADV, 2020). Although children of all genders experience physical abuse at statistically similar rates (Thompson, 2004), one in four girls versus one in thirteen boys experience sexual abuse (CDC, 2022). Further, GlobalData (2018) reported that women experience PTSD at a rate 2.71% percentage points higher than men. These statistics suggest that women may disproportionately experience interpersonal trauma. As such, it is critical to understand the phenomenon of interpersonal trauma to best serve women as they turn to CMHC.

Interpersonal Trauma

To better understand interpersonal trauma, it is helpful to first examine trends across traumatic events. SAMHSA (2014a) defined a traumatic event as a real or perceived threat that

may include a single event or series of events over time. Examples of traumatic events include violence, accidents, or natural disasters (SAMHSA, 2014a).

Neurobiology of Trauma

Although historical trauma research focused on the mental impact of trauma, recent research emphasizes that trauma is a holistic, neurobiological response (van der Kolk, 2014; Levine, 2008). Frewen and Lanius (2006) used brain imaging to see how the brain responded when individuals who had experienced trauma recalled the traumatic event. They found that when remembering the event, participants' left frontal cortex (including Broca's area, which is responsible for verbal communication) was less active (Frewen & Lanius, 2006). Comparatively, they found more activity in the amygdala, which is associated with emotional arousal and survival (Frewen & Lanius, 2006). Similarly, Rauch (2014) noticed that remembering traumatic events caused participants to dissociate (activating the amygdala). Additionally, Rauch found that nonverbal, movement-based parts of the brain were activated when participants remembered the events (2014). These studies suggest a very real neurobiological presence of trauma in individuals who experience a traumatic event.

There are multiple explanations regarding the neurobiological elements of trauma and how this impacts clients in mental health counseling. Sherin and Nemeroff (2011) explained that a traumatic event stimulates the sympathetic nervous system, which releases hormones like cortisol and norepinephrine into the body. These hormones are survival tools designed to assist the body with fight-or-flight instincts by prioritizing blood flow to vital organs (Sherin & Nemeroff, 2011). This is evidenced by high blood pressure and increased heart rate experienced by individuals both during a traumatic event and when recalling the traumatic event (Sherin & Nemeroff). Similarly, an individual may experience a dominant parasympathetic nervous system

response, which causes a decreased heart rate and leads to a freeze response to trauma (Roelofs, 2017). Porges (2021) asserted that addressing trauma requires attention to the third part of the nervous system, the social engagement system, via the ventral branch of the vagus nerve to help regulate a client's response. Similarly, Levine (2008) argued that trauma is stored in the body via a fight, flight, or freeze response, suggesting that when someone experiences trauma but is unable to enact biological survival urges (such as running away), the blocked response may manifest as trauma symptoms. Walker (2013) added to this theory by arguing that some experience a fourth trauma response, fawn, in which they experience an instinctual urge to cater to their abuser to appease them. It is important to note these biological considerations in traumatic events to better understand the impact of all trauma, including interpersonal trauma.

Traumatic Stress Responses

When someone experiences a traumatic event, including interpersonal trauma, they may experience a traumatic stress response (SAMHSA, 2014a). SAMHSA defines a traumatic stress response as an individual's reaction to a potentially traumatic event, which may include mild short-term symptoms or meet criteria for post-traumatic stress disorder (2014a). It is important to note that not all experiences of traumatic events, including interpersonal trauma, will lead to a traumatic stress response (Herman, 1992). Herman (1992) argued that traumatic stress responses were more likely if a client lacked support, was unable to return to some semblance of normal, or had their experiences challenged or discredited by others.

Traumatic stress responses are holistic, in that they have emotional, physical, mental, behavioral, and social aspects (Herman, 1992). The US. Department of Health and Human Services (USDHHS, 2004) pointed to a range of symptoms that someone may experience as part of a traumatic stress response outside of any specific diagnosis. Emotional symptoms may

include anxiety, panic, agitation or anger, guilt, depression, numbness, hopelessness, loss of life purpose, and inability to self-soothe. Physical symptoms may include hypervigilance, rapid heartbeat, fatigue, difficulty with sleep, eating changes, body aches, worsened chronic illnesses, headaches, dizziness, or nausea. Mental symptoms may include indecisiveness, memory loss, concentration difficulties, confusion, intrusive thoughts, flashbacks, breaks from reality, and recurring dreams or nightmares. Behavioral symptoms may include difficulty with school or work, substance abuse, or avoiding stimuli. USDHHS (2004) also asserted that individuals who experience trauma may respond by resisting those they view in an authority position. Some behavioral symptoms also have social impacts. Social symptoms may include isolation, distrust, withdrawal, irritability with others, and reduced relational intimacy (USDHHS, 2014). USDHHS (2014) also suggested that individuals may experience spiritual or existential symptoms such as questioning good and evil, trying to make sense out of the traumatic event, or blaming a higher power.

An individual who experiences a traumatic event may experience varying levels of severity in symptoms (Sherin & Nemeroff, 2011; Yunitri et al., 2022). Most individuals will experience an initial discomfort, which may last seconds or hours (Sherin & Nemeroff). Some individuals may meet criteria for Acute Stress Disorder (ASD) if they experience clinically significant distress in symptoms lasting between two days and one month (APA, 2022). If an individual experiences clinically significant distress in symptoms lasting beyond one month, they may meet criteria for a diagnosis of PTSD (APA, 2022).

Understanding Interpersonal Trauma

When someone experiences interpersonal trauma, they are subject to the same neurobiological traumatic stress responses as if they experienced other forms of traumatic events.

However, there are some unique complexities in interpersonal trauma that differ from other types of traumatic events (Mauritz et al., 2013; Sweeney et al., 2019). Interpersonal trauma is unique in that it occurs between people rather than by an outside force, such as a natural disaster. This is complex because research argues that trauma recovery occurs in relationships with others (Olff, 2017; Oltmanns & Emery, 2007; Sweeney et al., 2019). For example, if a child experiences physical abuse from a parent, they are not able to turn to that parent and abuser for support. Additionally, some argued that historic diagnoses like ASD and PTSD do not accurately capture the complexities of interpersonal trauma (Herman, 1997). Herman (1997) advised the inclusion of complex-PTSD (cPTSD), which speaks to the phenomenon of prolonged, repeated trauma. For example, an individual who was in a natural disaster that inevitably ended may experience trauma very differently from an individual who lives with their abuser and may risk daily abuse. cPTSD is not included in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5-TR) nor any previous editions (APA, 2022), however many advocate for its eventual inclusion (Herman, 1997; Courtois & Gold, 2009).

Research indicates that women experience more long-lasting effects from traumatic events (Brody et al., 2018; Olff, 2017; Sherin & Nemeroff, 2011; Thompson et al., 2004). Olff (2017) hypothesized that women experience higher rates of PTSD because they are more likely to experience interpersonal trauma as opposed to other forms of trauma. However, historically other researchers wondered if additional causes may support higher rates of a PTSD diagnosis in women (Thompson et al., 2004; Sherin & Nemeroff, 2011). Thompson et al. (2004) ventured that women may internalize trauma symptoms more, whereas men may externalize trauma symptoms. In this case, considering Levine's (2017) theory of trauma, men's outward expression of trauma may lead to less PTSD symptomology. Thompson et al. (2004) also thought that men

may be under-diagnosed with trauma, as behavioral symptoms may be coded for other mental health concerns rather than trauma. Sherin and Nemeroff (2011) argued for neurobiological causes and argued estrogen may impact the role of stress hormones in the body. There may also be systemic contexts that impact how women experience interpersonal trauma. For example, Mekawi et al. (2021) found that a higher frequency of racial discrimination led to increased PTSD symptoms in Black women, suggesting that racial discrimination exacerbates symptoms of interpersonal trauma. Similarly, Gangamma et al. (2021) found that perceived discrimination significantly influenced the psychological distress clients experienced as a result of adverse childhood experiences. Although these varying viewpoints assert different causes for the gender disparities of trauma and PTSD, these findings suggest further research would be beneficial.

It is important to note that an individual's experience of interpersonal trauma may be contextualized by historical or intergenerational trauma. In a scoping review, Zhang et al. (2023) found substantial evidence for the intergenerational transmission of trauma, particularly through parental mental health or parenting factors. Sotero (2006) explained that if someone experiences trauma, effects of that traumatic event may impact their descendants. He argued that theories of historical trauma hold four assumptions: 1) trauma was inflicted upon one community by another in a systemic, dominant manner; 2) trauma has long-lasting effects beyond a single moment; 3) trauma can impact an entire community, creating a universal lived experience; 4) the trauma caused a loss of physical, psychological, social, and economic benefits that would have had long-lasting benefits for future generations (Sotero, 2006). Brave Heart et al. (2011) explored historical trauma among Indigenous Americans and proposed symptoms of historical trauma as depression and anxiety, suicidality, low self-esteem, anger and self-destructive behaviors, and difficulty recognizing emotions. Additional support for historical trauma has been found among

American Indian communities (Solomon et al., 2022; Fetter et al., 2023), descendants of Holocaust survivors (Wiseman et al., 2006; Greenfield et al., 2023), refugee families (Sangalang & Vang, 2016; Dikyurt, 2023) and Black descendants of enslaved people (Williams-Washington & Mills, 2017). Although further research is needed, it is evident that historical trauma may complicate and contextualize a person's experience of interpersonal trauma.

It is also important to note that a client's experience of interpersonal trauma informs how they experience power. Finkelhor (1986) asserted that individuals who experienced childhood sexual abuse may experience intense feelings of powerlessness. Researchers explained that interpersonal trauma is inherently disempowering, meaning some who have experienced interpersonal trauma may feel powerless (Butler et al., 2011; Sweeney et al., 2017; Sweeney et al., 2019). Proctor (2017) considers the complexities of power for women who have experienced interpersonal trauma specifically in childhood when she wrote:

> It is not simply the presence of adversity in childhood that is a causal factor [in mental illness], but the way in which these adverse experiences are negotiated. Clearly, the crucial determining factor in this negotiation is the woman's sense of power, which I would argue is at least partly determined by the woman's immediate relational context and the wider sociopolitical environment of women's role and status in society (p. 3).

Although further research is needed to explore the relationships between power and trauma, researchers theorize that interpersonal trauma and the sociocultural factors that inform it can have a direct impact on how women experience power. These findings directly inform the present study, which seeks to explore how adult women with histories of interpersonal trauma experience power in the counseling relationship.

Retraumatization

Interpersonal trauma can affect an individual in many ways when it occurs (Herman, 1997). However, these effects may be enhanced or reignited when an individual is retraumatized (Human Rights Watch, 2000; Sweeney et al., 2019). Retraumatization is when an individual with previous traumatic experiences is reminded of their past trauma, which reactivates symptoms and causes distress (Human Rights Watch, 2000; SAMHSA, 2014a). Other terms have been used to refer to this phenomenon, including "triggers" and "flashbacks" (Courtois & Riley, 1992), or "re-enactment" (Kitzinger, 1992). The term "retraumatization" will be used in the present study to align with terminology utilized by SAMHSA (2014a). Retraumatization can worsen a client's mental health (Orth & Maecker, 2003) and harm the counseling relationship and process (Sweeney et al., 2019).

Unfortunately, there are a number of ways a client may experience retraumatization in mental health services (SAMHSA, 2014a). Butler et al. (2011) pointed out a range of tools in in-patient facilities or hospitals that may unwittingly cause retraumatization among clients, including restraints, room, or body searches, forced isolation, and forced or coerced medication or treatment. Although the present study explores how adult women with histories of interpersonal trauma experience power in the counseling relationship specifically in outpatient counseling, research suggests that one experience of mental health care may impact how a client conceptualizes mental health care as a whole (Norvoll & Pederson, 2016). Therefore, it is key for CMHCs to recognize the potential past retraumatization a client has experienced in mental health care, even outside of their care.

Further, there are additional ways a CMHC may retraumatize a client in an outpatient setting (SAMHSA, 2014a). SAMHSA asserted that retraumatization can occur when a CMHC

challenges or discounts a client's reports of trauma, labels intense emotions as pathology, minimizes client needs and responses, or disrespects emotional boundaries (2014a). Rowe (1989), who wrote extensively about the potential impact of power on clients, warned CMHCs about the risks of retraumatization when she wrote, "Whenever our truth is denied, ignored, or invalidated, we experience the greatest fear we can ever know: the threat of the annihilation of our self" (p. 17). When a CMHC trivializes or discounts a client's lived experience, clients can experience substantial harm. Additionally, SAMHSA (2014a) explained that agencies and practices may cause retraumatization in clients when they allow chaos through inconsistent rules, apply rigid policies without ensuring client comprehension, or experience high turnover– particularly in practice leadership.

Structural norms may manifest in harmful ways that can lead to retraumatization (Sweeney et al., 2019; Reyes et al., 2023). Jackson (2003) argued that when a CMHC pathologizes someone's reaction to discrimination, such as racism, they retraumatize them by deepening the client's experience with discrimination. Miller (2008) explained that when CMHC's ignore how clients experience structural power they fail to connect and empower client wellness. Kitzinger and Perkins (1989) warned against CMHCs discounting or pathologizing women's lived experiences of oppression in their critique of therapy. These sample the way in which a counselor may reenact feelings of powerlessness experienced by a woman through structural oppression.

The examples in this section illustrate that the potential for retraumatization is a deeply personal experience for each individual client. Retraumatization occurs when an individual is reminded of their own specific trauma, meaning that what is retraumatizing for one person may not be retraumatizing for another. However, by reminding clients of their experiences of

disempowerment, even seemingly benign behaviors may harm clients (Sweeney, et al., 2019). SAMHSA (2014a) asserted that trauma counseling must begin with regulation techniques and coping skills to provide clients with tools needed to manage trauma. Further, they argue that these tools can help avoid the effects of retraumatization, whether or not a CMHC recognizes that a client is retraumatized.

This section served as an overview of trauma and retraumatization to justify and provide context for the present study's research question: How do adult women with histories of interpersonal trauma experience power in the counseling relationship? The next section serves to apply content thus far to the counseling setting, including exploring the nuances of women's issues, interpersonal trauma, and power to the counseling relationship.

Counseling and Power

The present study focuses on how adult women with histories of interpersonal trauma experience power specifically within the context of counseling. Unlike other helping professions focusing on mental health, such as psychology, social work, or psychiatry, counseling developed holistically, rooted in career counseling (Zytowski, 2001). Although Frank Parsons is commonly considered the founder of counseling (Zytowski, 2001), the historical roots of many counseling concepts, such as holistic wellness, stretch as far back as 3,000 BCE (Gamby et al., 2021). The American Counseling Association (ACA) defined counseling as "a professional relationship that empowers diverse individuals, families, and groups to accomplish mental health, wellness, education, and career goals" (2014, p. 3). This means that counseling, informed by holistic wellness practices and career counseling, is dedicated to helping individuals and communities become more well.

Although there are many types of counseling that inhabit this holistic approach to mental health and wellness, this dissertation explores clinical mental health counseling (CMHC). When clinical mental health counselors (CMHCs) began to work in a variety of settings, many found themselves addressing mental health in community centers and clinics, particularly at the height of the deinstitutionalization movement (Weikel, 1985). Recognizing the need to differentiate counseling that focused specifically on mental health, clinical mental health counseling was formed (Colangelo, 2009). Today, CMHC has become its own institution, navigating licensure laws, codes of ethics, and educational accreditation standards (Colangelo, 2009) – all of which will be discussed later in this chapter.

There are a range of reasons power in CMHC is worth exploring, three of which include ethical imperatives, multicultural considerations, and the innate design of CMHC itself. The ACA *Code of Ethics* stated that effective and informed CMHC means attention to both ethical practice and multiculturalism (2014). To better understand how power connects with these critical issues in the profession, it is helpful to analyze how this dissertation responds to calls both through ethical conduct, multicultural competencies, and in critiquing the innate design of CMHC services via the Professional Gift Model (Duffey, 2011).

This section provides an overview of considerations of power in the counseling profession across discussions of ethics (ACA, 2014), multiculturalism (Ratts et al., 215), and critics of the current model of services (Duffey et al., 2011). It also serves as context for examining how adult women with histories of interpersonal trauma experience power in the counseling relationship. Later sections serve to examine power specifically during administrative tasks in counseling and within the counseling relationship.

Ethical Imperative

In the counseling *Code of Ethics* (2014), the ACA highlighted six core values of all counseling: autonomy, beneficence, nonmaleficence, justice, fidelity, and veracity. Each of these values focuses on protecting clients and aligns with the ACA's core value of protecting the counseling relationship (ACA, 2014). These values and missions place the responsibility of protecting clients on the CMHCs, recognizing the importance of protecting clients from emotional harm and neglect or professional maltreatment.

ACA is not the only professional organization to reference questions of autonomy and power. The American Mental Health Counseling Association (AMHCA) created a code of ethics specific to CMHCs, recognizing that the larger values of ACA manifest in distinct ways in clinical settings (2020). AMHCA wrote that

> ….a primary ethical principle of all [CMHCs] is to ensure client autonomy and self-determination. Therefore, barring cases of imminent harm to self or others, any therapeutic approach that impedes an individual's right to make informed choices is not in accordance with the AMHCA Code of Ethics (2020, p. 2).

Both ACA and AMHCA emphasize the importance of recognizing clients as fully autonomous individuals, contextualized by developmental and sociocultural factors.

Despite these codes, Masson (1989) argued that misuses of power can break these ethical imperatives, citing a professional history of mistreatment and abuse of clients across therapeutic professions. Concerns of mistreatment and client well-being still exist in more recent times, illustrated by Wilkinson et al. (2017), who found that the third most frequent ethical violation acted on by state licensing boards was sexual relationships with clients. Understanding power,

and how to avoid misuses of power, may be critical in protecting client safety and adhering to ethical principles.

Although misuses of power seem obvious when CMHCs abuse clients, not all ethical conundrums are as severe as blatant abuse. Goodman et al. (2020) argued that helping professionals are faced with questions of ethics and power on a frequent basis. In studying mandated reporters working with survivors of domestic violence, they found a tension between protecting the autonomy of mothers with the beneficence of children when encountering violence or neglect in the home (Goodman et al., 2020). Providers approached this tension either collaboratively or authoritatively, oftentimes informed by how they conceptualized their role and power in these moments (Goodman et al., 2020).

CMHCs face many everyday decisions that involve client autonomy, each of which is a question of power. The choice of when to break confidentiality, how collaboratively to approach diagnosis, or when to challenge versus empathize may all become questions of autonomy. Although power is more complex than simply a CMHC holding power over a client, it is still essential to recognize the role CMHCs may have in utilizing and misusing power. Ultimately, it is up to CMHCs to ensure ethical behavior, not clients (ACA, 2014). This requires CMHCs to attend to clients' experiences of autonomy.

Multiculturalism and Social Justice

Ethical imperatives are not the only reason to engage in further understanding of power. Power is also deeply intertwined with experiences of multiculturalism, equity, and oppression (Proctor, 2017). Collins (2008) argued that systems of power exist to enforce oppression of minoritized communities and maintain harmful status quo. In exploring the ways gender variance and gender dysphoria are treated in the mental health community, Inch (2016) wrote that current

practices reflect “Western society’s medicalization of social issues and is an example of the power that medical, particularly psychiatric, diagnoses have to define ‘normality’” (p. 193). The complexities of power and multiculturalism will be discussed later in this chapter; however, these voices among many suggest that understanding power is a pivotal part of multiculturalism. Who has power determines many of the norms ingrained into counseling, ranging from overarching principles to everyday practices (Inch, 2016).

Similarly, Ratts, et al. (2015) recommended broadening the CMHC’s lens towards larger social issues, focusing on understanding clients in context of their culture and potential experiences with oppression. CMHCs must consider the complexities of power to provide counseling that does not reinforce structural oppression, but instead creates space to explore it. Ratts, et al. (2014) wrote that all counseling is multicultural counseling meaning that multicultural considerations are key in all facets of counseling.

To help CMHCs embody this, the Association for Multicultural Counseling and Development (AMCD) established the Multicultural and Social Justice Counseling Competencies (MSJCC) (Ratts, et al., 2015). These competencies suggest understanding power as an integral part of the counseling process from a lens of multiculturalism. In the complex interaction of privilege and marginalization between CMHC and client, Ratts et al. (2015) argued that understanding power dynamics and experience of power is a part of providing multiculturally competent care. Authors examined four developmental tasks of CMHCs: counselor self-awareness, client worldview, counseling relationship, and advocacy and counseling interventions (Ratts et al., 2015). Further, Ratts et al. (2015) advised CMHCs aspire towards competency in attitudes, beliefs, and skills in each of these areas. It is important to note that in each of these competencies across developmental tasks, attention to power is mentioned.

This suggests that a deeper understanding of power plays a role in multiculturally-competent care, and as such, CMHCs are called to consider the role of power in counseling.

Although there is a dearth of research studying power in CMHC, both the ACA *Code of Ethics* (2014) and MSJCC (Ratts et al., 2015) inform counseling practice note the importance of power. However, even the definition of power varies across the counseling profession. Many theorists and researchers have called for attention to power (Miller, 2008; Proctor, 2017; Sweeney et al., 2017), but there is little consensus on what these considerations look like in practice. As such, the present study serves to add to the conversation about power in counseling through an exploration of how adult women with histories of interpersonal trauma experience power in the counseling relationship.

Critics of the Counseling Model

Both the counseling profession's ethical codes (ACA, 2014) and MSJCC (Ratts et al., 2015) called CMHCs to attend to power in counseling. However, it is critical to recognize that the CMHC profession itself stems from structures of power (Duffey, 2011). Duffey (2011) argued that helping professions (including CMHC) operate via the Professional Gift Model (PGM). This model includes the flow of power that dictates who can access services and in what manner. For example, helping professions are first dictated by government or funding bodies such as insurance companies. These institutions may create or change criteria for diagnosis, licensure laws, regulations regarding scope of practice, or programs calling for certain sorts of care for certain client populations. Once funding and expectations have been passed down, helping professionals like CMHCs then meet and assess clients to determine needs and treatment (Duffey, 2011). In this current model, clients are locked into the expectations by both professional and funding bodies, as CMHCs work to ensure clients meet criteria prior to and

while providing care. Clients are recipients of a gift rather than active agents in determining how services are created, funded, and maintained (Duffey, 2011).

Duffey (2011) argued that the danger in this model is when clients are unable to advocate for their own needs and instead are expected to adapt to the institution. Further, as CMHCs strive to balance both the needs of clients and the demands of funding bodies like insurance companies, they are less able to adapt to the needs of clients. Duffey (2011) wrote that "the system is stacked against [clients], because power and control is in all the wrong places. People are not in control of their own lives" (para. 8). Instead of recognizing wellness as an innate right for all people, the opportunity to be helped is seen as a gift, or perhaps a prize to be earned through acceptance of the institutional status quo.

This echoes how Johnstone (1989) described helping professions, such as CMHC, as a rescue game. Johnstone (1989) explained that when a client turns to a medical profession for help, providers such as CMHCs seek to help them (creating a rescuer-victim model). Furthermore, Johnstone et al. (2018) argued that CMHCs apply their values, biased, and training in Western mental health care to define the client's problem and determine the best way to rescue the client. If rescuing does not work, for example if a CMHC perceives a client as resistant or noncompliant, they may turn to punishing the client. This punishment may be informal, such as through a change in approach to the client care, or formal such as through termination of services, cancellation fees, or other systemic punishments.

Johnstone et al. (2018) created an alternative view of mental health: the Power Threat Meaning Framework (PTMF). The PTMF serves to understand clients' concerns in context of their autonomy, perceived environmental threats, and their responses to threats. However, the PTMF is widely underused, and often devalued in the light of the current model of mental health

(Cusack, 2020). Instead, the current model of mental health disempowers clients by de-prioritizing their autonomy and decision-making over CMHC opinion and industry standards (Johnstone 1989; Johnstone et al., 2018). Considering these critiques of the CMHC profession, it is critical to recognize that power is inherent to counseling even beyond calls to attend to ethics and multiculturalism. Therefore, the present study is a direct response to the ACA *Code of Ethics* (2014), the MSJCC (Ratts et al., 2015), and the critics of helping relationships (Duffey, 2011; Johnstone, 1989; Johnstone et al., 2018) by exploring how participants experience power in the counseling relationship.

Power in the Counseling Session

The previous section included an overview of discussions of power within the counseling profession, including the ACA *Code of Ethics* (2014), AMHCA Standards for CMHCs (2014), MSJCC (Ratts et al., 2015), and critical models of mental health care (Duffey, 2011; Johnstone, 1989). However, the present study serves to examine how adult women with histories of interpersonal trauma experience power within the counseling relationship. As such, it is important to attend to how power manifests at an individual, relational level within counseling and not only across the larger counseling profession. This next section serves as an overview of how clients may experience power in the counseling relationship, including how power may arise during administrative tasks or within elements of the counseling relationship itself.

Although there is a paucity of research exploring how clients experience power in the counseling relationship, theorists have been considering questions of power for several decades (Proctor, 2017). Masson (1989) was concerned about how clients experience power in the counseling relationship and argued that any form of therapy has the potential for abuse and oppression. He wrote:

> The therapeutic relationship always involves an imbalance of power. One person pays, the other receives. Vacations, time, duration of the sessions are all in the hands of one party. Only one person is thought to be an 'expert' in human relations and feelings. Only one person is thought to be in trouble (Masson, 1989, p. 289).

Rowe (1989) agreed with Masson and argued that CMHCs may be dangerous if they believe they know what is best for clients, as such using power to dominate or control a client. Spinelli (1998) argued that if a CMHC is too controlling, they risk coercing clients into accepting a CMHC's opinion, even if the client disagrees. Similarly, Sparks et al. (2008) explored how attending to power could improve a counseling relationship and found that when CMHCs seek to learn and hear feedback from clients they are more effective in their work.

Researchers have held concerns regarding clients' experiences of power for the past several decades, however further research is needed to examine how clients themselves experience power. As Proctor (2017) argued, discussions of power can be too deterministic, assuming that all power held by a CMHC is wrong and that clients feel innately powerless. Examining how clients experience power can illuminate complexities within this phenomenon. As such, the present study serves to examine how adult women with histories of interpersonal trauma experience power within the counseling relationship.

Administrative Tasks in Counseling

CMHCs and clients often navigate administrative tasks that allow them to engage in the counseling relationship. Woolhandler and Himmelstein (2014) polled healthcare workers to explore the workload balance between time spent in client care and administrative tasks. They found that physicians often spend at least one workday per week on administrative tasks such as documentation, navigating insurance, or following up with patients. Although Woolhandler and

Himmelstein (2014) were not assessing CMHCs specifically, this can apply to CMHCs and the differentiation between administrative tasks and counseling itself can be a helpful consideration. For example, the AMHCA (2014) standards describe that for CMHCs to provide services they need to navigate documentation, manage appointments, and address billing and fees. AMHCA (2014) further explains the role of diagnosis, intakes, and treatment planning as part of monitoring services, suggesting that information gathered and reviewed during these processes directly informs a client's ability to access services, stay in services, or have services covered by insurance.

It is important to note that while I have differentiated administrative tasks in counseling from the counseling relationship, they are closely intertwined. Woolhandler and Himmelstein (2014) acknowledged that they are some of the few researchers who have differentiated between these sorts of tasks in healthcare, as the line between what is administrative versus what is clinical work (like CMHC) is blurred. For example, although a CMHC may need a diagnosis to ensure a client's treatment is covered by their health insurance, the process of a diagnostic interview happens within a CMHC session. A CMHC's way of addressing diagnosis may impact how the counseling relationship develops, just as a strong counseling relationship may change how issues of mandated reporting or billing are received by a client. However, due to the variability between administrative tasks and the counseling relationship, I have included attention to administrative tasks as a research sub-question: How do administrative tasks in counseling contextualize how adult women with histories of interpersonal trauma experience power within the counseling relationship as clients in outpatient mental health counseling? This question served to enable participants themselves to illuminate the relationships between administrative tasks and the counseling relationship.

Just as literature regarding differentiation between administrative and clinical tasks is limited (Woolhander & Himmelstein, 2014), literature exploring how power manifests in these tasks is also limited. However, it is critical to examine the role power may play in each administrative task to inform what may be impacting the counseling relationship for clients. The following sections serve as an overview of the role of power in administrative tasks like informed consent, assessment and diagnosis, treatment planning, navigating requirements for mandated clients and working with collaborators, confidentiality and mandated reporting, and termination and referrals.

Informed Consent. Client experiences during the informed consent process may impact how they experience power in counseling. The ACA *Code of Ethics* (2014) requires all counseling relationships to begin with an informed consent. ACA (2014) explained that informed consent includes a discussion on client rights, treatment expectations, and potential risks and benefits prior to a client beginning CMHC services. In its ideal form, an informed consent is designed to protect client autonomy by ensuring they are entering services fully of their own decision (ACA, 2014). Further, informed consent is an ongoing discussion where CMHCs should revisit questions or issues of clients' rights as they arise, such as when trying a new form of treatment or needing to break confidentiality (ACA).

Models from the broader health literature can inform understanding of informed consent in counseling, and its complex relationship with power. Hall and van Nierkirk (2017) hypothesized that the practicality of informed consent is messy and nuanced, meaning clients may experience varying forms of autonomy during the informed consent. Hall and van Nierkirk (2017) utilized Emmanuel and Emmanuel's (1992) model of physician relationships to suggest four ways healthcare providers, such as CMHC, utilize informed consent. The first form of

informed consent is paternalistic, where a CMHC reviews only the information they believe will help a client make the 'right' choice, such as withholding information regarding risks. Hall and van Nierkirk (2017) pointed out that this is clearly an unethical approach, as it mitigates client autonomy by misleading their decision-making. However, like each of these approaches they argued paternalistic informed consent is used to some degree in today's field (Hall & van Nierkirk, 2017). A second approach to informed consent is the informative approach, which is when a CMHC simply states the facts of counseling, sometimes using jargon or clinical terms. Although this may be a more unbiased approach to informed consent, a client may not fully understand what they are consenting to. These first two approaches are considered the worst practice, although they still occur frequently (Hill & van Nierkirk, 2017).

Hill and van Nierkirk (2017) described a third and fourth approach to informed consent that are more ethically responsible. The third approach is the deliberative approach, where a CMHC takes time to explain elements of informed consent or justify why it may be a good fit for their client. However, if a CMHC is not cautious, they may be persuading a client who has less understanding of these topics using professional pressure. Hall and van Nierkirk (2017) argued that the fourth form of informed consent, the interpretive approach, is culturally flexible and prioritizes shared responsibility. In this form, CMHCs begin from a client's values and help them make treatment decisions based on these values while being careful to avoid imposing their own opinions.

Hall and van Nierkirk (2017) demonstrated the diverse ways that a client may experience informed consent. As the informed consent process is designed to protect client autonomy (ACA, 2014), different approaches to informed consent may change how a client experiences power at the start of CMHC. For example, a client who is confident that a treatment is a good fit based on

their values may feel more empowered in a counseling relationship than a client who feels coerced or misled into treatment. Further, CMHCs who prioritize client compliance over autonomy may spend little time on informed consent and neglect to provide clients choices about services entirely (Proctor, 2017). Therefore, informed consent may impact how clients experience power in CMHC.

Assessment and Diagnosis. Assessment and diagnosis may impact client experiences of power. At the start of counseling relationships, CMHCs often conduct assessments or intakes to help ascertain the nature of client concerns (AMHCA, 2021). AMHCA (2021) explained that assessments include reviewing a client's mental health functioning, symptoms, risk factors, and other holistic life and personality factors that may inform a client's presenting concern. Most often, an assessment leads to a diagnosis, or the identification of a mental illness that can explain a client's symptoms or concerns (AMHCA, 2021). Assessment often includes a blend of discussion between client and CMHC and the use of psychometric measures to determine symptom severity or screen for specific mental illnesses (AMHCA, 2021). Power plays a role in the assessment process (Proctor, 2017; Sweeney et al., 2022). First, it is often a CMHC or the CMHC agency who dictates what is asked during an assessment, under the assumption that CMHCs will gather the information needed to detect the underlying concerns (Proctor, 2017; Sweeney et al., 2022). Second, CMHCs may prioritize their conceptualization of client experiences over the client's internal sense of meaning-making during the assessment (Sweeney et al., 2022). Lastly, Proctor (2017) pointed out that it would be difficult for a CMHC to not be influenced by psychometric tools used in assessment, suggesting that individuals or companies who create these psychometric tools hold significant power during a clinical assessment.

Statistics of diagnoses within specific client communities suggest diagnostic disparities among adult women. For example, Eriksen and Kress (2008) found that women are under-diagnosed with learning disorders as children, while Healey et al. (2010) noted that women were over-diagnosed with borderline personality disorder. These disparities are particularly egregious for women of color (Geiger, 2003), transgender women (Seelman, 2017), and lesbians and bisexual women (Felner et al., 2021). Further, historical diagnoses of hysteria for women (Tasca et al., 2012), drapetomania for African Americans fleeing slavery (Drescher, 2015), and homosexuality up to the 1970's (Drescher, 2015) served to weaponize mental illnesses against minoritized populations. Inch (2016) asserted that diagnoses have historically served and still currently serve to enforce harmful societal norms.

CMHCs may not recognize the weaponization of diagnosis in their practice. Hays et al. (2010) utilized a series of case studies to examine cultural considerations during the diagnosis. They found that the culture of both clients and CMHCs played a role in what diagnoses were given to what clients, despite participants declining that culture was relevant in their clinical decision making (Hays et al., 2010). Healey et al. (2010) found similar findings when examining trends across gender. Participants were more likely to describe female clients as "emotional" or "attention seeking" compared to describing male clients as "angry" or "self-punishing." Similarly, Gushue et al. (2022) asked counselors to provide diagnoses to example case vignettes and found that changing a client's reported race in the cases led to different diagnostic decisions by counselors. These studies suggest that cultural biases play a role in how CMHCs diagnose clients, whether or not they recognize these biases.

These disparities are important to client's experiences of power because clients may experience real consequences to their diagnosis. Tekin (2011) illustrated the "double-edged

sword of diagnosing" (p. 357) by denoting that just as diagnosis can provide self-understanding and insight, as an individual processes their diagnosis they risk framing themselves entirely in context of their diagnosis, limiting their hope for recovery and understanding of themselves as complex beings. Eads et al. (2021) interviewed 19 participants who had been diagnosed with a mental illness to explore their experience of a diagnosis. Some participants reported appreciation for an externalized problem, or a name for what they experienced, and experienced hope for a cure after knowing more about their mental health. Other participants voiced experiences of stigma from themselves and from others. Further, many participants described feelings of powerlessness, as participants described feeling broken, outcasted, or trapped by the diagnosis (Eads et al., 2021). Isobel (2021) asserted that stigma surrounding diagnoses can be exacerbated for trauma survivors, as current diagnostic practices often link trauma diagnoses with highly stigmatized personality disorder diagnoses.

Similarly, Kirwan (2020) found that when clients feel like active participants in the assessment and diagnostic process, they are more likely to engage in CMHC moving forward. However, if a client feels as though they have no say in their own diagnoses, they are less likely to participate in the counseling relationship (Kirwan, 2020). Diagnosis also has societal consequences, as diagnosis may worsen experiences of stigma from client's communities (Ben-Zeev, 2010), and can provide access to valuable resources and treatment (Eads et al., 2021). Despite the positive and negative outcomes of diagnosis, client autonomy may be mitigated by a CMHC's clinical biases (Hays et al., 2010; Healey et al., 2010), or ineffective assessment strategies (Proctor, 2017).

Treatment Planning. A CMHC's approach to treatment planning may also play a role in client experiences of power. As a CMHC and client complete an assessment and identifies

relevant diagnoses, CMHCs create a treatment plan to guide services (AMHCA, 2021). Treatment plans often include the overarching goal of treatment and steps or strategies to meet these goals (AMHCA, 2021). ACA (2014) asserted that the treatment planning process should be a collaborative process to ensure the client has autonomy in how their treatment is conducted. Additionally, treatment plans are utilized to monitor progress in CMHC, as reaching goals in a treatment plan may be the indicator of treatment success or termination (AMHCA, 2021). Bordin (1979), who wrote extensively on the therapeutic alliance (or counseling relationship), argued that agreement on treatment goals was pivotal in developing a successful counseling relationship. Similarly, in a meta-analysis, Roos and Werbart (2013) reviewed six studies that found clients may leave CMHC services prematurely due to a mismatch between CMHC and client goals for treatment.

Adult women with histories of interpersonal trauma may be particularly affected by the mismatches in treatment planning with CMHCs. First, Tseris (2016) argued that mental health providers like CMHCs may be too quick to assume a singular experience of trauma for women, meaning that treatment plans and goals may be overly standardized and not customized to meet unique client needs. Second, CMHCs may overly emphasize the individual aspects of trauma and fail to recognize systemic issues of racism, sexism, homophobia, transphobia, or other forms of discrimination that may inform a client's context (Tseris, 2016). By failing to acknowledge systemic issues at play, a CMHC's efforts become an attempt to help a client simply cope with injustice rather than identifying tools and methods for change. Further, women may be more likely to be blamed if treatment plan reviews show little to no progress (Proctor, 2010). As mutual goals are an element of a strong counseling relationship (Bordin, 1979; Wampold &

Flückiger, 2023), when a CMHC fails to collaboratively co-create an effective treatment plan, they risk disempowering clients throughout care.

Mandated Clients and Working with Collaborators. Power may be additionally complex for clients who are mandated to services or come to services with collaborators like probation officers, caseworkers, or others monitoring their attendance. Although this section so far has highlighted client autonomy in entering services, sometimes clients are mandated to attend counseling (AMHCA, 2021; Jin et al., 2023). Adult clients may be referred to services by court order or through recommendations from a case worker, and referrals may be formal mandates or informal expectations (Wild et al., 2016; Jin et al., 2023). In these scenarios, CMHCs often must report treatment updates to case workers or courts. ACA (2014) asserted that CMHCs must navigate mandated services with transparency by clearly explaining limits of confidentiality and the potential consequences of refusing counseling services. Wild et al. (2016) examined perceptions of coercion among clients mandated to services by court order and clients who were not mandated by court order and found a blend of client perceptions. In both groups, some clients reported coercion into services while others reported no coercion, even if they had been legally mandated. Wild et al. (2016) hypothesized that whether clients are mandated or not, internal goals and drive towards counseling mattered more for treatment engagement and success. Considering this, client experiences of power when entering counseling as mandated or not mandated may be a personal experience contextualized by their unique situation and goals.

Confidentiality and Mandated Reporting. Confidentiality and breaches of confidentiality may also inform how a client experiences power. CMHCs are obligated to protect the confidential content of counseling sessions and client's lives (ACA, 2014). However, there are instances when CMHCs are ethically or legally required to break confidentiality, most

frequently when clients are at imminent risk of harm to themselves or others (ACA, 2014). If a client is in imminent danger, a CMHC may break confidentiality in order to refer them to emergency services (ACA, 2014). This is crucial in ensuring people stay safe, and in the instances of working with suicidal clients, stay alive. However, breaking confidentiality over concerns of safety is not without consequences. Norvoll and Pederson (2016) interviewed participants who self-identified as having experienced coerced hospitalization, often due to referrals from concerned providers. Participants in this study reported feeling coercion not only with the act of hospitalization, but with the treatment mandated during and after the hospitalization. Experience in coerced mental health treatment impacted how participants viewed their own mental health and mental health care (Norvoll & Pederson, 2016).

CMHCs may also have to break confidentiality if they hear of potential child abuse. CMHCs are mandated reporters and have to follow specific state guidelines for reporting potential child abuse when they encounter it (AMHCA, 2021). Although critical to protecting the well-being of children, this can lead to difficult dynamics between CMHCs and parents. Goodman et al. (2020) interviewed domestic violence advocates regarding their role as mandated reporters. These advocates worked with adult women with histories of interpersonal trauma and their children and spoke to instances when they had to report potential child abuse. Goodman et al. (2020) discussed the tension between the roles when they wrote:

> Most fundamentally, advocates struggled with the ways they held power over survivors in their role as mandated reporters. Participants in four focus groups acknowledged that as mandated reporters they were required to watch and evaluate survivors' parenting…. One advocate noted the ways this form of monitoring may end up replicating an abusive dynamic, even if this is not the intent… (p. 229).

Although Goodman et al. (2020) interviewed domestic violence advocates, CMHCs may be subject to the same tension of power when navigating mandated reporting.

Per the ACA *Code of Ethics* (2014), breaking confidentiality is only permitted when there is an imminent risk of danger to a client's well-being. However, CMHCs may be subject to additional state laws and regulations that inform when and how CMHCs break confidentiality. Most often, if a CMHC is concerned about the safety of their client, breaking confidentiality can be critical, as clients are protected and safe. However, clients may return to CMHC after this experience and CMHCs may be in the position of repairing a damaged counseling relationship. This may be particularly deepened if the client feels the breach of confidentiality was unwarranted. Whatever the reason a CMHC breaks confidentiality, it may have long-lasting implications around how a client experiences power in counseling.

Termination and Referrals. Termination and referrals may also inform client experiences of power. Counseling relationships end via a process called termination, in which the CMHC services are closed (AMHCA, 2021). As a best practice, termination occurs when client and CMHC are in mutual agreement that the client has met their goals (AMHCA, 2021). ACA suggests that CMHCs may terminate a counseling relationship if clients have met their goals, are no longer likely to benefit from CMHC, or would experience active harm if CMHC continues (ACA, 2014). On occasion, it becomes necessary to refer a client to another provider, particularly if a client's concern falls out of a CMHC's expertise (ACA, 2014).

Termination may have an impact on how clients experience power. Although ACA (2014) and AMHCA (2021) advise that clients be an active part of terminating the counseling relationship, CMHCs sometimes make the primary decision. Hatchett and Coaston (2018) expressed concern regarding premature terminations for CMHCs who were navigating

expectations of productivity for their agencies or practices. They argue that if a client misses an appointment, that client becomes labeled as 'high risk' for missed appointments. When a CMHC's job security or salary is based on the number of clients they see, the CMHC may be disincentivized to schedule these clients (Hatchett & Coaston, 2018). Hatchett and Coaston (2018) asserted that this may most affect clients from lower socioeconomic status or higher levels of psychopathology. Similarly, if a CMHC has a client with reliable attendance, they may hesitate to terminate the counseling relationship even when it is no longer serving the client (Hatchett & Coaston, 2018). If a client feels little control over when their services end, their experience of power within CMHC may be affected.

Further, CMHCs' referrals may impact how clients experience power. Bonnington and Rose (2014) interviewed participants with diagnoses of borderline personality disorder (BPD) or bipolar disorder (BD) about their experiences of stigma during treatment. They found that participants with both diagnoses experienced powerlessness regarding the termination and referral process (Bonnington & Rose, 2014). Participants with BD voiced that they could not leave services, whereas participants with BPD felt they could not find a provider willing to work with them (Bonnington & Rose, 2014). In both instances, participants felt powerless to make decisions regarding their treatment. As women are increasingly diagnosed with BD over men (Dell'Osso et al., 2021) and women are disproportionately diagnosed with BPD (Healey et al., 2010), this powerlessness may extend to women with histories of interpersonal trauma as they navigate CMHC.

This section provided an overview of some administrative tasks in CMHC that may inform how clients experience power in the counseling relationship. The ways CMHCs and clients navigate informed consent, assessment and diagnoses, mandated services and working

with collaborators, confidentiality and mandated reporting, and termination and referrals may contextualize how participants experience power in the counseling relationship. Further administrative tasks such as billing, scheduling, and documentation may also play a role, however there is a paucity of research in this area. This section served to justify one sub-question within this study: How do administrative tasks in counseling contextualize how adult women with histories of interpersonal trauma experience power within the counseling relationship as clients in outpatient mental health counseling? With this in mind, the next section will include an overview of power within the counseling relationship itself.

Power within the Counseling Relationship

Thus far, this chapter has included an overview of theories of power, women's experiences and interpersonal trauma, power in the CMHC profession, and power during the administrative tasks in counseling. This next section will serve to explore power within the counseling relationship itself. By doing so, I hope to clarify and justify the primary research question for the present study: How do adult women with histories of interpersonal trauma experience power within the counseling relationship as clients in outpatient mental health counseling?

Many terms are utilized to describe the counseling relationship, such as therapeutic alliance, working alliance, or therapeutic relationship (Sexton & Whiston, 1994). Sexton and Whiston (1994) describe this phenomenon as a professional, yet intimate relationship co-constructed by clients and CMHCs. The present study includes the term *counseling relationship*, as participants in the present study are working specifically with a CMHC.

Meta-analyses suggested that the counseling relationship is one of the biggest factors in the success of counseling across all theories (Martin et al., 2000; Karver et al., 2006; Wampold

& Flückiger, 2023; Vaz et al., 2023). Although counseling relationships may vary depending on the client and the CMHC connecting, some elements of these relationships remain the same regardless. The impact of power in the counseling relationship may have a specific impact for at-risk women seeking services. Pugach and Goodman (2015) assessed how women from low-income backgrounds experienced outpatient CMHC, and although they were not searching for themes of power encountered it regardless. They wrote:

> Given the disempowerment that participants regularly experienced as a result of their poverty, it was not surprising that the issue of power – how it was understood, managed, and used by the therapist – was key to the development of the therapeutic relationship. Most participants highlighted marked differences in their experience of treatment when therapists wielded power over them vs. shared power with them, specifically through their handling of their own expertise, the use of jargon or diagnostic terms, and the issue of self-disclosure (Pugach & Goodman, 2015, p. 417)

In this case, because of marginalization experienced by women societally, intentional deconstruction of power differentials provided a more impactful benefit in the counseling relationship.

Bordin (1979) argued for a pan-theoretical definition of counseling relationship, suggesting that the counseling relationship as a collaborative effort to address the client's needs through three facets: a) through agreement on the goals of treatment, b) agreement on the tasks, and c) development of a personal bond made up of positive feelings. Research reinforces these themes in the counseling relationship and hints at the role of power in each of these areas. First, Bordin (1979) asserted that agreement on the goals of treatment was key to the counseling relationship. Busseri and Tyler (2004) also found that shared understanding of the problem was a

pivotal part of both relationship and outcomes. They maintained that part of this shared understanding requires empathy from the CMHC, to begin to understand and communicate with the client about their lived experiences (Busseri & Tyler, 2004).

Second, Bordin (1979) asserted that agreement on tasks is critical to the counseling relationship. Kirsh and Tate (2006) reported that it was important for mental health providers to explore and explain choices and options in care to help clients feel heard and supported. Similarly, Ghaemian et al. (2020) explored reasons clients end therapeutic services prematurely, one of which was a breakdown of the counseling relationship. They write that a "number of participating patients wanted to have more of a choice and input in deciding which type and intensity of treatments they wanted to take up, highlighting the importance of choice when considering treatment options" (Ghaemian, et al., 2020, p. 7). Clients left services because they felt there was a mismatch between the services they needed and what the therapist offered, which the research team attributed to a lack of collaboration. Lastly, Bordin (1979) ventured that a counseling relationship required a personal bond made up of positive feelings. Vaz et al. (2023) found a strong correlation between the real relationship, or genuine bond between client and counselor, and the overall counseling relationship. This personal bond can be enhanced by skills such as empathy (Blacket & Grocher, 2020), which will be discussed later in this chapter.

Although Bordin's (1979) definition of counseling relationship is still cited today (Wampold, 2015; Wampold & Flückiger, 2023), research has considered the role of additional factors on the counseling relationship, such as empathy (Nienhuis et al., 2018), self-disclosure (LaPorte, 2010), the role of resistance and ruptures (Eubanks-Carter, et al., 2010), and empowerment (McWhirter, 1991). Further, some trauma informed CMHCs suggest empowerment plays a role in the quality of counseling relationships with clients who have

experienced trauma (Díaz-Lázaro, 2012; Lawson et al., 2018). The following sections serve to analyze each of these topics and the potential role of power in how they manifest in the counseling relationship.

Empathy. Empathy may play a role in how clients experience power. Some researchers argue that empathy is a pivotal part of the counseling relationship (Nienhuis et al., 2018). Recent literature suggests that developing a real relationship, comprised of genuine empathic connection between client and counselor, is a core element of the counseling relationship (Vaz et al., 2023; Gelso, 2014). In a meta-analysis, Nienhuis et al. (2018) explored the relationship between empathy and the counseling relationship, finding that clients who rated a CMHC as more empathetic reported a more positive counseling relationship. In a study exploring racial mismatch between client and CMHC dyads, Chang and Yoon (2011) reported that some participants "found it difficult to discuss experiences of racial oppression, specific cultural practices, and family or community dynamics due to concerns that their therapists would not respond with empathy, validation, or cultural sensitivity" (p. 573). This parallels recommendations by AMHCA that CMHCs convey empathy and provide a supportive counseling relationship (2014). This is particularly relevant for individuals with previous interpersonal trauma. In an experimental study, Elmi and Clapp (2021) found that affective empathy could serve as a mediation tool for individuals experiencing chronic trauma symptoms, suggesting that empathy is particularly beneficial in strengthening the personal bond between CMHC and client with previous trauma.

Jordan (2018) argued that power plays a direct role in empathy, as power can impact a client's ability to feel safe enough to be vulnerable and express authentic feelings. Feeling disempowered about what could or could not be discussed directly impacts one's lack of safety,

weakening the counseling relationship. Therefore, power may directly connect with what is or is not safe to discuss and how empathy manifests, as such impacting the positive feelings clients may or may not harbor towards their CMHCs. Additionally, Gilad and Maniaci (2022) explored the connections between power and empathy and found that those who approach a scenario with attitudes related to dominance had a reduced empathy or ability to focus on others. Therefore, it is possible that power plays a role in how CMHCs empathize, which may impact the counseling relationship.

Self-Disclosure. Clients' experiences of power may also be impacted by self-disclosure. Self-disclosure refers to a CMHC providing information about themselves to a client (Bennett et al., 2022). Bennett et al. (2022) explained that the most common self-disclosure includes a CMHC describing their professional training and theoretical orientation; however, some CMHCs utilize self-disclosure to provide information about their lives to clients. Similarly, Knox and Hill (2003) defined seven types of self-disclosure, including disclosure regarding intent, immediacy, and insight. Many CMHCs received training to avoid self-disclosure, out of concern that it disrespects the intent of the counseling relationship and may lead to inappropriate relationships (Knox & Hill, 2003).

Literature explores the benefits and potential harm of self-disclosure, particularly with individuals who have experienced trauma and women (Bennett et al., 2022). LaPorte et al. (2010) conducted a study exploring how CMHCs felt about self-disclosure after experiencing the same natural disaster their clients experienced. Some participants emphasized the importance of sharing that they had similar lived experience with clients, as they felt self-disclosure increased empathy, facilitated a deeper human connection, and normalized fear. Other participants argued that self-disclosure was inappropriate because it violated professional boundaries and took

advantage of client vulnerability. Simonds and Spokes (2017) assessed how women who had attended CMHC for eating disorders experienced therapist self-disclosure. They found that when a client perceives self-disclosure as helpful, it can have a beneficial impact on the counseling relationship (Simonds & Spokes, 2017).

Self-disclosure may be linked to how a CMHC conceptualized power in the counseling relationship. Knox and Hill (2003) argued that the role of self-disclosure in CMHC is deeply informed by a CMHC's theoretical orientation and the context of the counseling relationship. Similarly, feminist CMHCs Bennett et al. (2022) argued in light of the #MeToo movement that CMHC self-disclosure to clients with histories of sexual trauma can be impactful when conducted with caution and supervision. They wrote that feminist CMHCs may utilize self-disclosure to "decrease power, instill a feeling of solidarity between client and therapist, or empower clients" (Bennett et al., 2022, p. 106). Similarly, some CMHCs informed by multicultural approaches argue that clients have the right to know the person they are opening up to, particularly if clients want to explore issues of multiculturalism or politics (Phiri et al., 2019). As such, theories that are more likely to examine power in the counseling relationship may be more likely to utilize self-disclosure in CMHC (Bennett et al., 2022; Phiri et al., 2019).

Power can play a role in how self-disclosure occurs in CMHC. Phiri et al. (2019) conducted interviews with clients regarding culturally informed CMHC and found that self-disclosure was important to a majority of participants. Phiri et al. (2019) explained that how a therapist chose to respond to questions about themselves impacted how clients felt. Self-disclosure fostered warmth and helped clients feel like equals in the counseling relationship and there was a negative impact when CMHCs evaded questions (Phiri et al., 2019). Although CMHCs are not obligated to share the details of their life with clients, Phiri et al. (2019) suggests

that the content of self-disclosures matters less than a CMHC's willingness to engage, connect, and interact as mutual humans.

Bennett et al. (2022) further argued that self-disclosure innately challenges systems of power that contextualize CMHC, particularly for survivors of interpersonal trauma. They wrote:

> …we wonder if and how our collective understanding of sexual assault as something different, as something that is blanketly inappropriate or unethical to disclose is actually a patriarchally-informed understanding. Who stands to benefit when women, both therapists and clients, understand sexual assault as an off-limits topic for mutual connection? How many systems of power and oppression stand to benefit when we are convinced that we are more professional, more effective, more evidence-based when we keep that aspect of our shared experience private? (p. 118).

In this sense, Bennett et al. (2022) questioned inherent values tied to self-disclosure, deconstructing ideas of what is or is not appropriate, or professional to share with clients. This mirrors critiques of professionalism as a societal construct rooted in colonist, racist, and sexist ideologies (Davis, 2016; Gray, 2019).

Salter (2017) polled client feedback regarding self-disclosure and authenticity to explore how CMHCs could share enough information about themselves to undermine power differentials without oversharing. Participants reflected on how self-disclosure shaped the relationship, particularly when they felt it allowed them to know a CMHC better (Salter, 2017). Further, clients may experience their counselor's authentic presence as self-disclosure, as one described in a client feedback poll by Salter (2017). This parallels what Phiri et al. (2019) observed, that content of a self-disclosure matters less than a CMHC's openness, authenticity, and transparency in their way of being. When a CMHC refuses to self-disclose or wears a professional mask out of

fear of lacking professionalism, they may ascribe to harmful systems of structural power and limit a client's ability to connect in the CMHC session.

Ruptures and Resistance. Client experiences of power may further be informed by experiences with ruptures and resistance in counseling. Eubanks-Carter et al. (2010) defined *ruptures* as the deterioration of the counseling relationship. Ruptures can occur in any element of the counseling relationship; for example, if a CMHC and client no longer agrees on the goals of treatment the counseling relationship may be ruptured (Eubanks-Carter et al., 2010; Talbot et al., 2019). Ruptures play a massive role in the counseling relationship, as repairing a relationship after a rupture can deepen and improve treatment (Talbot et al., 2019). However, if a rupture in the counseling relationship is not addressed, it may lead to client discomfort and unhappiness, or even lead clients to terminate services (Eubanks-Carter et al., 2010). CMHC can repair ruptures through strong emotional bonds (Eubanks-Carter et al., 2010), addressing multiculturalism (Teo, 2021), and detecting and responding to the clients' needs (Finkelstein, 2022; Talbot et al., 2019).

Hara et al. (2018) argued that literature regarding ruptures is similar to literature addressing resistance. Resistance was originally coined by Freud and referred to a client's unwillingness to engage in a part of treatment (Jones et al., 1961). Later researchers reconceptualized resistance from a client's unwillingness to a client's reluctance (Seligman & Gaaserud, 1994). Other researchers redefine resistance as ambivalence and work to identify ways to overcome ambivalence to change in clients (Ribiero et al., 2014). Some behaviors that are considered resistant include when a client argues with a CMHC, does not follow-up on homework, avoids sessions, or opposes interventions (Seligman & Gaaserud, 1994). CMHCs historically have described resistance as a barrier in treatment (Seligman & Gaaserud, 1994) and

have often placed the blame for resistance on clients more than CMHCs or the counseling relationship (Ryland, 2022).

There are many complexities arising with historic definitions of resistance (Ryland, 2022). Ryland (2022) hypothesized that a CMHC's perception of client's resistance may be informed by a CMHC's own expectations in the counseling relationship. Similarly, Westra (2012) asserted that novice CMHCs enter the profession with an expectation of counseling relationships and may conceptualize anything outside of these relationships as resistance. De Shazer (1989) called for a 'death to resistance,' arguing that focusing on resistance harmed the counseling relationship and distracted the CMHC from more necessary work. Literature suggests an overlap in the phenomena of rupture and resistance (Hara et al., 2018), as a CMHC may confront a client for what the CMHC perceives as resistance, leading to a rupture (Ryland, 2022). Similarly, if a rupture occurs, a CMHC may interpret a client's withdrawal or competitiveness in the relationship as resistance (Hara et al., 2018).

In addition to the cultural elements of resistance and ruptures, power plays a role in the phenomenon of resistance and ruptures in other capacities. Mahrer et al. (1994) reframed resistance as client autonomy, arguing that client choices, comfort, and decisions should be respected by CMHCs rather than overcome. Similarly, Tursi (2016) explored how clients experience resistance and found that many clients reported feeling empowered and that resistance was a tool for them to establish safety and comfort in the relationship. Lastly, Miller et al. (1993) found less client resistance in supportive CMHC practice when compared to more directive CMHC practice. These findings suggest that resistance and related ruptures may be issues of power, when a client and CMHC struggle to answer who holds the power in a given moment.

The interplays of resistance, ruptures, and power may be particularly complex considering culture and trauma. Chang et al. (2020) argued that cultural context is critical for addressing ruptures. They posited that ruptures may be more likely to occur in cross-cultural relationships between CMHC and client and may stem from cross-cultural misunderstandings (Chang et al., 2020). Notably, Salter (2017) and Reynolds (2020) discuss resistance among clients who have experienced trauma entirely differently than other researchers. Rather than using resistance to refer to a client-CMHC disagreement, they refer to a client's resistance against abuse, systemic oppression, unjust systems of power, and hegemonic social norms that constrict and confine client's lives (Reynolds, 2020; Salter, 2017). If we as CMHCs begin to redefine resistance as standing against injustice, then it may entirely reconceptualize the purpose of resistance within the counseling relationship. Researchers redefining resistance (Salter, 2017; Reynolds, 2020; Ryland, 2022) demonstrate the importance of celebrating client autonomy and attending to the role of power unfolding within the counseling relationship, particularly for women with histories of interpersonal trauma.

Empowerment. Some CMHCs who attend to power in the counseling relationship turn seek to empower clients in the counseling relationship (Lazaro, 2012; McWhirter, 1991). McWhirter (1991) explained that empowerment has a range of definitions, and some CMHCs treat it like a theory or model while others consider it a goal or a counseling skill. She defined empowerment in CMHC as the process where clients or communities who experience powerlessness recognize the role of power in their lives, build skills for gaining power, and exercise this power without exerting control over others (McWhirter, 1991). Empowerment in CMHC is deeply informed by feminist and multicultural movements (Lazaro, 2012; Lee, 1991; McWhirter, 1991). Lazaro (2012) explains empowerment CMHC in action, describing CMHCs

as demystifying the counseling relationship, teaching about systems of power and intersectionality, and emphasizing the theme of the *personal is political*.

On the surface, empowerment may seem like a natural response to addressing power in the counseling relationship, however some criticize empowerment as a solution to issues of power (Becker, 2005). In her book titled *The Myth of Empowerment*, Becker (2005) argued that CMHCs cannot equip women with power in a society that actively disempowers them. Changes of mindset, new coping skills, and increased knowledge does not mitigate genuine systemic realities impacting women (Becker, 2005).

This echoes what critics of therapy and lesbian-feminism theorists Kitzinger and Perkins (1993), wrote when they argued that mental health care risks individualizing symptoms that are caused by larger social issues, and when CMHCs emphasize personal autonomy they fail to see the larger picture. They criticize the concept of empowerment when they write that empowerment "means redefining the word 'power' in such a way that we get to feel we've got some of it. It attempts to create women in a certain state of mind… while leaving structural conditions unchanged" (Kitzinger & Perkins, 1993, p. 44). Further, Kitzinger and Perkins (1993) pointed to the Westernization of the concept of empowerment, as they argued empowerment focuses on the individual while neglecting the needs of a community.

Similarly, Rutherford (2018) suggested that efforts towards empowerment often centralize women of color, wrongfully assuming that privilege experienced by White women is the idealized form of empowerment. These discourses centered empowerment, minimize the structural experiences of power, and cast women of color as "simultaneously and paradoxically both as the abject, helpless, 'other' in need of saving by white philanthropists, and as the potential driver of massive social and economic change" (pp. 624–5). By focusing on clients'

individual agency in a system that provides them with no institutional power, empowerment is simply placating rather than attempting to genuinely change injustice (Kitzinger & Perkins, 1993). Although there is some debate on the role of empowerment in CMHC (Becker, 2005), further exploration is needed to examine if empowerment is the answer to concerns of power in the counseling relationship.

Women, Interpersonal Trauma, and Power in Counseling

The previous sections served to examine intersections between women's issues, interpersonal trauma, power, and counseling individually. The purpose of the present study is to explore these concepts together by examining how adult women with histories of interpersonal trauma experience power in the counseling relationship. Kitzinger and Perkins (1993) and Becker (2005) argued that counseling is dangerous when it attempts to force individuals to take ownership of structural power outside of their control, for example empowering women while ignoring the realities of sexism. Further, when a CMHC minimizes women's agency and only focuses on gender inequality, women are further objectified into passive beings (Proctor, 2017). Similarly, women with histories of interpersonal trauma may experience heightened feelings of powerlessness (Finkelhor, 1986). If these experiences are ignored or rejected by counselors, they may experience retraumatization and further disempowerment (Rowe, 1989). Participant experiences of being women and with interpersonal trauma may inform how they experience power within the counseling relationship, including within the administrative tasks of counseling and the relationship itself.

Relational-Cultural Theory

The present study employed relational-cultural theory (RCT) as a comparative existing theory. Chapters one and three provide detail regarding the role of RCT in the present study. This

section serves as an overview of RCT, including the history, key concepts, and application of RCT in the CMHC profession.

In 1978, a group of psychologists - Jean Baker Miller, Judith Jordan, Irene Stiver, and Janet Surrey – began to write and present their concerns regarding how current systems of mental health care failed to address the needs of women (Jordan, 2017). They argued against the belief that individual psychological progress was rooted in independence and autonomy and argued that humans grew in connections and community (Jordan, 2017). They also protested against applying theories informed by White men to the experiences of women (Jordan). As she catalogs RCT's history, Jordan (2017) wrote that at first, RCT theorists unwittingly recreated the same phenomenon they fought, as they initially conceptualized a singular woman's voice informed by their own experiences as White, middle class, educated women. However, Jordan (2017) explained that RCT theorists have since worked to be more inclusive and celebrate multiple voices rather than attempting to define a singular one.

RCT has several theoretical concepts, the core two of which are its relational and cultural approaches (Jordan, 2017). First, RCT posits that connection is pivotal to the survival and betterment of society. Rather than over-emphasizing the self as a separate entity, RCT theorists celebrate the interdependence of people, honoring reaching out for support, collaboration, mutual connection, and the many benefits that come with a growth-fostering relationship. This focus is ideal for the present study, as the counseling relationship is a large focus of the research questions. Second, RCT emphasizes attention to culture, recognizing that each person is contextualized by societal elements like oppression, social norms, cultural backgrounds, and systems of power. As Walker (2005) wrote, RCT theorists have "depicted culture as more than the scenic backdrop for the unfolding of development; rather, culture is viewed as an active agent

in relational processes that shape human possibility" (p. 48). This is ideal for the present study, considering earlier cited literature regarding structural power (Collins, 1990; Proctor, 2017).

To embody these concepts, Jordan (2000) presented eight core concepts in RCT. First, people grow toward and through relationships in their lives. Second, rather than pushing clients towards independence, RCT CMHCs guide clients towards healthy, mutual relationships. Third, diverse and deep relationships symbolize growth. Fourth, growth-fostering relationships require empathy and mutual empowerment. Fifth, growth-fostering relationships cannot occur without authenticity. Sixth, all parties contribute and participate in growth-fostering relationships. Seventh, healthy development includes increased relational competence throughout the lifespan. Eighth, growth occurs for all individuals through mutual empathy (Jordan, 2000). These competencies emphasize the attention to relationship in RCT, making it an ideal theory for comparison in the present study.

RCT CMHCs use several skills to help clients engage in growth-fostering relationships and mutual empathy. First, RCT CMHCs consider the counseling relationship the vehicle for CMHC itself, meaning that interactions within the relationship are more important than any specific intervention (Jordan, 2017). Second, RCT CMHCs help clients identify and deconstruct their relational images, or patterns or expectations clients have created based on their lived experience (Jordan, 2017). Third, RCT CMHCs help clients identify the qualities of growth-fostering relationships, which include zest, increased energy, knowledge and clarity, greater sense of self-worth, and a desire for more connection (Miller & Stiver, 1997). Fourth, RCT CMHCs attend to the ways social inequity have impacted disconnections, such as the way discrimination creates division between social groups (Jordan, 2017). Lastly, RCT CMHCs closely attend to power within the counseling relationship to ensure clients feel like active agents

in their own progress (Miller, 2008). These tenets and skills closely align with the purpose of the present study, making it an ideal comparative theory. Chapter three will include further detail about the application of RCT to the present study, presented in chapter four.

Rationale Revisited

Rates of interpersonal trauma in women are rising (United Nations Women, 2022). Women continue to turn to CMHC for support (Olff, 2017), but CMHCs must be prepared to work with clients and ensure they do not experience retraumatization (Butler et al., 2011). However, CMHCs may utilize power in the counseling relationship and unwittingly cause harm to a client (Sweeney et al., 2017). The ACA Code of Ethics (2014), AMHCA Standards of CMHC Practice (2014), and MSJCC (Ratts et al., 2015) each mentioned that CMHCs must attend to power or autonomy, yet there is little guidance regarding what power looks like in the counseling relationship. Herman (2002) wrote about the importance of attending to power when she wrote that "no intervention that takes power away from the survivor can possibly foster her recovery, no matter how much it appears to be in her immediate best interest" (p. 99). Understanding client experiences of power can better inform how CMHCs address power in the counseling relationship when working with adult women who have experienced interpersonal trauma.

Chapter Summary

In chapter two I included a literature review related to the present study. This chapter began with an overview of theories of power before examining women's issues and power. Next, this chapter included an exploration of women and interpersonal trauma, including attention to retraumatization. This chapter also served to review literature related to discussions of power in CMHC, such as in the ACA *Code of Ethics* (2014) and the MSJCC (Ratts et al., 2015). This

chapter included an overview of power in administrative tasks in counseling and in the counseling relationship itself. Lastly, a section on relational cultural theory served as an overview of the comparative theory for the present study. In the next chapter, I justified and reviewed the methodology for the present study: grounded theory.

CHAPTER III: METHODOLOGY

The purpose of this dissertation was to explore how adult women with histories of interpersonal trauma experience power within the counseling relationship as clients in outpatient clinical mental health counseling (CMHC). Previous chapters have included rationale and an overview of literature for context for the present study. This chapter serves to review the present study's methodology. This chapter includes a review of qualitative inquiry and grounded theory, as well as an overview of the sampling, data collection, and data analysis processes. This chapter also includes a review of measures taken to ensure trustworthiness throughout this dissertation. Lastly, this chapter includes a review of the application of the comparative theory.

Qualitative Methodology

The purpose of this study was to explore how adult women with histories of interpersonal trauma experience power within the counseling relationship. In this section, I include an overview of qualitative research and justification for qualitative inquiry as ideal for the present study. As the present study explores participant experiences, it was critical to utilize a methodology designed to capture experiences. Yilmaz (2013) reported that qualitative research highlights the depth of a participant's experience through a rich depiction of the event or experience in question, which is critical in a study focused on how participants experience a phenomenon. Qualitative researchers strive to understand the naturalistic, rich, and detailed experiences of participants to illuminate participants' experiences and perspectives (Hays & Wood, 2011). Further, constructivist and interpretivist paradigms inform qualitative research, which suggests qualitative researchers are concerned with subjective, lived experiences of specific phenomena (Tuli, 2010). These descriptions of qualitative research suggested that qualitative research might be a strong fit for the present study.

To further determine if qualitative methodology was a fit, I examined Stake's (2010) analysis of qualitative research. Stake (2010) proposed four qualities of qualitative research: first, qualitative research is interpretive, which means it considers different perspectives. This means that researchers are comfortable with multiple meanings, respect intuition, and acknowledge that findings and reports are rooted in the interaction between researcher and participant (Stake, 2010). There is a paucity of research examining how adult women with histories of interpersonal trauma experience power in the counseling relationship. Therefore, I sought to prioritize client voices through examining the lived experiences of participants, making qualitative research a potential fit.

Second, Stake (2010) asserted qualitative research is experiential, or field-oriented, which means that it seeks to connect with participants in their natural lives rather than clinical settings. As I wanted to capture participants' authentic experiences rather than create a simulated clinical setting, this was congruent with the present study. Third, qualitative research is situational, meaning that rich data is gathered in context of the place and time the researcher meets the participant and this context is viewed as part data itself (Stake, 2010). Several researchers have argued that power unfolds in the context of sociocultural factors (Miller, 2008; Proctor, 2017) suggesting that a methodology that recognizes context was critical for this study.

Lastly, Stake (2010) suggests qualitative research is personalistic in that the methodologies aid researchers in empathetically honoring diverse participants and experiences. As such, qualitative researchers do not strive for generalizability but instead a deep exploration of individual experiences. As there is little research in this area, beginning with a deep exploration of some clients' lived experiences would be beneficial in informing future research.

Each of these qualities (Stake, 2010) demonstrated that qualitative research can serve in the present study to help capture rich and nuanced data to inform deeper clarity of the phenomenon.

I also considered if qualitative research was a good fit for the present study based on how qualitative research has been used in counseling research. Counseling researchers increasingly utilize qualitative research (Flynn et al., 2019). Kline (2003) argued that qualitative methodologies in counseling literature allow for "a contextually sensitive approach that gives voice to the persons who are researched" (p. 83). Prosek and Gibson (2020) asserted that lived experience research is particularly impactful in counseling research. Lived experience research aligns with the CMHC profession's value for the uniqueness of each client and the holistic nature of mental health concerns (Prosek & Gibson, 2020).

Additionally, Creswell (2012) argued that qualitative research is particularly helpful in the exploration of unknown or nuanced factors, such as the complex aspects of the CMHC process. Miller (2008) proposed that power is a complex topic that can be difficult to discuss. Therefore, qualitative research is ideal for rich analysis of how adult women with histories of interpersonal trauma experience power within the counseling relationship.

Selecting a Methodology

Kline (2008) asserted that selecting a methodology based both on the study's purpose and a researcher's own philosophical research lens were key facets of trustworthiness, meaning that careful selection of methodology increased the rigor and strength of the study. Similarly, Hays and Singh (2012) wrote that qualitative methodology is flexible, meaning researchers can best apply an appropriate design to the researcher's assumptions and paradigms. Selecting the methodology for the present study began with an examination of fundamental philosophical assumptions inherent in the present study.

To understand the inherent philosophical assumptions in the present study, I first identified the relevant epistemology. Tuli (2010) explained that "Epistemology poses the following questions: What is the relationship between the knower and what is known? How do we know what we know? What counts as knowledge?" (p. 99). Qualitative research frequently relies on epistemologies that embrace subjectivity and how lived experiences can impact how or what someone knows (Tuli).

One type of epistemology frequently utilized by qualitative researchers is constructivist epistemology (Tuli, 2010). Constructivist epistemology suggests that knowledge is constructed, contextualized, and interpreted through lived experiences, interactions with others, and worldviews (Tuli, 2010; Hays & Singh, 2012). Constructivist researchers do not seek a single truth like positivists but recognize the varied contextual and subjective realities of participants (Tuli, 2010). Further, constructivist researchers do not discover or singularly create data; instead, they co-construct data through relationship with participants (Tuli, 2010). The present study was rooted in constructivist epistemology, as constructivist epistemology serves both to understand the contextual nuance of participant experiences and to celebrate participant's experiences as they are. Proctor (2017) argued that experiences of power are informed by an individual's lived experience and context. Therefore, constructivist epistemology is congruent with the research question of the present study. By using constructivist epistemology, I could examine the phenomenon for each individual in context of their sociocultural context and lived experiences with administrative tasks in counseling. A constructivist epistemology allowed for a more complex, nuanced, or rich exploration of the phenomenon.

After identifying the relevant epistemology for a study, I next examined what methodologies fit the study through its epistemological lens. Hays and Singh (2012) suggest four

research methodologies for counseling and counselor education research that both employ constructivist epistemology and examine participant experiences: phenomenology, heuristic inquiry, consensual qualitative research, and grounded theory. I considered each of these methodologies for the present study. The following is an exploration of each methodology and why it was not a best fit for the present study's exploration of how adult women with histories of interpersonal trauma experience power in the counseling relationship. Later sections include a review of grounded theory in further detail.

Phenomenology focuses on understanding and interpreting the participants' lived experiences (Hays & Wood, 2011). This methodology focuses on participants' experiences and how they understand and give meaning to these experiences (Hays & Singh, 2011; Houser, 2019). Phenomenology was not the best fit for the present study, as phenomenology focuses on the meaning participants make of their experience and not the experience itself (Merriam, 2002), which is different from the present study's focus on client experiences.

Heuristic inquiry is a variation of phenomenology that focuses on both a participant's meaning-making and the experience itself, typically employed with more intensive phenomena such as grief, anger, or love (Hays & Singh, 2011; Djuraskovic & Arthur, 2010). Heuristic inquiry often employs autobiographical methods, as it heavily focuses on the interaction between participant experiences and researcher's knowledge (Djuraskovic & Arthur, 2010). As previous research has called for a focus on client voices in research related to trauma and power (Sweeney et al., 2018), heuristic inquiry could detract from a participant-focus beyond the innate collaboration of constructivist research and therefore was not an ideal methodology for this study. Heuristic inquiry was not the best fit for the present study.

Consensual qualitative research (CQR) incorporates elements of other traditions to explore client perspectives of an experience (Hays & Wood, 2011). The goal of consensual qualitative research is to arrive at consensus via research teams and mutual power with participants (Hill & Knox, 2021). CQR could have been an effective methodology for the present study, particularly considering CQR's focus on complex and nuanced topics. However, grounded theory was selected due to its theory development portion, which is different than CQR's focus on themes (Hill & Knox, 2021).

Although each of these methodologies could serve as a helpful methodology for the present study, grounded theory was the ideal methodology for this dissertation. The next section reviews grounded theory and why this methodology is ideal in exploring how adult women with histories of interpersonal trauma experience power within the counseling relationship.

Grounded Theory

Hays and Singh (2011) advised that grounded theory could be a functional methodology for qualitative counseling researchers who approach research through a constructivist lens. However, constructivism is only one of several epistemologies that have shaped grounded theory over time (Charmaz, 2014). Glaser and Strauss introduced grounded theory (1967) in sociology at a time when a tension in the field grew between traditional immersive qualitative field studies and increasing popularity in quantitative methodologies (Charmaz & Thornburg, 2021). Glaser and Strauss (1967) wrote that they saw the field of sociology overly focused on validating theories from leaders in the field, without question or new theory development. They argued that there was still a need for new and updated theories that better explored societal changes, modern issues, or even historical concerns from new perspectives (Glaser & Strauss, 1967). Glaser and Strauss (1967) introduced grounded theory as a systematic inductive qualitative methodology

that encouraged researchers to immerse themselves in data. This presented the opportunity to develop a theory fully from the data, rather than attempt to prove or disprove a current theoretical framework.

Although Glaser and Strauss (1967) originally created grounded theory to subvert overly rigid positivist research, their early approach to grounded theory still exemplified a positivist epistemology (Charmaz & Thornburg, 2021). For example, they described the process of grounded theory as *discovering* theory and argue that if the researcher is not systematic and cautious they may place their subjective biases on the process (Glaser & Strauss). Charmaz and Thornburg (2021) argued that early grounded theory researchers were too focused on objectivity and separation between researcher and subject, and often tried to ascribe quantitative epistemologies to qualitative research methods. Critics of grounded theory argue that this positivist epistemology does not fit with assumptions of qualitative research and argue that a truly unbiased researcher is impossible (Charmaz, 2014).

Constructivist Grounded Theory

Once I decided grounded theory was a potential methodology for the present study, I explored constructivist grounded theory to compare the methodology's fit to epistemology, counseling and counselor education research, and the present study. I initially examined constructivist grounded theory for alignment with the constructivist epistemology of the present study. Since Glaser and Strauss's initial introduction of grounded theory (1967), other researchers have expanded upon their theory to incorporate other epistemologies. Charmaz (2014) wrote extensively on constructivist grounded theory, which is the methodology for this study. Charmaz (2014) described the evolution of grounded theory through a constructivist lens when she wrote:

> Researchers can use grounded theory strategies without endorsing mid-century assumptions of an objective external reality, a passive, neutral observer, or a detached narrow empiricism. If, instead, we start with the assumption that social reality is multiple, processual, and constructed, then we must take the researcher's position, privileges, perspective, and interactions into account as an inherent part of the research reality (p. 13).

Constructivist grounded theory is an abductive approach, meaning it involves systematically making inferential leaps to consider theoretical possibilities, then testing hypotheses via data collection (Charmaz, 2014). Constructivist epistemology focuses on participant experiences as they are, rather than seek a singular truth (Charmaz, 2014). I found that constructivist grounded theory (Charmaz, 2014) was both in alignment with my own epistemological approach and the ideal epistemology for the present study. Therefore, constructivist grounded theory was in line with the present study analyzing how women with histories of interpersonal trauma experience power in counseling.

I also evaluated constructivist grounded theory as a methodology congruent with counseling and counselor education research. Grounded theory has been an increasingly popular methodology in educational research (Stough & Lee, 2021), including counseling and counselor education research (Flynn et al., 2018). Flynn et al. (2018) conducted a 15-year content analysis of counseling and counselor education journals and found that grounded theory was the second-most used qualitative methodology. Grounded theory research trended most commonly towards Straussian grounded theory and constructivist grounded theory, as in the present study (Flynn et al., 2018). Hays and Wood (2011) explained that grounded theory can be an effective choice for

counseling researchers who seek to understand the processes and experiences of a phenomenon. Therefore, grounded theory has a precedent in counseling and counselor education literature.

I further examined constructivist grounded theory to determine if the processes were a best fit for the present study. As the present study serves to explore how women with histories of interpersonal trauma experience power within the counseling relationship, I sought to ensure a methodology best suited for exploration of this phenomenon. This is particularly important as there is little empirical research regarding client experiences of power in CMHC (Proctor, 2017). There were four qualities of grounded theory research that supported a methodological match. First, grounded theory research is inductive, which means that grounded theory researchers are fully immersed in the data and do not seek to prove or disprove any specific theory (Glaser & Strauss). This is ideal for this study, as it allows a theory to form from participant experiences themselves rather than preconceived beliefs around power. Second, constructivist grounded theory researchers also consider processes happening within the data (Charmaz, 2014). This means they search for actions to answer *how* or process questions (Charmaz, 2014). As the research questions for the present study serve to explore *how* women with histories of interpersonal trauma experience power within the counseling relationship, a methodology focusing on processes was ideal.

Third, constructivist grounded theory allows for deeper analysis of subjective realities and contextual factors to examine a fuller picture of participant experiences (Charmaz, 2014). As power is a contextual experience (Proctor, 2017), it was critical to use a methodology that creates space for subjectivity and social context. Lastly, constructivist grounded theory is designed so researchers can examine their own values without prioritizing their personal experiences over participant experiences (Charmaz, 2014). As most of the studies that examine power in

counseling explore the phenomenon from CMHCs' perspectives (Sweeney et al., 2017), it was important to utilize a methodology that centered participant voices while acknowledging the innate subjectivity of the researcher in the present study. In light of these reasons, constructivist grounded theory is an ideal methodology for this study.

As I considered the methodological match, I also considered the benefits and limitations of constructivist grounded theory (Charmaz, 2014) in the present study. Glaser and Strauss (1967) asserted that grounded theory researchers need to have minimal awareness of literature around a topic to promote a completely unbiased perspective of the data. As a literature review is an innate part of the dissertation process, I had some concerns that grounded theory may not be an ideal choice for the present study. However, Charmaz (2014) argued that in ideal constructivist grounded theory, researchers may have some awareness of prior knowledge but work to avoid imposing the literature on participant responses during data collection or analysis, which would undermine the inductive nature of grounded theory. Charmaz (2014) acknowledged that it is not always practical for a researcher to have no prior knowledge of the subject, particularly in dissertation research. Researchers can safeguard integrity with previous knowledge through the use of a peer reviewer, memo writing, and member checking (Charmaz, 2014), all of which were part of the present study.

Hays and Singh (2011) reported that there are benefits and limitations to grounded theory studies, including constructivist grounded theory. Grounded theory has a high degree of structure, supports synthesis of a theory from a large amount of data, and includes attention to the role of the researcher (Hays & Singh, 2011). Limitations include the labor and time needed to generate the necessary data (Hays & Singh, 2011). Additionally, Hays and Singh (2011) argue that researchers must consider the transferability of the resulting theories. For example, while the

present study examines how women with histories of interpersonal trauma experience power in counseling, the resulting grounded theory may not apply to men or nonbinary people, to individuals without histories of interpersonal trauma, or to people who attend therapy with a psychologist. Lastly, Hay and Singh (2011) reported that there is variability in what is considered authentic grounded theory research based on the many schools of thought. Flynn et al. (2018) advised that grounded theory researchers can avoid methodological confusion by following a grounded theory methodologist closely to ensure a coherent methodology. The present study addressed this potential limitation by following constructivist grounded theory (Charmaz, 2014). Chapter five includes further discussion of these limitations.

The Present Study

The purpose of this dissertation was to explore how adult women with histories of interpersonal trauma experience power within the counseling relationship as clients in outpatient clinical mental health counseling (CMHC). So far, this chapter has included an overview of qualitative research methodologies and an introduction of grounded theory as this study's methodology. The purpose of this section is to provide an overview of the present study, beginning with pre-recruitment procedures and the participant criteria. Next, sections will include an overview of sampling procedures, data collection, and data analysis. Later sections evaluate the present study's trustworthiness. Table 1 (on page 91) includes a review of procedures in the present study. Additional tables revisit the steps in Table 1 to provide concise snapshots of each procedure in the present study.

Preparing the Study

The present study employed constructivist grounded theory (Charmaz, 2014) to explore how adult women with histories of interpersonal trauma experience power in the counseling

relationship. This section serves to review two steps taken to prepare the study materials prior to recruitment. To successfully and ethically interview participants to gather the needed data, it is critical to ensure the data collection instruments are clear and concise. Additionally, this section serves as an overview of the Institutional Review Board (IRB) approval process, including steps taken in the present study to protect participant safety.

Table 1

Procedures List for the Present Study

Stage	Procedures
Pre-Recruitment Procedures	● Researcher created the demographics survey (Appendix A) ● Researcher created and finalized interview questions (Appendix B) ● Researcher systematically reviewed targets for social media recruitment (Appendix C) ● Researcher submitted and received IRB approval
Sampling and Recruitment	● Researcher recruited participants via criterion sampling (Appendix C) ○ Recruited via social media / online communities (Appendix D) ○ Recruited via professional referrals in online trauma organizations (Appendix E)
Screening / Informed Consent	● Potential participants completed screening questions (Appendix F) ● Eligible participants signed informed consent document (Appendix G) ● If needed, research provided demographics survey to select participants
Pre-Interview Procedures	● Researcher contacted eligible participants by email to schedule interview (Appendix H) ○ Participants completed demographics survey before the interview ○ Participants reviewed the interview questions before interview
Participant Interview	● Researcher and participant met for recorded interview ● Researcher wrote a memo within one hour of interview ● Researcher transcribed using Microsoft Teams transcription
Member Checking	● Researcher emailed transcript and member-checking procedure (with two-week deadline) to participant (Appendix I) ● Participant could elect to review transcript ● Participants were also invited to respond to follow-up questions

Concurrent Data Analysis	● Researcher coded in four stages: ○ Initial Coding (Appendix J) ○ Focused Coding (Appendix K) ○ Categories (Appendix L) ○ Theory Construction (Appendix M) ● Researcher utilized memos throughout analysis (Appendix N) ● Researcher and peer reviewer reviewed process at each stage (Table 2) ● Data collection ended when researcher and peer reviewer determined saturation has been met
Final Data Analysis	● Researcher applied Strauss and Corbin's (1990) model to theory ● Researcher compared constructed theory to RCT (Jordan, 2017) ● Researcher and peer reviewer met to review final product

Creating Data Collection Instruments

Prior to recruitment, I ensured the data collection instruments were sufficient for the present study. The purpose of constructivist grounded theory is to examine the *how* of a phenomenon through data from participants who have experienced this phenomena (Charmaz, 2014). As such, it was important to understand how I would collect data so I could identify participants who could share the rich data (Charmaz). I collected data in the present study in three ways: a demographics survey, an individual interview, and follow-up questions. The purpose of this section is to review the decisions informing the demographics survey and the individual interview questions. Follow-up questions are reviewed later in this chapter.

First, I captured initial information about participants' context through a demographics survey. Kitchnerr and Charles (2022) emphasized the importance of diversity in qualitative research and asserted that collaboration with participants from diverse backgrounds can help inform the complex nuances of a phenomenon. Similarly, Proctor (2017) argued for examining power in context of individuals' lived experiences. As such, I collected demographics to better examine how adult women with histories of interpersonal trauma experience power in the

counseling relationship. Additionally, I utilized the demographics survey during the selection of participants. Selection procedures are reviewed in more detail later in this chapter.

Appendix A includes the demographics questions used for the present study. I constructed the demographics survey using the ADDRESSING model (Hays, 2008). The demographics collected in the survey included: age, race, ethnicity, religion, disability, sexual or affectional orientation, gender identity, first language, and socioeconomic status. An additional demographic question queried geographic location to consider how a participant's region may serve as a factor in a participant's experience. I created survey questions in line with practices by the United States Census Bureau (2021). I also included the question, "How long have you been seeing your most recent CMHC? If you are not currently in counseling, how long did you see your last CMHC?" to capture different counseling relationships and assist with tailoring the interview questions accordingly.

I used semi-structured interviews with participants, which is common for grounded theory research (Charmaz, 2014). Birks and Mill (2010) explained that semi-structured interviews start with a set of main questions but involve follow-up questions to better understand participants' experiences. To fully immerse the researcher in the inductive processes of grounded theory, Charmaz (2014) asserted that researchers attempt to approach the data organically and avoid saturation in the literature. Additionally, Rubin and Rubin (2012) posited that it is important to spend time on the main questions of an interview, as it will impact the sorts of data provided by the participant. Therefore, it was important to utilize open-ended interview questions that gave space for adult women who have histories of interpersonal trauma to share organic responses as they explored their experiences with power in the counseling relationship.

To help ensure quality interview questions, I used a four-step approach. First, I created an initial draft of interview questions. Charmaz (2014) recommended researchers use reflexive practices like bracketing, or compartmentalizing outside influences, as they draft interview questions. In the present study, I bracketed via memos and detailed attention to prior knowledge regarding power. For example, I avoided language that promoted any theory related to power or a specific counseling relationship. Further, Charmaz (2014) provided an interview guide for constructivist grounded theory researchers, which served as a critical evaluation tool during this process. Charmaz (2014) advised questions such as, "To what extent does the interview guide elicit the research participant's views, concerns, and accounts of experience? To what extent does the interview guide reflect my views and interests instead of the participant's experience?" (p. 64). To create an initial draft, I first wrote a memo that reviewed potential questions and evaluated them for potential theoretical orientations. I then evaluated an initial draft of questions via Charmaz's (2014) guide. This process of writing memos and utilizing Charmaz's (2014) recommendations for the initial draft helped to create questions that were open without bias towards my own experiences or other theories, which is key in a grounded theory methodology.

Second, I collaborated with my dissertation committee co-chairs and asked them to review the questions with the same interview guide by Charmaz (2014). Additionally, I asked them to review the questions from their lenses as CMHCs, CMHC educators, and counseling researchers to note any alterations needed through each of these lenses. I revised questions in light of their feedback with the focus of keeping questions open and avoiding any prior assumptions. This process ensured that the questions were a) devoid of theoretical bias, b) clear and well-paced, and c) appropriate for the present study's research questions.

Third, I reviewed the interview questions with a qualified member of the target sample for evaluation. This individual was someone who met participant criteria but would not be included in the present study and was not a CMHC, CMHC educator, or researcher role. Asking this individual to evaluate the interview questions helped ensure clarity, comprehension, and openness of questions. I provided the interview questions via email and asked them to consider three questions: 1) What is clear or unclear in these questions? 2) Does it feel like I am looking for a specific answer to any of these questions? 3) How do you feel when you read these questions? I then altered questions based on the reviewer's feedback to help promote clarity and ensure participant safety and comfort during the interviews. This process served as a way to check that the primary interview questions were accessible. This was particularly important, as researchers (Sweeney et al., 2017; Butler et al., 2011; Miller, 2008) found that power is a nebulous and difficult topic to discuss. Additionally, I utilized this evaluation process instead of a mock interview to protect this person from discussing topics with an incomplete interview guide, due to the sensitive topics relevant to the research questions.

Lastly, I sent a revised draft of these questions to the dissertation committee co-chairs with adjustments made based on feedback during review. Further collaboration with dissertation committee co-chairs led to the interview questions created in Appendix B. As grounded theorists frequently seek participants who can speak to a specific phenomenon (Charmaz, 2014), determining the methods of data collection prior to recruitment helped clarify the ideal participant criteria. The demographics survey and interview questions captured important data around how adult women with histories of interpersonal trauma experience power within the counseling relationship.

Institutional Review Board Approval

After these instruments were finalized, I applied for approval from the IRB at Kent State University. This process ensured the present study matched ethical practices determined by IRB. In the counseling *Code of Ethics*, ACA (2014) affirmed the importance of research that is consistent with ethics, laws, and institutional standards. It was ethically critical to ensure the present study's procedures align with the IRB standards.

In line with best practices from the IRB, I utilized three measures to protect client well-being and ethics throughout the present study. First, potential participants reviewed and signed an informed consent document which informed them of the purpose of the study, their rights, and potential risks and benefits. Second, I created a password-protected folder on the Kent State University Google Drive to temporarily store confidential participant and potential participant information, such as the completed informed consent documents, demographics survey, and interview recordings. Third, I provided a timeline to the IRB to further promote client confidentiality. For example, recordings were transcribed and deidentified within two weeks of the interview and sent to participants for member checking (discussed later in this chapter). I stored all data analysis, recordings, and identifying information separate from one another so a participant could not be identified by their responses. I maintained the original recordings through analysis to ensure I could revisit if I needed clarification around a participant's tone of voice or discovered an error in the transcript. However, after data analysis (approximately ten months after the interviews) I destroyed the initial recording and only retained the deidentified transcripts. The timely process of handling participant data further protected participant confidentiality.

Determining Participant Criteria

I next considered participant criteria. Charmaz (2014) reported that constructivist grounded theory employs theoretical sampling, which includes identifying participants who are best able to speak to the central phenomenon. Similarly, Merriam (2009) asserted that purposive sampling is ideal in grounded theory, because it allows researchers to identify the ideal participants who can speak to a specific phenomenon. As the phenomenon in question includes adult women, interpersonal trauma, power, and CMHC, the ideal participants for the present study are adult women with histories of interpersonal trauma who are or have engaged in counseling relationships as clients in outpatient CMHC. Chapters 1 and 2 reviewed the decision to focus on this population. This section provides further distinction of women, histories of interpersonal trauma, and CMHC experiences to inform participant criteria. The next section will review sampling, recruitment, screening, and selection.

Participant Criteria

Participants in the present study met the following criteria:

- Adult (18+) women (cisgender or transgender)
- Past experience (prior to counseling) with interpersonal trauma
- Attending outpatient individual clinical mental health counseling (CMHC) at the time of the interview or had attended individual outpatient CMHC in the year prior to the interview (at least two sessions)
- Counseling occurred within the United States
- Proficiency with English language to participate in an interview (read, speak, and write in English) and member checking (follow-up emails)
- Willingness to participate in an audio and/or video-recorded interview

Women and Interpersonal Trauma. I sought participants who self-identified as adult women. This included cisgender and transgender women and was based on participant's self-report. Additionally, I sought participants with histories of interpersonal trauma. Mauritz et al. (2013) defined interpersonal trauma as previous experience with violence from another person, including emotional abuse or neglect, physical abuse or neglect, sexual abuse, or discrimination (Mauritz, et al., 2013; Sweeney, et al., 2018). Participants were not required to have a specific traumatic stress response to their interpersonal trauma. There was no time restriction for interpersonal trauma, and participants could have experienced the trauma in childhood or adulthood. Participants had full autonomy to decide if they met criteria for interpersonal trauma, and no diagnosis, documentation, or description of the trauma itself was required for participation in the present study.

Individual Outpatient Clinical Mental Health Counseling. I sought participants who were engaged in individual outpatient CMHC at the time of the interview or within one year prior to the interview. Participants must have completed at least two sessions with a CMHC, as the first session often involves an intake, diagnosis, or other administrative tasks in counseling. Similarly, Ellis et al. (2011) wrote that a risk to qualitative interviews is that participants may struggle to recall experiences that happened years ago. As the primary focus of this study is how adult women with histories of interpersonal trauma experience power in the counseling relationship, two sessions allowed participants more experience to speak to the counseling relationship itself. This also helped capture participants with diverse experiences of power, including those who have comfortably seen the same CMHCs for years, or those unhappy enough in their CMHC to have left within the past year. Additionally, I sought participants

whose CMHC occurred after their interpersonal trauma, so the interpersonal trauma can serve as a common contextual factor for all participants.

I chose to focus on participants' experiences specifically within individual outpatient CMHC. Yilmaz (2013) suggested that qualitative research is ideal for the study of a phenomenon in depth rather than comparison between multiple phenomena. As group CMHC, marriage counseling, or family counseling involves multiple relationships, power in these phenomena may be uniquely different in each context. Therefore, participants needed recent or current experience specifically in individual CMHC to capture the depth of the counseling relationship. Similarly, the focus of the present study was on individual CMHC in an outpatient setting. Although future research would benefit from exploring this topic in inpatient or home-based CMHC, Charmaz (2014) argued that grounded theory research benefits from exploring a phenomenon in depth in a single setting rather than in breadth across multiple settings. As outpatient CMHC is the most utilized form of individual CMHC (SAMHSA, 2018), participants must have attended outpatient individual CMHC.

Although an individual may attend therapy with a social worker or psychologist, I chose to focus on participants' experiences with CMHCs. ACA (2014) discussed the importance of counseling research when they wrote, "CMHCs who conduct research are encouraged to contribute to the knowledge base of the profession," (p. 15) which recommended CMHCs utilize research to bolster the CMHC profession. Although future research in this study may benefit from interdisciplinary focus and collaboration, the present study served to explore power in CMHC. This meant that participants needed to be able to discuss power as it relates to the counseling relationship. It was important to narrow down participant criteria to focus on the phenomenon in CMHC because it served to invest in the knowledge base of the CMHC

profession and professional identity. I sought participants who worked specifically with CMHCs, rather than a social worker, psychologist, or other type of provider.

It is important to note that I did not require participants to be engaged with CMHC for trauma treatment. Instead, participants could discuss CMHC with any treatment goal and any theoretical orientation or modality. As Flückiger et al. (2012) asserted, the counseling relationship is a universal phenomenon across all models and theories. Additionally, Courtois and Ford (2013) hypothesized women who have experienced interpersonal trauma may encounter unique barriers in a counseling relationship across all treatment foci. As the counseling relationship was the primary analysis, participants with experience in a range of treatment goals or theoretical orientations were eligible for the present study.

Counseling within the United States. I sought participants who attended CMHC within the United States (US). Although it might have been beneficial to explore this research question within other countries as well, the present study primarily addressed CMHC within the US for three reasons. First, Charmaz (2014) explained that grounded theory research benefits with a balance of differences and commonalities across participants to speak to a similar phenomenon. Considering the differences in culture, training, education, and practice of mental health services across different countries, requiring CMHC from a single country helped to clarify the phenomenon at hand and ensure all participants have shared similarities. However, as there are differences in how CMHC is practiced in different states, identifying geographic location contextualized how sociocultural contexts, such as location, play a role in the present phenomenon.

Second, as of November 2023, 30 states have signed onto the Counseling Compact (Counseling Compact, 2023). The Counseling Compact is a collaboration across states that

allows CMHCs licensed in one state to practice in another state (Counseling Compact, 2023). Yep (2021) explained in a letter of support for the counseling compact that this system allows states to still determine the standards for CMHCs who seek licensure in their state. However, once CMHCs have met their state's independent licensure, they can seek privilege to practice with a client in another state (Yep, 2021). As the compact develops, CMHCs may begin to practice through interstate privilege as early as 2023. CMHCs and participants from different states and geographic regions will be increasingly able to connect. I chose to examine participant experiences in diverse geographic regions to help prepare CMHC for diverse client experiences across the United States.

Lastly, recruiting participants from all locations in the US had logistical benefits. Joshi et al. (2017) wrote that recruitment is one of the biggest barriers in research studies related to trauma. They recommended diverse sampling procedures to cast a wide net of participants, which can serve to recruit sufficient samples with diverse qualities (Joshi, et al., 2017). Considering this, I did not limit participants to a specific geographic location within the US, race, sexual orientation, or other demographics feature. This helped a) manage practical limitations with recruitment around trauma (Joshi et al., 2017) and b) incorporate a diverse participant base, which is helpful in qualitative inquiry for a more nuanced phenomenon (Kircherr & Charles, 2022). The latter will be discussed more in participant selection.

English Proficiency and Audio Recordings. I sought participants who were proficient in English and comfortable with audio recordings. Participants needed to be comfortable speaking, writing, and reading English enough to participate in each part of the study, which included communication by email, completing a survey, reviewing the informed consent document, and participating in a virtual interview. Further, participants had the opportunity to

engage in follow-up emails and member checking, which involved reading and editing their transcript. As I am proficient in English, data collection and analysis were in English to ensure clarity and understanding through all interactions. Additionally, participation included a participant's choice of audio-recorded or video-recorded interviews, which assisted with the transcription process and later data analysis. I sought participants who were comfortable with the recording process. This participant criteria ensured participants who are most likely to speak to the phenomena in question (Merriam, 2007). The next section includes strategies for sampling, recruitment, screening, and selection. The purpose of these processes is to reach participants who meet these criteria in the present study.

Grant Funding

I applied for and received a $1000 research grant from the Association for Counselor Education and Supervision Graduate Student Committee. This research grant allowed me to compensate participants for their time by providing a $25 gift card at the completion of the interview. Participants received their choice of an Amazon, Target, or Walmart gift card via gift card code to their email. Additionally, I was able to compensate the peer reviewer for their time.

Identifying Participants

The previous section served to review and justify participant criteria. The purpose of this section is to review steps taken to recruit potential participants who met the criteria. This section includes an overview of the sampling procedures, recruitment process, screening tool, and selection methods. I utilized these methods to ensure a participant pool who could speak to how adult women with histories of interpersonal trauma experience power in the counseling relationship. This section also includes information about the final participant sample.

Sampling and Recruitment

I used theoretical sampling (Charmaz, 2014) for the constructivist grounded theory methodology. Glaser and Strauss (1967) suggested that theoretical sampling involves identifying potential participants who are most likely to speak to the phenomenon at hand and therefore inform the grounded theory. Theoretical sampling occurs at all stages of a grounded theory methodology but is most important at the start of a study (Glaser & Strass, 1967). Theoretical sampling at the start of the present study requires careful attention to recruiting ideal participants (Glaser & Strass, 1967), which can also be referred to as purposeful sampling. Qualitative researchers commonly utilize purposeful sampling, as it includes recruitment of participants who can best speak to a specific experience (Patton, 2002). Patton (2002) wrote that the aim of purposeful sampling is to focus on participants who can share rich descriptions of a phenomenon through their lived experience.

I utilized one form of purposeful sampling: criterion sampling. Criterion sampling is a common strategy for grounded theory researchers because of its benefits in identifying key participants needed to inform a theory (Birks & Mills, 2015). It is helpful to note that the plans for snowball sampling were also in place if criterion sampling attempts were not sufficient. Criterion sampling was effective, so snowball sampling was not necessary. This section below explains and justifies the types of sampling employed, and reviews decisions about sample size. The next section includes a more detailed explanation of the recruitment process.

Table 2

Sampling and Recruitment Procedures

Stage	Procedures
Sampling and Recruitment	● Researcher recruited participants via criterion sampling (Appendix C) ○ Recruited via social media / online communities (Appendix D) ○ Recruited via professional referrals in online trauma organizations (Appendix E) ● Researcher had protocol for snowball sampling (Appendix F) but did not need it

Criterion Sampling. I used criterion sampling in the present study. Patton (2002) defined *criterion sampling* as studying all cases that meet predetermined criteria– in this case, adult women with histories of interpersonal trauma who have experience in individual outpatient CMHC. Criterion sampling is ideal in grounded theory studies, because it involves a direct recruitment of participants who can speak to a specific experience (Merriam, 2009). Criterion sampling included two methods in the present study: direct participant recruitment and professional referral sampling.

Direct Participant Sampling. I utilized direct participant sampling by reaching out to potential participants in places they were likely to be, such as via social media and online communities. Advertising through social media and online groups had two benefits. First, in a systematic review of studies that used social media recruitment, Sanchez et al. (2020) found that social media can be effective when recruiting "harder-to-reach, hesitant, and/or vulnerable populations" (p. 5). Second, Sanchez et al. (2020) found that social media advertising served as less-anxiety provoking for potential participants than other forms of recruitment. This can be particularly crucial when recruiting participants around sensitive topics such as trauma (Sanchez

et al., 2020). As such, sampling potential participants directly via social media or online groups benefited the grounded theory methodology by accessing ideal participants through a sensitive and accessible way.

When identifying potential recruitment spaces for hard-to-reach communities, Ellard-Gray et al. (2017) recommended considering the criteria for participants and finding groups, forums, or communities that sit at the intersection of these criteria. Ellard-Gray et al. (2017) reported, for example, that they were better able to recruit teachers who were in the LGBTQ+ community through online groups for LGBTQ+ teachers than general LGBTQ+ groups or groups for teachers. For the present study, I identified social media spaces and online groups through systematic internet and social media searches for keywords, including *women's trauma*, *trauma groups*, *survivor support*, *victim support*, *trauma forums*, and *women's mental health*. I used these words to match participant criteria, and alternated victim and survivor language to reach potential participants who may resonate with one or the other term (Messamore & Paxton, 2021). Searches also included the types of interpersonal trauma included in the present study: *emotional abuse, emotional neglect*, *physical abuse*, *physical neglec*t, *sexual abuse* (Mauritz et al., 2013), and *discrimination* (Sweeney et al., 2018). For Instagram and Twitter (now known as X), these searches identified common hashtags for tweets and Instagram posts. For Reddit and Facebook, I used key words to identify forums and communities for potential participants.

In order to narrow down communities, hashtags, and forums that were most likely to capture potential participants (Ellard-Gray et al., 2017), I methodically reviewed the results for four elements. First, I examined forum or group descriptions to identify groups or communities that were designed with adult women who have experienced interpersonal trauma or were likely to include adult women who have experienced interpersonal trauma, such as a group for adults

who have experienced domestic violence. Second, I identified groups that were active, suggesting that this was a community where potential participants gathered. To do so, I narrowed these communities down further by identifying communities with at least one post within the past two weeks. Through these steps, I identified communities where potential participants were likely to gather (Ellard-Grat et al., 2017).

Third, I surveyed groups to ensure a research advertisement would be a good fit. Wright (2017) and Gelinas et al. (2017) reported that it is ethically critical for researchers to approach online communities with respect and caution, particularly with hard-to-reach populations. As the third element in my methodical review, I narrowed the search further to exclude closed communities, or communities that were reserved for friends, family members, or coworkers. Lastly, I excluded groups or communities that explicitly discourage research study announcements in their community rules, out of respect for this community.

My methodical review ended with a final list that included groups or communities that focused on women and interpersonal trauma, were active within the past two weeks, were open to the public, and allowed for research advertisements with or without moderator approval. This included 19 Reddit communities, 18 Facebook groups, and 20 online support communities. This process also resulted in eight hashtags for Twitter and Instagram, which I identified through the keywords and search terms previously described (see Appendix C). The recruitment process for sampling via social media and online communities is discussed in the next section.

Direct Participant Recruitment. Once the online communities for direct participant sampling had been identified, I recruited participants from these communities. I posted advertising materials (Appendix D) on social media platforms including Reddit, Instagram, Facebook, and Twitter using relevant forums and hashtags to reach communities focused on

mental health, trauma, and survivor support. Additionally, I also reached out to online groups for trauma, such as MyPTSD, and requested to post advertising materials in these communities. A complete list of social media strategies and online communities is included in Appendix C.

Wright (2017) asserted that online communities for hard-to-reach populations are important safe spaces, and posts in these communities may violate a sense of safety even with moderator approval. Wright (2017) recommended two strategies in online posts to show respect for online communities. First, the posts included an introduction and detailed information about the study and who to ask regarding any questions (Wright, 2017). Second, the post included an apology for the interruption and gratitude for being permitted to post in their community (Wright, 2017). I applied these considerations in a standard study advertisement for potential participant communities, as shown in Appendix D.

To protect the safety of potential participants, I consulted community rules and guidelines to ensure that research study advertisements are allowed. For communities that require moderator approval prior to advertisements, I sent requests to moderators prior to posting, to respect the nature of the online groups. After approval or in communities that allow open posting, I posted an advertisement every two weeks for a total of up to three postings each group, forum, or hashtag. Bonevski et al. (2014) advised that posting multiple times can assist with recruitment with hard-to-reach populations by increasing the odds a potential participant sees the advertisement. I also diversified the days and times I posted, which Ellard-Gray (2017) recommended as a way to catch a more diverse participant pool. For example, I posted a first round of advertisements on a Monday morning, then two weeks later posted again on a Thursday afternoon, then posted a third time two weeks later on a Wednesday evening.

Based on specific group requirements, I altered some advertisements slightly (such as to include the [Academic] tag often used in call for academic research on Reddit) and only posted once or twice if groups limit repeat postings. However, all materials led potential participants to the same link where they can learn more about the research study. This ensured that all potential participants have access to the same information. All advertising materials clearly emphasized the voluntary nature of the present study. I also informed all communities when research had concluded. Recruiting potential participants directly through criterion sampling was critical in the present study, as grounded theory relies on identifying participants who are most able to speak to the present phenomena (Charmaz, 2014).

Professional Referral Sampling. In addition to sampling participant communities directly, I also identified professionals who worked with potential participants and requested they disseminate advertising materials to their clients. This process was less direct than recruiting via social media, as it relied on professionals to share advertising materials with clients. Hogan et al. (2009) referred to this type of criterion sampling as professional referral sampling. Professional referral sampling had benefits and downsides (Hogan et al., 2009). Professional referral sampling benefits researchers through a larger potential participant sample (Hogan et al, 2009). However, if a researcher relies on professional referrals to determine who is or is not eligible for the study may lead to inappropriate referrals or to reluctance from the referral sources (Hogan et al., 2009). Similarly, for the present study it was important to identify professional referrals who are most likely to work with potential participants. Additionally, a screening survey ensured potential participant referrals are a fit for the study. The screening process is reviewed in a later section.

For the present study, I identified potential professional referrals through a trauma resource guide by SAMHSA (2014b). This resource includes training institutes, organizations, and professional networks related to trauma (SAMHSA, 2014b). I utilized this guide for professional referral sampling so as to identify organizations who addressed trauma and were verified through SAMHSA's screening process. This ensured that advertisements went to reputable organizations whose communities were focused on trauma, which meant the best source for professionals who work with potential clients. In addition to this list from SAMHSA, I also identified counseling-specific trauma organizations, such as the International Association for Resilience and Trauma Counseling, which had a listserv for counseling professionals interested in trauma. I also sampled through any state counseling organizations that focused on trauma. As of October 2022, this included the Ohio Association for Resiliency and Trauma Counseling. I sampled via these professional organizations in addition to the SAMHSA (2014b) list to better capture potential participants through CMHCs directly, by reaching out to organizations where CMHCs interested in trauma connected.

Several of these communities, such as the International Society for the Study of Trauma and Dissociation and Association of Traumatic Stress Specialists offered places to share research opportunities with their members. Other communities had social media pages for professionals to connect or had list-servs to share opportunities. To enact professional referral sampling, I reached out to each organization to discuss the study and ask about means of disseminating research information to their community. More information about the recruitment process is included in the next section. Sampling through professional referrals increased the potential participant pool (Hogan et al., 2009) while still utilizing criterion sampling to recruit participants who are likely to meet criteria (Patton, 2008).

Professional Referral Recruitment. Once the communities for professional recruitment had been identified, I reached out to each organization and community included on the SAMHSA (2014b) guide. Because of the diverse types of groups included in this list, some communities had open forums for research opportunities. Others had member list-servs, social media communities, or newsletters. Advertising in these communities involved reviewing each community's processes and community and following their procedures accordingly. To match the requirements of each community, I varied my approach for each organization. This included a) submitting a request via the website to add to their research opportunities, b) emailing a coordinator of the list-serv to learn how to share information with members, or c) contacting social media coordinators requesting they share the study with members. As with recruiting from potential participant online communities, advertising materials required occasional alteration to meet moderator and community guidelines; however, all materials led to the same study information. When possible, I shared announcements of studies up to three times and tailored the days and times of posting to capture a diverse range of professional referrals. Multiple postings were subject to the rules of each organization.

Further, I included additional directions for professionals to better prepare potential professional referral sources. For example, I explained that professionals in these organizations could forward the study to recent and current clients of their practice, or they could elect to print and post the advertising flyer. Recruitment materials included explicit guidelines for professionals who share the study, such as sharing it no more than three times with potential participants and ensuring potential participants understand the voluntary nature of the study. To avoid putting the work of screening on professional referrals, I detailed the screening process in the advertisements and invited referrals even if the professionals are uncertain the potential

participant qualifies. These materials can be viewed in Appendix E. Hogan et al. (2009) suggested that although this recruitment process was less direct, recruitment through professional referrals can be effective in criterion sampling because it helps reach potential participants who are likely to meet criteria for the present study. Similarly, recruitment through professional referrals was helpful in the present study by increasing the number of potential participants.

Snowball Sampling. I prepared a protocol for snowball sampling in the event criterion sampling was ineffective. Snowball sampling is a form of purposeful sampling that involves asking current participants to recommend others they know who may meet criteria for the study (Patton, 2002). There are benefits and downsides to snowball sampling. Patton (2002) recommended that snowball sampling can be particularly effective when sampling a small or hard to reach population. The protocol for the present study included inviting participants to share advertising materials with others in their community they felt may be interested. However, criterion sampling informed a robust participant sample, so snowball sampling was not necessary.

Sample Size

Constructivist grounded theory research is complete when data has reached saturation, or when participant interviews no longer add new findings in the data analysis (Charmaz, 2014). As such, it can be difficult to predict the number of participants needed for the study. Hennick et al. (2016) analyzed the concept of saturation and found that saturation occurred in two phases in grounded theory research. First, *saturation of codes*, or common concepts, occurred around nine interviews. However, as grounded theorists explore nuance in the data analysis, most benefited from 16-24 total interviews to help understand patterns and trends in a second phase they called *meaning saturation* (Hennick et al., 2016). Moser and Korsjens (2018) recommended 20-30

participants for grounded theory, citing their professional research experience as evidence. Grounded theory writers Charmaz (2014) and Birks and Mills (2015) argued that grounded theory researchers should not determine their sample sizes ahead of time. They argued there is no way to fully predict how much data is needed to meet saturation (Charmaz, 2014; Birks & Mills, 2015). Therefore, the acceptable final recruitment number could have been more than 30 or less than 16.

To address an uncertain sample size in the present study, I submitted the IRB application with a sample size of 35. This number allowed for space for a range of potential sample sizes, however working with dissertation committee members to revisit the sample size if needed was possible if saturation was not met before 35 participants. In the present study, saturation was met at 29 participants. Saturation will be discussed in further detail later in this chapter.

Table 3

Screening / Informed Consent Procedures

Stage	Procedures
Screening / Informed Consent	● Potential participants completed screening questions (Appendix G) ● Eligible participants signed informed consent document (Appendix H) ● If needed, research provided demographics survey to select participants

Screening

Regardless of how a potential participant learned about the present study, they first arrived at an online screening survey. As grounded theory methodology relies on participants being able to speak to a specific phenomenon (Charmaz, 2014), it was critical to ensure that potential participants meet the criteria of the present study. I utilized a screening survey to

ascertain whether a potential participant met eligibility for the study before they supplied their name and email address for the informed consent document. This screening survey was the first part of the study a potential participant encountered, so as to ensure that potential participants meet criteria before they provide confidential information in the informed consent document or demographics survey.

The screening survey began with a very brief overview of the present study, so potential participants understood the expectations. The next step of the screening survey included yes/no questions such as if a potential participant is over the age of 18, identifies as a woman, has experienced interpersonal trauma, has current or recent experience with individual outpatient CMHC for at least two sessions, is proficient in English, and feels comfortable participating in an audio-recorded interview. Further, the screening survey included questions about the title of the potential participant's mental health provider, to ascertain if they work with CMHCs or another type of provider. If a potential participant did not know their provider's title, additional questions gathered credentials or title as a potential participant understands it. A full list of screening questions is included in Appendix G.

I used Qualtrics to host the screening survey due to the secure platform and ability for automated responses. For example, if potential participants were not eligible, they received an automatic message which explained such, including ways to contact the research team with questions. If potential participants were eligible, the survey automatically led them to the informed consent document with further information about the study. Appendix H includes the informed consent document. Potential participants who marked unsure about whether their provider was a CMHC were able to complete the informed consent document, although I later manually screened their responses to determine eligibility.

Once they arrived at the informed consent document, potential participants could review information about the present study in more detail. The informed consent document apprised participants of the voluntary nature of the study and the steps taken to protect confidentiality as discussed previously in this chapter. Participants learned of potential risks, which include discomfort with the questions, and ways these risks are mitigated, such as the right to skip interview questions or end the study at any time. The informed consent document also included the expected time commitment for this study, which ranged from 60-90 minutes, as well as up to an additional hour for participants who chose to partake in the member checking process. After reviewing the informed consent document, participants decided whether they would like to participate. Participants could download a copy of the informed consent document once they had completed the form. I did not contact participants who were eligible via the screening survey but who did not complete the informed consent, under the assumption that the potential participant self-screened out of the study.

The screening process and informed consent served two purposes. First, as grounded theory methodology relies on participants being able to speak to a specific phenomenon (Charmaz, 2014), the screening questions helped determine if potential participants met the necessary criteria. Second, providing the informed consent document allowed participants to determine their interest and comfort with the study parameters. Ethical counseling research requires researchers to ensure potential participants have the ability to review and consent to a study prior to participation (ACA, 2014). In the present study, 254 individuals began the screening questions. However, through the completion of the screening questions, 108 individuals were ultimately eligible and signed the informed consent. Most individuals who

began the screening questions but were found ineligible identified either a psychologist or social worker as their mental health provider.

Selection

Within approximately one week of when a potential participant completed the informed consent document, I reviewed their screening survey. The purpose of this review was to ensure that the automated processes in Qualtrics were working correctly, and all potential participants considered met criteria. At this time, I also evaluated credentials for potential participants who were uncertain of their provider's title. Through the review process, I screened out an additional 9 individuals due to non-CMHC provider titles as "LCSW," "MD," "Psychiatric Nurse," or "Psy.D." This led to a total of 99 eligible potential participants. Any potential participants who were not eligible after further review were informed by email.

As the number of eligible potential participants surpassed the initial 35 participants approved by IRB, I sought additional information to inform the selection process. I emailed potential participants a link to the demographics survey using the email template in Appendix H. I asked potential participants to complete the demographics survey within one week, and I sent a follow-up email reminder two days before the deadline. A total of 80 eligible potential participants completed the demographics survey.

As potential participants completed the demographics survey, two considerations served in the selection process. First, I considered the number of sessions the participant has had in the counseling relationship, which can help inform how clients experience power in counseling relationships in different lengths of relationships. I sought to capture a range of types of counseling relationships—for example, a client who has been with the same counselor for 50 or more sessions may view a relationship as positive, or be navigating mandated services, versus a

client in a newer, tentative, or short-term counseling experience. Similarly, I cross-checked the number of sessions participants listed with their responses to the screening survey to select both participants who were currently in counseling and those who had been in counseling in the past year, to capture both ongoing and ended counseling experiences.

Second, I considered diversity in demographics (Kircherr & Charles, 2022). Kuper et al. (2008) suggested that selecting participants to promote diverse perspectives and differing experiences with the phenomenon aids with a rich and complex analysis. Further, intentional selection of diverse perspectives can help with more meaningful saturation (Creswell, 2012). As one of the research sub-questions directly addressed the role of culture in the participants' experience, it was important to ensure diverse voices in the study. I prioritized identifying potential participants who self-reported a demographic that was different from previous participants. For example, if the majority of early participants were cisgender, I prioritized transgender potential participants. It is important to note that this was not to tokenize or ask participants to speak on behalf of a community. Instead, I selected a diverse pool of participants to explore the role of sociocultural factors in how adult women with histories of interpersonal trauma experience power in the counseling relationship.

Potential participants were contacted based on these selection factors to help promote diverse experiences in the participant pool. The demographics survey was a vehicle for the selection protocol in the event more eligible participants signed up for the study than needed. This selection process helped a) manage a potential large number of participants and b) strive towards a diverse sample to better inform the grounded theory methodology. I selected, contacted, and scheduled interviews with participants until saturation had been met. A total of 38 participants were selected and contacted, although 7 participants either cancelled or missed their

interviews. Saturation was determined at 29 participants. I emailed all other eligible potential participants who completed the demographics survey but were not contacted for an interview to thank them and inform them that the study had ended.

Final Sample

As described by Kircherr and Charles (2022), diversity in qualitative studies is critical to understanding the nuances and context of a phenomena. Particularly given the attention to sociocultural factors in the present study, it was important to recognize the range of ways participants may experience being an adult woman with a history of interpersonal trauma. All participants were women who had previous experiences of interpersonal trauma and were either currently or recently clients in individual outpatient mental health counseling. All eligible potential participants who completed the demographics survey reported English as their first language, which included all 29 participants.

To protect the confidentiality of participants while presenting detailed demographics backgrounds of the final sample, the characteristics of the final sample are aggregated in Table 4. Throughout the remainder of this manuscript, participant demographics will be revisited, such as when a participant is speaking about their experiences as members of a cultural community. Table 4 includes aggregate information gathered from the demographics survey, such as participants' gender identity, age, race, ethnicity, religion, disability, sexual and affectional orientation, socioeconomic status, region in the United States, and number of sessions with counselor, as well as the number of clients who are currently in counseling. As each question on the demographics survey included written response, participant self-report answers are also provided. Similarly, as responses were provided in check-box form, some demographics in Table 4 add up to more than 29 as participants checked multiple answers. For example, two

participants reported being biracial, one reporting African American and Caucasian, and the second reporting as both Caucasian and American Indian. Table 11 includes selected demographics alongside participant pseudonyms.

Table 4

Participant Aggregate Characteristics

Demographic	Participants
Gender Identity	Transgender Woman: 8 Cisgender Woman: 21
Age	Average: 35.17 Range: 23 – 70
Race	African American: 15 Caucasian: 15 American Indian: 1
Ethnicity	Non-Hispanic: 26 Self-Reported: Cuban American: 1 Latina: 1 Mexican: 1
Religion	Christianity: 12 Islam: 1 Judaism: 3 Paganism or Wicca: 2 Agnosticism: 4 Atheism: 2 Prefer Not to Say: 1 Self-Reported: Animism: 1 Mormon: 1 Spiritual without religion: 1 Unitarian: 1
Disability	No disability reported: 19 Physical disability: 5 Mental or developmental disability: 5

Sexual and Affectional Orientation	Asexual: 4 Bisexual: 7 Lesbian: 1 Pansexual: 1 Queer: 2 Questioning or unsure: 1 Straight (heterosexual): 12 Self-Reported: Demisexual: 1 Cupiosexual: 1
Socioeconomic Status	Under 20,000: 4 20,000-39,999: 3 40,000-59,999: 5 60,000-79,999: 4 80,000-99,999: 3 100,000 or above: 10
Region	Northeast: 11 Midwest: 5 South: 9 West: 4
Number of Sessions with Counselor	Average: 37.85 Range: 2 – 100+
Currently in Counseling?	Currently in Counseling: 23 Ended Counseling in the Past Year: 6

Participants shared additional contextual information about themselves through the interviews. Although disclosing trauma was not required to participate in the study, some participants elected to disclose their interpersonal trauma. Participants disclosed varying experiences of interpersonal trauma in childhood and/or adulthood, including sexual abuse, rape or incest, emotional abuse, physical abuse, dating or domestic violence, and human trafficking. Participants also disclosed varying mental health diagnoses, including PTSD (most common), major depressive disorder, generalized anxiety disorder, dissociative identity disorder, and bipolar disorder. Seven participants spoke about their experiences as mothers or caretakers for

children. Lastly, five participants discussed being employed in mental health care, including one current CMHC and one current CMHC student.

Data Collection

The previous sections served to review participant criteria, sampling and recruitment processes, and the final participant sample. This section includes an overview of the data collection procedures for this study, which include the pre-interview and interview processes, and the data analysis procedure. Table 1 served as an overview of this study's procedures. This section also utilizes Table 5, Table 6, and Table 7 to revisit data collection procedures.

Table 5

Pre-Interview Procedures

Stage	Procedures
Pre-Interview	● Researcher contacted eligible participants by email to schedule interview (Appendix I) ○ Participants completed demographics survey before the interview ● Participants reviewed the interview questions before interview

Pre-Interview Procedure

Within approximately one week of when an eligible participant had been screened and selected, I reached out to the participant to schedule an interview. I kept track of all potential participant outreach in a spreadsheet, where I coded each potential participant by their initials and the date they began the screening process. This spreadsheet was stored in a confidential KSU password-protected online storage and kept separate from the informed consent documents and all data. Initial emails included an introduction, a link to my Calendly account which listed available meeting times, and gratitude for the participant's time. Once a participant signed up for

an interview time via Calendly, they received an email with meeting information, and a link to the demographics survey if they had not already completed it during the screening process. For example, the first three participants were invited to an interview prior to a robust response requiring a further selection process. A Google calendar event served as a reminder for the meeting. To protect the confidentiality of the participants, the calendar event was simply labeled as "Meeting for Laura and (Participant Name)." Each email correspondence included an invitation to discuss any questions a participant may have regarding the study. I utilized this correspondence to clearly communicate and coordinate a meeting time for the interview, as well as provide a reminder to participants in their calendar. A template for these emails can be found in Appendix I.

In this email (see Appendix I), I also sent the participants the interview questions they could expect during the interview. Scerri et al. (2012) recommended that researchers who interview participants with histories of interpersonal trauma should be especially attentive to the participant's comfort and safety. One method of doing so is to provide interview questions ahead of time, so a participant can review questions safely and decide what they would like to ignore or address at the interview (Scerri et al., 2012). The interview questions provided to participants included a reminder that participants can elect to skip any question. This served both to prepare participants for the interviews and attend to participants' comfort and safety with the questions.

Participant Interviews

I employed semi-structured participant interviews as the primary means of data collection for the present study. Charmaz (2014) explained that constructivist grounded theory often involves participant interviews because interviews allow for in-depth exploration of a specific experience. Participant interviews allow for an organic exploration of the experience and create

space for participant voices and reflections during the process (Charmaz, 2014). Similarly, Birks and Mill (2010) argued that semi-structured interviews are helpful in grounded theory, because semi-structured interviews use a blend of standard questions for all participants but leave space for further expansion and development.

Table 6

Participant Interview Procedures

Stage	Procedures
Participant Interviews	● Researcher and participant met for recorded interview ● Researcher wrote a memo within one hour of interview ● Researcher transcribed using Microsoft Teams transcription

For the present study, I invited participants to a confidential video call via Microsoft Teams, which is the preferred video platform for research through Kent State University. Participants received the main questions ahead of time to prepare for the interview but were informed of the semi-structured nature of the interview and that there may be additional questions not included in the initial list (see Appendix B). At the start of the interview, I welcomed participants, thanked them for their time, and created space for any questions prior to starting the recording and beginning with the interview questions. Table 5 includes an overview of the participant interview procedures.

I utilized Rubin and Rubin's (2012) responsive interview model as a template for the semi-structured interview in the present study. Rubin and Rubin described interviews as conversational partnerships and employed the use of probes and follow-up questions to elicit greater detail about a participant's answer to an initial question. This model begins with the main

questions (Rubin & Rubin, 2012), which are included in Appendix B. Rubin and Rubin also recommended probes, or short conversational encouragers that help the participant continue to share. Examples of these include, “That’s interesting, could you tell me more?” “Can you give me an example?,” or “Go on…” (Rubin & Rubin, 2012, p. 118). Probes can help to build comfort between participant and researcher (Rubin & Rubin, 2012), which can be particularly helpful when interviewing participants who have experienced trauma (Scerri, 2012).

In addition to main questions and probes, Rubin and Rubin (2012) suggested follow-up questions which serve to evoke richer data from participants. Follow-up questions function in two ways. First, when participants describe an event, follow-up questions can clarify context such as “what happened, who was there, what was accomplished, what remained unsolved, and what was not even discussed” (Rubin & Rubin, 2012, p. 117). Second, when participants describe a concept, a researcher can inquire about the meaning of that concept (Rubin & Rubin, 2012). This allows researchers to understand not only what a participant means but begin to understand worldviews or tensions a participant experiences. Rubin and Rubin argued that concepts show how participants view the world from their cultural perspectives. These follow-up questions serve to invoke rich data, explore relevant events and concepts, and ensure thoroughness (Rubin & Rubin, 2012). The responsive interviewing model (Rubin & Rubin, 2012) is ideal for grounded theory because it allows researchers to adapt questions while remaining authentic to the foundational interview questions.

For the present study, I used the interview questions provided to the participant as the main guide for the semi-structured interview. As participants answered the main questions, I asked follow-up questions and employed probes to evoke further data and description from participant responses. Employing Rubin and Rubin’s (2012) responsive interview model allowed

me to adjust the interview to meet participant needs, which is critical when interviewing participants who have experienced trauma (Scerri, 2012). Additionally, this model was ideal in a grounded theory methodology because it allowed me to tailor interviews towards theoretical sampling or identify new places to explore with future participants (Charmaz, 2014). Interviews were audio-recorded and stored in a Kent State University Google Drive. Transcription involved de-identifying all materials and utilizing the Microsoft Teams transcription tool. I reviewed the automated transcription process to address any errors and ensure transcript accuracy. Transcription occurred within two weeks of a participant interview. Audio recordings were maintained until after the member checking and analysis to revisit the audio recordings in case of any discrepancy, confusion, or potential error. After data analysis, participant recordings were destroyed.

Member Checking and Follow-Up

Two measures were employed following data collection to strengthen data analysis. First, participants could review the completed transcripts through a *member checking* process. Lincoln and Guba (1985) defined member checking as when participants review their previous responses and suggest changes or clarifications to capture their experiences more fully. Member checking serves several purposes. First, member checking ensured that participant voices were accurately captured and that participants fully communicated their experiences through the responses in the transcript (Lincoln & Guba, 1985). Second, member checking allows participants to elaborate, correct, or expand on their responses privately, which may create space for new insights or ideas that were not captured in discussion (Lincoln & Guba, 1985).

Table 7

Member Checking / Follow-Up Procedures

Stage	Procedures
Member Checking / Follow-Up	● Researcher emailed transcript and member-checking procedure (with two-week deadline) to participant (Appendix J) ● Participant could elect to review transcript ● Participants were invited to respond to follow-up questions

For the present study, member checking occurred when the transcription was completed. I emailed participants their de-identified transcript with the email included in Appendix J, which provided information and suggestions for the member checking process. I reminded participants that this was optional, and they could review their transcript with as much or little detail as they felt comfortable. Participants had two weeks to complete the member checking process, and they received one reminder email three days before the member-checking deadline. Of the 29 participants, 13 responded to member checking emails and three provided clarifying edits. Edits included clarifying actions (e.g., clarifying when they were describing the counselor's actions versus their own), or providing timeline contexts (e.g., for a participant who discussed several counseling experiences, clarifying which counselor they were discussing). I incorporated all edits from the 13 participants to ensure the transcript accurately reflected their experiences. Once a participant provided their edits, I stored the edited transcript in a Kent State University Google Drive. I integrated feedback from participants during the member checking process to create more rich, detailed, and accurate data which is critical in grounded theory methodology (Charmaz, 2014).

In addition to member checking, I engaged in follow-up outreach to strengthen data analysis. Constructivist grounded theory employs theoretical sampling, meaning that researchers may revisit previous participants to ask follow-up questions about a topic or theme that emerged during the interview. To protect the autonomy of participants, at the conclusion of the interview I asked if they would be open to follow-up emails asking for further details if needed. Participants could accept or decline. Follow-up emails followed the template in Appendix J, which emphasized that participants could decide how much time to spend on a response as well as whether or not to respond at all. All 29 participants consented to follow-up emails. I sent all participants follow-up emails during later stages of data analysis; 19 participants responded.

Follow-up questions were designed to hear either further elaboration on a participant's experience, or participants' perspectives on common themes. For example, one participant was asked to elaborate on their experience through the question: "We talked about how you feel like there is an equal balance of power between you and your counselor. Are there things you do that helps you and your counselor have an equal balance of power?" Another participant was invited to reflect on emerging themes in relation to choosing a counselor through the question, "you said you did some research to decide who you wanted to see for counseling. This is a theme across a lot of participants—taking time to find a good fit. I'm curious to hear more. How did you know or decide what was important to look for in a counselor?" These questions empowered participants to clarify and add to their experiences, often in context of larger themes emerging across participants.

The purpose of this section was to review the process for data collection. The next section provides an overview of the data analysis process, including the methods for identifying saturation. However, it is important to note that grounded theory utilizes concurrent data

collection and data analysis (Charmaz, 2014). Therefore, in the present study data collection and analysis were interwoven rather than sequential processes.

Data Analysis

Charmaz (2014) reported three considerations for data analysis in constructivist grounded theory. First, data analysis and data collection occur simultaneously (Charmaz, 2014). This concurrent process, called theoretical sampling, allows researchers to tailor follow-up research interviews towards gaps or clarifications in the analyzed data thus far. More information on theoretical sampling is included later in this section. Second, data analysis is a highly reflexive process at each stage of analysis (Charmaz, 2014). It is critical that grounded theory researchers allow focus on an organic construction rather than applying preconceived notions to the data or codes. As such, reflexive practices such as writing memos help to organize thoughts, recognize inherent subjectivity, and stay close to the participant's initial accounts (Charmaz, 2014). The next section of this chapter includes more detail on writing memos. Third, Charmaz explained that data analysis is not a linear process, and a researcher may shift between stages of coding to examine elements of the data more closely. By examining initial codes after category development, for example, a researcher may recognize new patterns or themes. However, to organize the analytic process, Charmaz (2014) proposed four stages of data analysis: initial coding, focused coding, raising categories and theoretical sampling, and constructing a theory.

Table 8

Concurrent Data Analysis Procedures

Stage	Procedures
Concurrent Data Analysis	● Researcher coded in four stages: ○ Initial Coding (Appendix K) ○ Focused Coding (Appendix L) ○ Categories (Appendix M) ○ Theory Construction (Appendix N) ● Researcher utilized memos throughout analysis (Appendix O) ● Researcher and peer reviewer reviewed process at each stage (Table 8) ● Data collection ended when researcher and peer reviewer determined saturation has been met

Per these recommendations from Charmaz (2014), I analyzed data in four fluid stages: initial coding, focused coding, raising categories and theoretical sampling, and constructing a theory. Table 7 includes an overview of the coding process. I employed several strategies during each phase to help with the analysis of codes and formation of initial theory, the most salient of which included a working codebook throughout the present study. In addition, I consulted a peer reviewer to review the data analysis process and findings, which helps safeguard trustworthiness as reviewed later in this section. Lincoln and Guba (1985) described the audit process as an in-depth examination of the researcher's records and processes, comparing its rigor and detail to a fiscal audit. Miller (1997) argued that an audit examines dependability by reviewing the process and confirmability by reviewing the final product. In the present study, working with a peer reviewer helped to ensure a systematic process and data analysis that was closely aligned with participant data– both of which are pivotal in grounded theory research (Charmaz, 2014). I also utilized memos as an audit trail to track all methodological decisions and discuss them with the peer reviewer. The next section includes a review of each stage of coding, including the role of

the peer reviewer in each stage. Table 9 summarizes the role of the peer reviewer in each part of data analysis.

Table 9

Peer Review Procedures

Stage	Peer Review Procedures
Initial Meeting	● Researcher and peer reviewer reviewed and discussed chapters one and three and the peer review relationship ● Researcher shared data analysis folder with peer reviewer
Initial Coding Review	● Peer reviewer examined first three transcripts and initial memos for plausibility of codes and missing codes ● Researcher and peer reviewer met to discuss
Focused Coding Review	● Peer reviewer examined Codebooks A & B and data from initial coding for congruence between initial coding and focused coding, congruence between focused codes and participant transcripts, and any missing focused codes ● Researcher and peer reviewer met to discuss
Initial Categories Review	● Peer reviewer examined Codebooks A, B. & C, and data from previous rounds of analysis for congruence between focused coding and categories, plausibility of categories, and potential gaps in categories ● Peer reviewer also examined for theoretical sampling ● Researcher and peer reviewer met to discuss
Saturation Review	● Peer reviewer reviewed Codebooks A, B, & C, and data from previous rounds of analysis for saturation and identified any places needed further theoretical sampling ● Researcher and peer reviewer met to discuss peer reviewer's findings ● Data collection ended when researcher and peer reviewer agreed saturation had been met
Theory Construction Review	● Peer reviewer reviewed constructed theory for congruence, plausibility, and comprehension ● Researcher and peer reviewer met to discuss peer reviewer's findings ○ Also discussed potential application of Strauss & Corbin's model and application of relational-cultural theory.

Initial Meeting with Peer Reviewer

Prior to data analysis, I met with the peer reviewer to discuss the study and goals of the peer review relationship. I provided information from chapters one and three, so the peer reviewer was familiar with the purpose and procedures of the present study. As Charmaz (2014) advised that grounded theory research is rooted in participant data and not impacted by other theories, I did not provide the peer reviewer with the literature review. Instead, I invited the peer reviewer to closely review the participant data and help ensure analysis stayed congruent to participant statements.

Initial Coding

Data analysis in the present study began with *initial coding.* Saldaña (2021) explained that coding is the act of assigning a word or short phrase to data with the goal of symbolically representing the sentiment expressed in that data. Initial coding is the process of reviewing the data closely for individual ideas at a line-by-line, or statement-by-statement sentiment (Charmaz, 2014). Charmaz (2014) defined initial coding in constructivist grounded theory as "provisional, comparative, and grounded in the data" (p. 117). Initial coding is provisional in that researchers remain flexible and open to new ways of considering the data. Similarly, initial coding consistently involves comparing codes across the data to identify possible gaps in the analysis, which can later serve in the theoretical sampling process (Charmaz, 2014). Lastly, initial coding allows for the researcher to stay deeply saturated in the data and to try to capture the participant's voice fully (Charmaz, 2014).

For the present study, I created a folder in a Kent State University Google Drive that contained all data analysis tools, including transcripts, codebooks, and memos. I utilized initial coding through the comment feature in Google Docs, which allowed me to highlight a

participant's phrase and add an associated comment. Transcripts included line numbers to help organize the coding process. See Appendix K for an example of initial coding. This process of coding serves the present study's grounded methodology by helping to break down and analyze participant data, which serves as the foundation for later analysis. Once a transcript was coded, I stored it in the Kent State University Google Drive for the peer reviewer and myself to access. Audio recordings were maintained until after the completion of data analysis (approximately 10 months after participant interviews) in case I needed to revisit the audio recordings for any discrepancy, confusion, or potential error.

Line-by-Line Coding. I used three strategies to identify and determine initial codes in transcripts in the present study: line-by-line coding, coding for actions, and identifying *in vivo* codes. First, I utilized line-by-line coding. Glaser (1978) argued for the importance of line-by-line coding, which involves identifying a working code for each line in a transcript to fully immerse oneself in the participant's voice. Line-by-line coding can help illuminate initial patterns in the data, including sequential and simultaneous processes experienced by the participant (Charmaz, 2014). In the present study, I coded data line-by-line by adding a comment for each line in the participant transcript to synthesize the salient themes. This process serves grounded theory by fully immersing myself in participant experiences prior to any initial data analysis (Glaser, 1978), as I worked to understand each line of a participant's account.

Gerunds. Second, I coded for actions through the use of gerunds. Charmaz (2014) advised coding for actions, which avoids coding for personality traits or incorporating other theoretical concepts. As grounded theory methodology focuses on how a phenomenon occurs or is experienced, coding for actions helps detect the processes impacting this phenomenon (Glaser, 1978). Coding for actions in the present study included identifying actions or verbs and defining

codes using gerunds, or words ending with *-ing*. This ensured that the processes identified during the initial coding are true to the participant's perspective (Charmaz, 2014). I coded for gerunds by identifying all codes as actions. For example, rather than coding a participant's statement as "sadness," I coded "feeling sad." This allowed me to better identify what to code in each line by asking reflective questions such as "What is happening for the participant in this line?" Coding for actions serves grounded methodology by focusing on the actions and processes occurring, which is ideal when building a theory about how a participant experiences a phenomenon (Charmaz, 2014).

In Vivo Codes. Third, I used in vivo codes during the initial coding phase. Charmaz (2014) recommended researchers stay true to the participant's language as much as possible, to attempt to capture the actions participants describe. One strategy is the use of *in vivo* codes, which are terms that capture the participant's speech and language. *In vivo* codes may include common colloquial sayings, metaphors that speak to a participant, shorthand terms or insider language, or a phrase that seems to embody the participant's sentiment (Charmaz, 2014). Charmaz imparted the importance of *in vivo* codes to capture a participant's experience. However, she argued that in vivo codes do not necessarily stand on their own and as such need to be deciphered further in later phases of coding (Charmaz, 2014). In the present study, I worked to capture participant language as often as possible, particularly if the participant's language could stand on its own outside of the larger sentence or statement. This served the grounded theory methodology by keeping the analysis close to the participant's lived experience, which is critical for the grounded theory (Charmaz, 2014). I utilized line-by-line coding, coding for actions, and *in vivo* codes during the initial coding to create an immersive, flexible, and action-oriented set of codes. See Appendix K for a sample of initial codes.

Peer Review in Initial Coding. After coding the first three transcripts, I worked with a peer reviewer to review the initial coding process. The peer reviewer examined the first three interview transcripts and my initial codes to examine two questions: 1) Are the initial codes identified in the transcript plausible? 2) Are there additional codes not included in the initial coding? After the peer reviewer had time to review the transcripts for these questions, we met to discuss our findings and discuss any potential adjustments needed in the initial coding process. Meeting with the peer reviewer ensured I was congruent with participant experiences while coding.

Focused Coding

After initial coding, I used focused coding. Focused coding builds on initial coding as researchers analyze trends, connections, and relationships between the initial codes (Charmaz & Thornburg, 2021). Charmaz (2014) wrote that "focused coding moves you out of immersion in data and brings you further into analysis. The added distance that focused coding affords can make conceptualizing these codes easier" (p. 145). This comparative process helps to show commonalities and differences across participant responses and helps to find what codes best account for data (Charmaz, 2014). This process also illuminates initial gaps in the codes, which helps with later data collection. Charmaz argued that focused coding in constructivist grounded theory happens organically as a researcher begins to notice commonalities across initial coding rather than after coding a certain amount of data. This includes seeing codes that expressed similar sentiments across multiple participant transcripts (Charmaz, 2014). When I noticed initial commonalities between participant transcripts and after meeting with the peer reviewer during initial coding, I utilized focused coding. Charmaz (2014) argued that because the stages of

focused and initial coding are so nebulous, researchers can always revisit initial coding even after considering focused codes.

Creating a Codebook. During focused coding, I developed a working codebook. Saldaña (2021) defined a *codebook* as a compilation of codes, sometimes with associated data as reference. DeCuir-Gunby (2011) argued that a codebook is critical in qualitative research, as it a) creates a space for formalized analysis of codes, b) help coders see initial patterns across data, and c) helps ensure all members of a research team are on the same page. Although creating a codebook is not essential for grounded theory methodology (Charmaz, 2014), in the present study a codebook upheld grounded theory principles. For example, codebooks can help the researcher stay immersed in the participant data while giving space for analysis, which Charmaz (2014) argued is a key process throughout grounded theory methodology. In the present study, I created a codebook in Google Sheets that included three tabs. I utilized the first two tabs during focused coding and the third tab when raising initial categories.

In the first tab of the codebook, I listed all initial codes across participant transcripts together to help examine patterns across participant analysis. Charmaz (2014) described the focused coding process as pursuing codes that account for rich data and show potential for analytic power, both of which refer to a code's ability to communicate a participant's complex experience. The purpose of the initial codebook was to help track and organize initial codes and to provide a visual analytic space for exploring potential focused codes. I reviewed all participant codes by comparing codes against each other to note key commonalities, differences, and other trends across the data. I sought codes that best captured the complexity of what participants described, seeking "conceptual strength" and "analytic power" (Charmaz, 2014, p. 140). When a code seemed to capture participant experiences, I bolded the font of the code to denote it as a

potential focused code. This process served grounded theory methodology by identifying potential next steps in the data analysis beyond the face-value of initial coding (Charmaz, 2014). An excerpt of this codebook, titled Codebook A, can be found in Appendix L.

I utilized a second tab of the codebook to examine the working focused codes in light of the participant data. Charmaz (2014) argued to "allow yourself to raise the analytic level of one or more codes when your data indicate it" (p. 147). Although the intent of focused coding is to move from data immersion into analysis, it is still critical to root a focused code in the data itself (Charmaz, 2014). I organized focused quotations with their context to determine if a code reflected a participant's experience during further analysis. For this part of focused coding, I listed each working focused code with relevant quotations pulled from the initial codes of participant transcripts. I organized these by participant, transcript, and line number to quickly identify context or return to the transcript at a later time if needed.

Additionally, I added a brief description of each working focused code to capture what the code suggested. This process served three purposes. First, as DeCuir-Gunby (2011) and Saldaña (2021) advised, this part of the codebook allowed me to remember patterns and themes even if I was away from a codebook for several days. Second, this codebook promoted clearer communication between the peer reviewer and me as everyone could see the working focused codes and the data inspiring these codes (DeCuir-Gunby, 2011). Third, this codebook assisted with the fluidity of the process, which Charmaz (2014) argued was key in grounded theory. For example, at any point I needed to be able to return to the participant data and consider the focused code in light of new data to see if the focused code fully captures the phenomenon any further. An excerpt of this codebook, titled Codebook B, can be found in Appendix L.

I was particularly attentive to concurrent data collection and analysis throughout focused coding. Charmaz (2014) argued that the fluid nature of grounded theory suggests a fine line between initial coding and focused coding. As grounded theory includes concurrent data collection and analysis, it is common that further data analysis leads to new or revised focused codes. This process benefitted the grounded theory methodology by continuing to revisit the data rather than basing the analysis on initial assumptions. In developing a fully inductive theory rooted in participant experience, revisiting the data is critical (Charmaz, 2014). Similarly, Charmaz (2014) warned researchers not to fit data into existing focused codes but instead to remain reflexive and identify common themes and gaps across the coding process. To be authentic to the fluidity of this process, both Codebooks A and B were tabs in a single Google Sheets file. Additionally, the codebook was stored in the Kent State University Google Drive alongside participant transcripts coded during initial coding. This allowed for quick adjustment between the initial and focused codes as needed and helped provide multiple avenues for considering the coding process.

Peer Review in Focused Coding. I also met with the peer reviewer again during the focused coding process after first conceptualizing potential focused codes. I provided the peer reviewer with the working codebook, which included Codebook A (a list of all initial codes identified so far with focused codes bolded) and Codebook B (working focused codes connected with quotations from participant data). In this phase of auditing, the peer reviewer considered the following questions: 1) Are the focused codes congruent with the initial codes? 2) Are the focused codes congruent with participant data? 3) Are there additional focused codes the peer reviewer sees? This process helped ensure the working focused codes were in line with participant responses and the research question.

Raising Categories

After focused coding, I elevated focused codes into categories. Categories included a collection of codes that may speak to a common theme or idea, and they serve to organize patterns and relationships between codes (Charmaz, 2014). Charmaz (2014) recommended researchers create abstract categories with preliminary definitions, arguing that this helps transition from analysis to synthesis. In the present study, I identified patterns and relationships between focused codes to develop working categories. Two methods assisted in this process: memos and adding a third tab in the codebook.

Memos for Raising Categories. Memos served as the first and primary vehicle for raising categories in the present study. Memos are particularly critical during this phase, as they serve as a space to organize focused codes into potential categories through reflecting on patterns, themes, and building blocks (Charmaz, 2014). Charmaz (2014) advised that memo-writing can take many forms during this phase but could include narratives, diagrams, and other research activities that help identity patterns and understand themes in the data further.

I employed two types of memos while raising categories from the codes: clustering and questioning the category. First, clustering included creating a diagram of related focused codes to identify potential similarities or differences between (Charmaz, 2014). The purpose of clustering was to identify initial conceptual categories based on focused codes (Charmaz, 2014). I created word maps by hand, starting with a more prevalent focused code (referred to as the nucleus word; Charmaz, 2014) at the center, then connecting other ideas and codes that come to mind. I also used arrows and lines to denote divisions or relationships between types of codes, which Charmaz (2014) suggested can help keep the categories focused on processes. Often I created multiple drafts of clusters related to the same codes to help examine different patterns or

relationships before selecting the one that felt most congruent to the phenomenon they examined. Once I was satisfied that a cluster best portrayed a set of focused codes and a working category, I scanned the cluster and added it to the Google Drive folder containing the codebook, transcripts, and other data analysis tools which was shared with the peer reviewer. However, I kept all drafts of clusters to revisit if needed later in data analysis. This approach to clustering aided in the grounded methodology by allowing creative, flexible, and open analysis that increased understanding and organization of the data (Charmaz, 2014).

Second, after I conceptualized a working category through clustering, I wrote memos through a strategy recommended by Charmaz (2014) called questioning the category. Questioning the category involved asking questions of a preliminary category to identify what information may be incomplete or incongruent (Charmaz, 2014). The purpose of questioning the category is to evaluate the initial category and deepen one's analysis of the data, which can help to ensure the category is a best fit for the data so far and create possible questions for theoretical sampling (Charmaz, 2014). I created a memo for each category and examined the initial patterns in the category before asking reflective questions of the category. These questions followed recommendations from Charmaz (2014) and included steps to "define the category; explicate the properties of the category; specify the conditions under which the category arises, is maintained, and changes; describe its consequences; show how this category relates to other categories" (p. 190). By asking the category questions like, "What happens to make you arise?" I examined patterns across the category and identified questions I still had about the category itself. This allowed for a deeper analysis of the data and paved the way for theoretical sampling (Charmaz, 2014), which will be reviewed later in this section. Appendices M and O includes examples of these memo-writing strategies throughout the category development process.

Codebook for Categories. In addition to these two forms of memo-writing, I constructed a third tab in the codebook to assist with raising categories. Saldaña (2021) wrote that including working categories in a codebook could help ensure their overall fit with the data and helped track the progression of data over time. As such, the third tab of the codebook included space for each category that included the name of the category, a working definition, and associated focused codes. Additionally, I added a column for questions about each category, to help inform future theoretical sampling. Tracking the column development through the third tab of the codebook helped me stay rooted in the data analysis process, which Charmaz (2014) argued is critical to remaining inductive during data analysis. See Appendix M for a copy of this codebook, titled Codebook C.

Peer Review in Raising Categories. I met with the peer reviewer for a third time while raising initial categories. Consulting the peer reviewer at this phase included providing the peer reviewer with Codebooks A, B, and C so the peer reviewer could see the most recent focused codes and adjacent categories, which included initial questions about these categories and places for theoretical sampling. The peer reviewer was asked to consider the following questions: 1) Are the categories congruent with the associated focused codes? 2) Are there places where the categories seem to depart from the codes or make conceptual leaps? 3) What gaps exist within the initial categories? 4) What areas would benefit from theoretical sampling? This process helped protect the integrity of the data analysis process and helped identify spaces for further theoretical sampling, both of which are key elements in developing a complex and rich grounded theory (Charmaz, 2014).

Theoretical Sampling. As I elevated categories from focused codes, I also engaged in theoretical sampling. Charmaz (2014) defined theoretical sampling as collecting further data to

refine the categories (Charmaz, 2014). Charmaz advised that theoretical sampling requires researchers to pause and ask questions, bringing a deeper level of intentionality to the research process. As the data analysis process is fluid in grounded theory, it is likely that researchers will identify gaps in their categories, incongruencies, or places where focused codes fail to speak to the complexity of the phenomena. Theoretical sampling includes returning to data collection with these questions in mind (Charmaz, 2014). For the present study, I first reviewed the working categories and gaps in the data during the third meeting with a peer reviewer. Then, I returned to participants with these additional questions in mind to guide future interviews. During this process, the core questions in the interview remained the same; however, follow-up questions may be different. For example, if I had a gap in a category related to feelings towards a CMHC, I asked follow-up questions to better understand how those feelings developed or what informs those feelings. This process serves grounded theory methodology because the data collected and analyzed through theoretical sampling can lead to more robust and complex categories (Charmaz, 2014).

I identified each category's properties and dimensions. Charmaz (2014) described properties as the "defining characteristics of attributes of a category or concept" (p. 344). For the present study, properties included the ways in which the category directly answered or spoke to the research question or sub-questions. Glaser (1978) defined dimensions as aspects of a larger whole. For the present study, dimensions include ways research participants experienced the category in different capacities. These properties and dimensions are included in chapter four.

Lastly, I examined the resulting categories for a core category. Strauss and Corbin (1998) asserted that a core category serves as a centralizing concept across a theory. Identifying a core

category can involve elevating an existing category or constructing a core category to encompass others. For the present study, I constructed a core category that synthesized all other categories.

Theory Construction

In the present study, I constructed conceptual categories and engaged in theoretical sampling until saturation. Saturation occurs when new data continues to elicit the same codes or analytical findings (Yilmaz, 2013). Charmaz (2014) clarified that saturation is not when a researcher hears the same stories from different participants but is when a researcher has exhausted rigorous comparisons between participants' experiences. This means that saturation occurs when a researcher has delved into the nuance of similarities and differences in participant experiences and identifies no new nuances (Charmaz, 2014). Similarly, Hennick et al. (2016) ventured that some qualitative researchers incorrectly assume saturation occurred when participant stories seem initially similar. The authors argued that it is key to critically analyze the data to reach *meaning saturation* instead (Hennick et al., 2016). This occurs when no further questions arise about the categories and theory (Hennick et al.). This aligns closely with the grounded theory concept of *theoretical saturation*, wherein the goal is to conceptualize new properties of the patterns until no further properties arise (Charmaz, 2014).

In the present study, I used three measures to determine if theoretical saturation is met. First, I sought to fully address all questions about the categories that arose while writing memos and meeting with the peer reviewer. This was completely through systematically evaluating all questions raised in previous memos and writing. Second, I compared each participant's experience to the constructed categories. This comparison was not to verify the accuracy of categories, but instead to capture additional nuance and properties of each individual category. Then, I compared the working categories with focused codes and participant data to ensure that

the working categories most effectively captured what complexity of what the participants described. I revisited initial participant quotations selected as examples for focused codes in Codebooks B and C. I reflected on the following questions: “Does this category capture the participant’s sentiment? Are there additional words or terms the participant utilizes that could better explain this category?”

Third, I met with the peer reviewer again to discuss saturation. At this meeting, I provided the peer reviewer with the working codebooks and relevant memos and asked the peer reviewer to consider the following: 1) Are there any additional questions about the categories? 2) Are there places that feel incomplete, inconclusive, or implausible? 3) What is needed to meet saturation? / Do you feel saturation has been met? Meeting with the peer reviewer at this stage helped ensure that full nuance has been explored before ending data collection, and data collection does not end prematurely as Hennick et al. (2016) warned against. I determined saturation had been met once a) no additional properties about the categories emerged from participant data, b) all noted questions about the categories had been answered, and c) the peer reviewer and I agreed that saturation had been met.

Memos in Theory Construction. In the present study, saturation signified the appropriate time to construct a theory from the categories. Charmaz (2014) argued that a constructivist grounded theory attempts to answer a *how* question. Theory development often happens organically as researchers elevate categories into elements of a theory and explore relationships between these categories (Charmaz, 2014). Memos are particularly helpful during this process (Charmaz, 2014). I utilized two memo-writing techniques to help construct the initial theory, which can be found in Appendix N. First, Clarke (2012) described relational maps as a tool to identify patterns between categories to infer initial similarities, disconnects, and

potential patterns. In the present study, this meant mapping out the categories by hand, noting working definitions of the categories, to examine patterns. For example, if a focused code played a role in two different categories, it was critical to examine the overlap, difference, and similarities between these categories to examine if both categories were necessary or if they needed to be altered. This process helped to examine the categories not as individual points of analysis but as building blocks of a larger whole (Clarke, 2012). Although Clarke (2012) encouraged relational maps for a different form of grounded theory other than constructivist, Charmaz (2014) pointed out that this tool can be beneficial in constructivist grounded theory by helping better understand each category through comparative analysis. I added the relational maps to the data analysis folder for the peer reviewer to review and to help organize the analytic process.

Once I felt confident with the relational maps, I diagrammed categories to examine relationships between the categories themselves. Clarke (2012) defined *diagramming* as a form of clustering that focuses on how these categories relate to one another, helping to explore the overarching *how* question. This is critical in grounded theory studies that seek to answer how questions, as it aids a theory in answering a specific how question. Charmaz (2014) posited that most grounded researchers utilize a form of diagramming during this phase because diagramming "allows us to move from micro to organizational levels of analysis and to render invisible structural relationships and processes visible" (p. 219). In the present study, I mapped out the categories by hand and utilized arrows, lines, and notes to identify relationships between the categories. I created multiple drafts to see what best captured the relationships between the categories and returned to the codebook as needed to clarify. These drafts were stored in a small notebook, allowing me to quickly flip back and forth to see overarching patterns. This process

served the theory formation stage of grounded theory by helping me examine underlying processes organically and relationally to one another. The final draft of the diagram was included in the data analysis folder; however, I kept other versions in case they were needed in conversations with the peer reviewer later. This process allowed me to construct a theory from the participant data itself (Charmaz, 2014) prior to utilizing tools for final data analysis. Please see chapter four for the final diagram of the resulting grounded theory.

Table 10

Final Data Analysis Procedures

Stage	Procedures
Final Data Analysis	● Researcher applied Strauss and Corbin's (1990) model to constructed theory ● Researcher and peer reviewer met to review final product ● Researcher compared constructed theory to RCT (Jordan, 2017)

Strauss and Corbin's Model. In the final stage of data analysis in the present study, I considered the data in the context of Strauss and Corbin's (1990) model. Strauss and Corbin (1990) proposed that a grounded theory often includes the interaction of multiple factors: *causal conditions, contextual conditions, intervening conditions, action strategies,* and *outcomes*. *Causal conditions* include factors that impact how the phenomena first occurs while *contextual conditions* include any environmental, personal, or relational factor that inform or refine the phenomena as it happens. *Intervening conditions* are factors that change how causal and contextual conditions interact with the phenomena. *Action strategies* include actions taken by participants when experiencing the phenomena. *Outcomes* are the final outcomes of the action

strategies, which may be intended or unintended. These serve as points on a theoretical map to help form a potential structure of the grounded theory (Strauss & Corbin, 1990).

Charmaz (2014) argued that in constructivist grounded theory, Strauss and Corbin's (1990) model is a tool to apply rather than a template to strive for. For example, Charmaz (2014) emphasized that recognizing organic patterns in the categories is more essential than trying to fit categories to Strauss and Corbin's model. Charmaz recommended that constructivist grounded theorists utilize the Strauss and Corbin model if data seems to indicate patterns in causal conditions, contexts, and outcomes. During category construction, it became evident that Strauss and Corbin's model may serve as an effective structure for theory organization. Participants pointed to ways power was an initiating condition, process, and potential outcome during their experience, suggesting that a process model was necessary to fully illustrate the complexities of participants' experiences.

To consider the constructed theory in light of Strauss and Corbin's model (1990), I reviewed the working theory alongside elements of the model including causal conditions, contextual conditions, intervening conditions, action strategies, and outcomes (Strauss & Corbin, 1990). I examined the theory and asked, "What are the causal conditions for this phenomenon to occur? What contextualizes how this phenomenon plays out?" and other similar reflective questions to examine the model for these trends. Per advice from Charmaz (2014), I did not force the theory to fit into this model but instead examined the theory for the elements Strauss and Corbin considered.

The resulting grounded theory is informed, but not fully dictated, by the Strauss and Corbin (1990) model. For the resulting grounded theory, I sought to adapt Strauss and Corbin's framework to the data rather than force the data to fit the framework. For example, Strauss and

Corbin's original framework included the term "consequences" for potential results of the phenomenon. However, I elected to utilize the term "outcomes," as it is more congruent with the participants' experiences. Additionally, I found that constructed categories did not align with Strauss and Corbin's intervening conditions. Incorporating intervening conditions would have meant forcing participant data to meet the model or straying from the initial research question. As such, I elected not to utilize the intervening conditions. However, contextual conditions, causal condition, action strategies, and outcomes were all central to the resulting grounded theory. This allowed me to utilize a structure while staying congruent with the constructivist nature of the study. Chapter four includes more information about the resulting grounded theory and use of framework.

Peer Review in Theory Construction. After completing an initial draft of a constructed theory, I sent the draft of the theory to the peer reviewer, alongside access to all codebooks, transcripts, memos, and an overview of Strauss and Corbin's model (1990). I met with the peer reviewer a fifth and final time to discuss the following questions: 1) Considering the data analysis so far, does this theory feel congruent with participant data and resulting analysis? 2) Are there parts of this theory that are unclear or should be rephrased or reconceptualized? 3) Does this theory benefit from conceptualization through Strauss and Corbin's model? Meeting with the peer reviewer to review the product is helpful in grounded theory research, as it helps to ensure a theory is true to the data, understandable, and accessible (Birks & Mills, 2015). By working with the peer reviewer to determine the relevance of Strauss and Corbin's model, and by reviewing the relational map and diagrams with the peer reviewer, I considered peer reviewer feedback to adjust and clarify any potential conceptual leaps and incongruencies.

The last stages of constructing the theory were to integrate the relational maps, diagramming, Strauss and Corbin's (1990) model, and peer reviewer feedback into a working theory. I then created a working theory to incorporate these elements before sending it to the dissertation committee co-chairs for final approval. Feedback from dissertation committee co-chairs illuminated places the theory was unclear or needed further development. I revisited data analysis memos to ensure the theory was congruent with both participant data and the research questions. Chapter four includes an overview of the constructed theory.

Comparative Theory: Relational-Cultural Theory

After constructing a working theory, I applied the present study's comparative theory, relational-cultural theory (RCT; Miller, 2008). Although many dissertations utilize a theoretical framework to inform findings (Ravitch and Riggan, 2016), constructivist grounded theory leads to the construction of a theory itself (Charmaz, 2014). Grounded theory arose from the need to center participant experiences rather than apply reestablished theories in research (Glaser & Strauss, 1967). This meant that using a theoretical framework to inform the findings of the present study would be antithetical to the nature of grounded theory research and to the purpose of the present study.

Comparing a constructed theory to other theories in the field can have additional benefits (Charmaz, 2014). Birks and Mills (2015) recommended that utilizing a standard theory as a comparison or support for a budding grounded theory can increase trust and insight for the new theory and also validate existing theories. As discussed in chapters one and two, RCT explores a variety of the concepts addressed in this dissertation, such as power, the counseling relationship, sociocultural factors, and the experiences of women. Because of the similar concepts, I compared

the present study's constructed theory with RCT to examine overlapping trends, variations, and potential connections between the two.

To engage in this comparative process, I reviewed trends across the constructed theory of the present study and RCT. Charmaz (2014) suggested that grounded theory researchers could use an additional theory by showing "where and how their ideas illuminate your theoretical categories and how your theory extends, transcends, or challenges dominant ideas in your field" (p. 305). I searched for similar and different patterns, categories, and findings between RCT and the constructed theory. I wrote memos during this process to track findings and own thought processes and reviewed the findings with a peer reviewer. This process was completed after the theory construction to assure the present study's theory is fully inductive from the data. Chapter four includes the comparative analysis of RCT to the present study's constructed theory.

Trustworthiness

This chapter thus far has examined the present study's methodology and procedures. Next, I review participant safety and steps taken to enact research in line with the ACA *Code of Ethics*. This includes an evaluation of the present study. This section also includes a review of four elements of trustworthiness (Lincoln & Guba, 1985) and safeguards taken to protect each element, including attention to triangulation and reflexivity.

Kline (2008) wrote that rigorous qualitative studies demonstrate transparency throughout the process. Transparency helps readers understand contextualizing factors such as methodological decisions, researcher's values and biases, reflexive processes, and any other factors that impact the data collection and analysis process. I transparently show the safeguards for trustworthiness employed in this study so that readers can better trust the outcomes discussed in chapter four.

Protecting Participants' Safety

In the counseling *Code of Ethics*, ACA (2014) emphasized the importance of ethical research, particularly in research that involves clients as participants. ACA proposed that ethical research includes taking "reasonable precautions to avoid causing emotional, physical, or social harm to participants" (2014, p. 16). Similarly, Charmaz (2014) asserted that it is critical participants feel safe during the interview process in constructivist grounded theory. It is particularly important to attend to participant's voices in research about difficult topics such as trauma, oppression, or experiences of disempowerment. Scerri et al. (2012) voiced concerns around interviewing individuals who have experienced trauma, most saliently that discussing trauma or related topics can elicit distress.

Although this dissertation does not focus directly on participants' experiences with interpersonal trauma itself, it was important to address participant safety when interviewing participants with histories of interpersonal trauma. I protected participant safety through four safeguards. First, participants reviewed the informed consent document, which discusses their right to leave the study at any time. Second, participants could skip any question during the interview or stop the interview at any time. Further, participants had the opportunity to review interview questions prior to the interview to decide if they would like to skip any questions ahead of time. I upheld safety through the interview process using Rubin and Rubin's (2012) responsive interviewing model, as discussed previously, which allows for flexible adapting to the participant's needs. Third, I provided participants with a resource list compiled by the National Association on Mental Illness (2021), which included free hotlines and provider directories organized by mental health concern, so participants could process the contents of the research interview. This safeguard aligns with the ACA *Code of Ethics* (2014) which calls researchers to

protect the wellbeing of participants without acting in the role of a participant's CMHC. Lastly, participants chose whether or not to engage in member checking: they could elect to revise statements or choose to not revisit the interview materials. Each of these actions, as well as the confidentiality discussed previously, helped protect participant safety throughout the present study.

Elements of Trustworthiness

Lincoln and Guba (1985) argued that rigorous qualitative studies are trustworthy, which means a reader could trust the ultimate conclusions found in this study. They asserted that trustworthiness includes four concepts: credibility, transferability, dependability, and confirmability. This section includes an overview of each element of trustworthiness and strategies utilized to safeguard the integrity of the present study. I safeguarded multiple elements of trustworthiness using the same strategies. Therefore, the following sections include a review of several strategies in multiple sections.

Credibility

Credibility means the study's findings are truthful and believable (Lincoln & Guba, 1985). Although constructivist grounded theory would argue that there is no singular truth (Charmaz, 2014), it is important that the findings accurately represent the voices of participants. Credibility in constructivist qualitative research means ensuring research stays close to participants' lived realities (Merriam & Tisdell, 2015).

I used six primary methods to support credibility: peer review, collaboration with co-chairs and an outside reviewer, member checking, collecting data until saturation, seeking data that supports alternative explanations, and triangulation. First, I collaborated with a peer reviewer, as discussed in previous sections. Merriam and Tisdell (2015) suggested peer review

ensures credibility by providing an additional perspective to counter potential blind spots. In the present study, peer review served credibility through identifying opportunities for further theoretical sampling and data collection. Second, I worked with dissertation committee co-chairs and an outsider reviewer to prepare an interview guide. Merriam and Tisdell (2015) emphasized that researchers intensely scrutinize interview questions to ensure they guide participants to discuss the specific phenomenon. I sought to ensure questions were clear and provided an opportunity to discuss power directly. However, I also strove to develop open questions that provided opportunity for participants to take questions in the direction that was meaningful for them. I invited dissertation committee co-chairs and an outside reviewer from the participant population to ensure research questions provided opportunity for participant response and mitigated potential researcher bias.

The third credibility strategy was member checking (as discussed in previous sections). Member checking included inviting participants to review the transcripts through member checking to ensure that the voices of participants were accurately captured during data collection (Birt et al., 2016). Member checking ensured findings are congruent with participants lived experiences (Merriam & Tisdell, 2015), which benefitted the aim of the present study in highlighting clients' experiences. Fourth, I collected data until reaching saturation. Merriam and Tisdell (2015) asserted that ensuring credibility required "adequate engagement in data collection" (p. 246) or collecting data until no new information surfaces. I pursued saturation in the present study to ensure I fully captured participant experiences without missing key elements.

The fifth credibility strategy was identifying data that supported alternative explanations (Patton, 2015). Patton (2015) suggested that credible data rarely holds binary answers, and that credible research includes alternative and contradictory perspectives. In the present study, I

included alternative perspectives among participants to portray congruent and complex variations of participant experiences. Chapter 4 contains those variations. Lastly, I employed triangulation methods, detailed next.

Triangulation. Patton (2002) described *triangulation* as the use of multiple means or methods to examine data to better establish a complex and rich understanding of participant experiences. Patton (2002) wrote that triangulation is "based on the premise that no single method ever adequately solves the problem of rival explanations" (p. 555). Triangulation, then, allows for a researcher to examine various aspects of the same data through different lenses, methods, or analysts, which can help mitigate potential trustworthiness issues (Patton, 2002). Although triangulation is helpful in all aspects of trustworthiness, it is particularly impactful for maintaining credibility in qualitative research (Patton, 2015). It is important to note that the goal of triangulation is not to have identical findings through multiple empirical measures. Instead, inconsistencies across findings can point to deeper complexity and opportunities for further exploration (Patton, 2002).

Jonsen and Jehn (2009) wrote that triangulation can be particularly impactful in grounded theory research. They hypothesized that when researchers present a grounded theory, readers may question how a researcher came about the findings, particularly when researchers may not always be able to show readers all memos, documentation, and explanations of decisions such as in journal articles with limited page counts (Jonsen & Jehn, 2009). However, triangulation can serve not only to succinctly ensure trustworthiness during the study itself, but it can also aid in communicating the process to readers. Further, Jonsen and Jehn (2009) argued that triangulation can help ensure a grounded theory develops fully from participant data through cross-examining trends, themes, and analyses rather than reacting to initial assumptions about the data.

Patton (2002) suggests four types of triangulation in qualitative research, two of which occurred in the present study. *Methods triangulation* occurs when a researcher utilizes multiple forms of data collection (Patton, 2002). The present study included opportunities for participants to elaborate on their perspectives or any interview question through writing during the member checking process and follow-up questions, as well as data collected from a demographics survey and screening questions. I utilized methods triangulation because it ensured valid data that was congruent with participants' lived experiences (Merriam & Tisdell, 2015). Additionally, *theory triangulation* included using different theories or perspectives to interpret the data (Patton, 2002). Data analysis for the present study included reviewing the data through the comparison of the constructed theory to RCT (Miller, 2008). I employed theory triangulation to better conceptualize data from multiple perspectives, which provides opportunities to lessen bias and deepen understanding of participant experiences.

It is important to note that the present study did not include *triangulation of sources* (Patton, 2002). *Triangulation of sources* includes examining consistency of data sources across different means, such as employing interviews with multiple parties or utilizing public observations or interviewing several communities about the same phenomenon (Patton, 2002). Some grounded theory studies employ data from multiple sources, which historically was considered a way to confirm results across forms of data (Flick, 2019). However, constructivist grounded theory pushes against the idea of any singular correct form of data and instead honors subjective lived experiences (Charmaz, 2014). Flick (2019) argued that triangulation of sources is only effective for gathering new insights. For example, interviewing counselors to speak to clients' experiences of power within the counseling relationship could not confirm constructed categories, but instead would only inform how counselors view clients' experiences of power

within the counseling relationship. As this would be outside of the scope of the present study, triangulation of sources was not employed and instead the study stayed grounded with participants who could best speak to the phenomenon. Additionally, due to the sensitive nature of the research topics, interviews served as the primary data source. Abstaining from triangulation of sources ensured participant safety and maintained grounded theory principles by staying closely attuned to the participants' lived experiences.

Additionally, in the present study I employed the critical-feminist grounded theory practice of *theoretical triangulation* (Kushner & Morrow, 2003). Kushner and Morrow (2003) asserted that grounded theory studies often over-emphasize following pre-determined methodological practices and neglect the influence of social processes and systems on the data collection and analysis process. Similarly, Hesse-Biber and Flowers (2019) emphasized the importance of strategic methodological decisions when exploring salient social issues, including power. They asserted that researchers who seek to understand complex social issues should prioritize participants whose "stories have yet to be told" (p. 511). As such, I utilized theoretical triangulation in the present study to navigate sensitive topics from new perspectives in a respectful and safe manner. Although this grounded theory did not employ a feminist or critical constructivist approach, because of the salience of the research topic, theoretical triangulation was employed.

Employing theoretical triangulation included several steps. First, I sought to continually examine power between myself as researcher and participants. This meant that I defaulted to participants' language, experiences, and definitions under the assumption of their expertise in their lived experience. For example, one participant disliked the term power and asked that we used the term strength instead. Her quotations are recorded appropriately. Second, I considered

the larger context of literature informing this grounded study. For example, as discussed in chapter two, a majority of literature exploring experiences of power within the counseling relationship are from counselor perspectives. As such, I chose to survey clients and not connect with counselors about client experiences and instead employed theoretical sampling to understand nuances of client experiences from additional clients themselves. Third, constructivist grounded theory recognizes that researchers' subjective experiences play a role in theory construction. I sought to lean into my identity as a client throughout the data analysis process, rather than attempting to critique or judge counselor's actions. Lastly, meetings with a peer reviewer served as important moments to check-in with the scope and purpose of the study to ensure that emerging data was congruent with participants' experiences in light of larger social processes.

Transferability

Transferability speaks to how the findings of a study can be connected across diverse groups of people and different settings (Lincoln & Guba, 1985). Lincoln and Guba (1985) describe transferability as the potential for findings to be applied in other settings. There are several factors to consider related to transferability with grounded theory research. Qualitative research by design is not intended to be directly generalizable (Yilmaz, 2013); however, grounded theory's focus on theoretical development means a greater potential for transferability (Charmaz, 2014). Birks and Mills (2010) argued that initial grounded theories developed from a single study (substantive theories) are not as transferable as theories built on multiple studies (formal grounded theories). Birks and Mills (2010) cautioned grounded theorists to avoid promising generalizability from a substantive theory such as the one developed in the present study.

Lincoln and Guba (1985) argued that it is ultimately up to the individual reader to decide if qualitative findings are transferable to their own practice. However, researchers can employ several methods to assist readers with their interpretation (Merriam & Tisdell, 2015). I used two primary methods to support confirmability: providing rich, thick description and maximum variation in a sample. First, I provided rich, thick description throughout this dissertation. Merriam and Tisdell (2015) suggested researchers provide highly detailed description of the study's methodology, participants and their context, and the results to ensure readers can effectively evaluate the research. In the present study, I provided rich, thick description of the methodology in this chapter, of results and participant experiences in chapter four, and of data analysis samples and decisions in Appendices M, N, and O.

The second transferability strategy was maximum variation in the sample. Maximum variation refers to "purposefully picking a wide range of cases to get variation on dimensions of interest" (Patton, 2015, p. 267). In the present study, I employed selection procedures to identify participants with varied experiences and backgrounds. Maximum variation increased transferability in the present study by increasing the opportunity for the results to apply to greater communities of individuals.

Dependability

Dependability speaks to the rigor of the methodological process and how a researcher enacted best research practices (Lincoln & Guba, 1985). When researchers make methodological mistakes, the research findings are compromised and no longer dependable (Lincoln & Guba, 1985). Similarly, dependability includes the consistency between the results and the data collected. For example, poor methodological decisions may lead to inconsistent conclusions between data collection and final analysis.

I used four primary methods to support dependability: triangulation, research mentorship and peer review, memo writing, and an audit trail. First, triangulation bolstered dependability through ensuring the initial data collected was congruent with participant experiences. I employed methods triangulation to examine participant experiences through multiple sources, which allowed me to better align results with data collected. I also utilized theory triangulation by considering data through RCT to compare my own analytic process. Therefore, I could protect against any conceptual leaps or departures from the data. Second, I worked with my dissertation committee to develop and implement effective methodological decisions. Miller (1997) recommended that collaborating with research mentors who provide feedback about the methodological process can help ensure methods are dependable. I worked with my dissertation committee to determine the initial methodology. This practice ensured the steps taken throughout the study were systematic and ethically sound.

The third dependability method was collaboration with a peer reviewer. Peer review supports dependability through providing feedback for analytic decisions and suggested additional directions for further direction (Merriam & Tisdell, 2015). I worked with a peer reviewer to identify any conceptual leaps in my analysis and ensure the categories and final theory were congruent with initial participant data. Lastly, I wrote memos and constructed an audit trail, which appear next.

Memos and an Audit Trail. Merriam and Tisdell (2015) asserted that an audit trail is crucial for dependability. Audit trails include detailed documented decisions throughout data analysis to a) help researchers make sense of their own decision-making and b) communicate methodological decisions to readers (Merriam & Tisdell, 2015).

I wrote memos to document methodological processes and summarized memos into an audit trail (located in Appendix O). Memos within the audit trail served several purposes. First, I wrote memos during the development of the research study to aid with the creation of research questions, as proposed by Birks and Mill (2010). I wrote memos during and after discussions with dissertation committee chairs to help with clarity in the planning process. I used the memos to understand and remember methodological decisions and to inform my writing in chapters 3 and 5. Second, I wrote memos immediately after each participant interview, which served to reflect on initial reactions and aided in the data analysis process. Third, I wrote memos during the data analysis to organize and clarify coding processes. I consulted these memos when reporting findings to ensure integrity in the research process. Lastly, I rewrote memos for categories to capture the data analysis audit trail for each category, which are included in Appendix O. Charmaz (2014) and Birks and Mills (2010) suggested that this process of memo writing is helpful by documenting methodological processes and creating an audit trail. I utilized memo writing and an audit trail to promote dependability by ensuring I consistently followed methodological processes.

Confirmability

Confirmability is transparency about the methodological process that centers participant experiences, not solely researcher ideas (Lincoln & Guba, 1985). Houser (2019) posited that a major criticism of qualitative research is that it is easy for researchers to inject their own opinions and attitudes into the findings. Confirmability speaks to the reasonability that other researchers may come to similar conclusions when examining the same participant findings (Lincoln & Guba, 1985). Constructivist grounded theory researchers recognize that subjectivity

is an inherent part of the process, however it is still important to recognize the role one's worldview plays during the research process (Charmaz, 2014).

I used three primary methods to support confirmability: memo-writing and an audit trail, collaboration with a peer reviewer, and reflexivity. First, memo-writing and an audit trail protected confirmability by creating space for self-reflection. Shenton (2004) suggested that audit trails are particularly useful for confirmability because they demonstrate how results arrive from the data and not solely researcher predispositions. In particular, I wrote memos after participant interviews and during data analysis to interpret and recognize my own biases, attitudes, and awareness. Memo-writing and audit trails further informed confirmability by ensuring I was maintaining rigorous methodological processes rather than making conceptual leaps.

The second confirmability strategy was collaborating with a peer reviewer. Miller (1997) asserted that working with a peer reviewer increases confirmability in the final product by ensuring an additional perspective throughout data analysis. In the present study, I invited the peer reviewer to examine each round of data analysis for congruence between codes and categories and participants' initial reports. This promoted confirmability by protecting against conceptual leaps and integrating the perspective of another researcher. Lastly, I engaged in reflexivity to understand my own positionality, detailed next.

Reflexivity. Reflexivity can inform all aspects of trustworthiness, however it is particularly meaningful when examining confirmability (Merriam & Tisdell, 2015), On occasion, researchers fail to meet trustworthiness due to lack of self-awareness, such as failing to recognize their own biases during the research process (Hays & Wood, 2011). This is particularly relevant in confirmability, to assure that findings are rooted in data and not a researcher's own opinions

(Lincoln & Guba, 1985). Charmaz (2014) described this possibility in grounded theory when she wrote:

> The constructivist approach perspective shreds notions of a neutral observer and value-free expert. Not only does that mean that researchers must examine rather than erase their privileges and preconceptions that may shape the analysis, but it also means that their values shape the very facts that they can identify (p. 13).

One method grounded theory researchers utilize to examine their privileges and preconceptions is reflexivity. Reflexivity is a way to strengthen one's own awareness, to better understand what a researcher does and does not know (Merriam & Tisdell; 2015; Schön, 1991). Schön (1991) asserted the importance of both reflection in action, or awareness of behaviors as they occur, and reflection on action, or later consideration of one's actions. Similarly, Hays and Wood (2011) argued that reflexive practices help researchers remain aware of their own values and biases while seeking to enter the participant's experience. Smith and Luke (2020) posited that reflexive practices mean accepting the natural messiness in research, through sitting with incongruities, honoring discomfort, and approaching research with humility. Reflexive practices in the present study included the development of a positionality statement (Holmes, 2020), memo writing (Charmaz, 2014), and working with auditors or peer reviewers (Lincoln & Guba, 1985).

Positionality. One strategy for reflexive practices is recognizing a researcher's own positionality. Charmaz (2014) suggests that constructivist grounded theory researchers recognize that they are an inherent part of the theory formulation process. This is because constructivist grounded theory researchers recognize the inherent subjectivity in grounded theory. Considering this, a positionality statement can increase a researcher's own self-awareness and reflection during the research process, to better avoid compromising trustworthiness (Holmes, 2020).

Further, positionality statements allow for transparency with readers, to assist readers with determining transferability of the study's findings. The following is my positionality statement.

Researcher's Positionality Statement. I am a White cisgender woman who grew up in a southeastern coastal city and a Rust Belt city in the Midwest. I am a millennial and entered college as a first-generation student. I have personal lived experiences with topics of power and trauma which have shaped my value systems. I am a doctoral candidate in a CMHC education and supervision program at a Midwestern university. I have been a clinical mental health counselor (CMHC) since 2016 and have experience working in community settings and colleges, including individual outpatient CMHC.

I am a firm believer that effective counselor educators are counselors first. Similarly, I believe effective counselors are clients first. I first experienced counseling as a client during adolescence, and I have been engaged with counseling consistently since. As a client, I have experienced disempowering counseling relationships, wherein a counselor utilizes their power to attempt to direct or influence me. I have also experienced empowering counseling relationships, where a counselor and I work collaboratively to meet our shared goal. I recognize that in my experiences as a client, I prefer and respond more positively to collaborative forms of power.

As a CMHC, I have worked closely with women who have histories of interpersonal trauma. Some of these women have shared stories of times they felt disempowered and harmed by mental health professionals, or ways they felt alienated and coerced during mental health treatment. Working with these women and hearing their stories has informed my counseling, teaching, supervision, leadership, and research, and I try to attend to power in each of my roles. Because of my personal and professional experiences with trauma and power, I approach counseling through feminist and relational-cultural theories. Similarly, I approach research

through a constructivist lens and strive to integrate critical and cultural considerations into research.

The current study stems from conversations regarding power in counseling literature, from my professional experience as a CMHC, and from my own personal experiences and values. I value attention to power, particularly in how people and communities can experience deep harm from injustice and in how people can enact power to work towards social change. I grew up with a fear of power, informed by a predominantly White Western Eurocentric lens of power. For me, this meant that I only noticed power when there was a threat against me and often failed to recognize places where I held power. As an adult, I increasingly ascribe to philosophies of power that celebrate community, grassroots activism, and transparency and equity in meaningful hierarchies over abolishing hierarchies entirely. I am a firm advocate of the social justice concept of power-with. Further, I strive to examine my own experience of power in a more complex way, recognizing the places where I hold power, feel powerless, and experience intersections of power and powerlessness. I recognize that these are my worldviews and may not be the same as my participants.

I enter the research conversation from a place of both privilege and experience with oppression. I have both suffered and benefited from structural systems of oppression that misuse power. I recognize that when I point to groups with power, such as in instances of Whiteness, which includes myself and I am not an exception. Similarly, my experiences of both privilege and oppression do not negate, but instead often inform one another. I care deeply about these topics, but my experience with power, trauma, and being a woman is only my own. Throughout this process, I strive to celebrate and honor all participant experiences, whether they mirror, intersect with, or depart from my own.

Evaluating Grounded Theory Research

Charmaz (2014) provided four additional considerations for evaluating grounded theory. Charmaz posited that grounded theory research should be credible, useful, resonant, and original. Credibility in grounded theory lives in questions like, "Has your research achieved intimate familiarity with the setting or topic? Have you made systematic comparisons between observations and categories?" (Charmaz, 2014, pg. 337). I addressed credibility through member checking, working with the peer reviewer, memoing, and a rigorous constant comparison within the data. Charmaz (2014) asserted researchers should evaluate usefulness through questions like, "Does your analysis offer interpretations that people can use in their everyday worlds?" (p. 338). I addressed usefulness through providing a rich description in my report of findings and detailed implications. Charmaz argued that originality includes if a grounded theory introduces new conceptual ideas, expands upon current beliefs, or offers new insights. Similarly, resonance has to do with the fullness of the theory, and how the grounded theory connects with both larger collectives and individual lives (Charmaz, 2014). I sought to address both originality and resonance by staying congruent with participants' experiences, exploring a topic that held minimal research, and working to provide an authentic representation of their accounts.

Chapter Summary

The purpose of this chapter was to provide an overview of the present study's methodology. First, this chapter introduced qualitative methodology, grounded theory, and constructivist grounded theory. Second, this chapter served to describe the present study's methodology, including participant criteria, sampling and recruitment procedures, data collection, and data analysis. Lastly, this chapter included an evaluation trustworthiness within the present study. The next chapter serves to review results and findings from the present study.

CHAPTER IV: RESULTS

This dissertation served to explore how adult women with histories of interpersonal trauma experience power in the counseling relationship. Previous chapters included the rationale and purpose of the study, a brief literature review, and an exploration of the grounded theory methodology and study design. This chapter serves to present the findings of this study and the constructed grounded theory resulting from participant experiences. First, this chapter includes a detailed review of each category. The second section includes the theory's organization, or how the categories relate to each other. The third section includes an overview of the core category, which summarizes the theory and provides a summative answer to the research question. The last section includes three participant stories to demonstrate the categories and grounded theory.

To provide context for participant quotations, I included a chart of participant pseudonyms and demographics in Table 11. However, to protect participant confidentiality, I included only highlighted demographics. I include participants' age, gender identity, race, ethnicity, and if participants reported any traumatic experiences, because these were the more commonly referenced demographics participants referenced in their interviews. I reported traumatic experiences using participants' language. Additionally, the table includes the context of the counseling relationship, including whether the counseling relationship in focus was recent (within last year) or current, as well as the number of sessions in the most recent or current relationship. If participants referenced additional demographic factors in their quotations throughout the chapter, those factors are included with the quotation. For full aggregate demographics, please see Table 6. Results represent participants' language; therefore, the term "counselor" is used throughout to indicate a clinical mental health counselor in an individual outpatient counseling setting.

Table 11

Participant Pseudonyms and Characteristics

Pseudonym	Age	Gender Identity	Race & Ethnicity	Current or Recent Counseling	Number of Sessions	Traumatic Experience Reported
Alex	31	Transgender	White	Current	20	Bullying, assault, and transphobia
Alyssa	39	Cisgender	Black and White	Current	70	Abuse
Amelia	33	Cisgender	White	Current	50	Not disclosed
April	38	Cisgender	Black	Recent	8	Sexual assault
Brianna	32	Cisgender	White	Current	60	Domestic violence and sexism
Chloe	40	Transgender	Black	Current	37	Racism and transphobia
Danielle	49	Cisgender	White	Current	3	Sexual abuse and domestic violence
Emma	25	Transgender	White	Current	20	Bullying
Evelyn	70	Cisgender	White	Current	100+	Sexual abuse
Grace	27	Cisgender	Black	Current	15	Sexual assault
Hannah	32	Transgender	Black	Recent	31	Not disclosed
Janice	27	Cisgender	Black	Current	90	Not disclosed
Jasmine	25	Transgender	Black	Current	10	Not disclosed
Jen	28	Cisgender	White Cuban American	Current	31	Bullying and assault
Jo	51	Cisgender	White and American Indian	Recent	13	Human trafficking and sexism
Kayla	22	Cisgender	Black	Current	83	Not disclosed
Krista	32	Cisgender	White	Current	100+	Sexual assault
Lisa	62	Cisgender	White	Current	70	Kidnapping and sexual assault
Mariah	40	Cisgender	Black	Recent	Not reported	Sexual assault and sexual abuse
Megan	25	Cisgender	White	Recent	2	Sexual violence
Melanie	35	Cisgender	White	Current	50	Sexual abuse

Mia	25	Transgender	Black and Latina	Recent	14	Transphobia, bullying, and racism
Ruth	50	Cisgender	Black	Current	47	Sexual abuse
Samantha	42	Cisgender	White	Current	6	Not disclosed
Shanice	23	Cisgender	Black	Current	51	Not disclosed
Simone	35	Cisgender	Black	Current	30	Not disclosed
Sydney	29	Cisgender	White	Current	18	Abusive childhood
Taylor	30	Cisgender	White Mexican American	Current	13	Abusive relationship
Tonya	23	Transgender	Black	Current	71	Racism, transphobia

Categories Within the Grounded Theory

This section serves as an overview of the seven categories within the grounded theory resulting from data analysis. The seven categories include: *Choosing Counseling, Sociocultural Mental Health Factors, Prior Experiences of Power, Advocating for Needs, Assessing for Safety and Fit, Reclaiming Power,* and *Reliving Disempowerment.* These categories are presented discretely to ensure comprehension for each category. Table 12 includes a list of constructed categories. It is important to note that not all participants experienced all categories. Participants eluded that the presence of some categories was reliant on elements of other categories. Further discussion of organization of the categories within the overarching grounded theory (including Figure 1) begins on p. 190.

The exploration of each category includes several parts. The first part contains an introduction of the category, including a prime example from participant data to exemplify the category. The second part contains the category's properties. Properties are the defining features of the category. Properties include similarities in participants' reported experiences that formed the category itself. The third part contains the category's dimensions. Dimensions are variations

in participants' reported experiences within the category. Dimensions include the different ways participants may experience the category.

Table 12

Constructed Categories

Number of Participants	Category
29 out of 29	Practicing Personal Power in Connection with Others (core category)
29 out of 29	Choosing Counseling
27 out of 29	Sociocultural Mental Health Factors
27 out of 29	Prior Experiences of Power
26 out of 29	Advocating for Needs
24 out of 29	Assessing for Safety and Fit
22 out of 29	Reclaiming Power
17 out of 29	Reliving Disempowerment

Choosing Counseling

The first category of the grounded theory was *Choosing Counseling.* All 29 participants referenced *Choosing Counseling* in their experiences of power within the counseling relationship. For the present study, choice included any decision participants made regarding their counseling experience, such as their decision to begin counseling.

A prime example of *Choosing Counseling* emerged in April's interview. April reflected on her consideration in choosing a counselor. She explained, "…you're going to counseling because you feel like it could be a resource but… they still have to be a good fit for you…. So really understanding that I can be selective with the type of counselor I want."

Properties of Choosing Counseling

There were three properties, or similarities, across participant reports within *Choosing Counseling*. Eight participants reported the first property of *Choosing Counseling:* choice in

counseling led to an increased sense of personal power within the counseling relationship. Lisa's interview offered an example of the first property. Lisa shared how the act of beginning counseling required a sense of personal power:

> I think [going to counseling] is brave. I think to be brave, to show up and do the hard work does take individual strength, or power. I think we can have power or strength and yet not have the courage to act. But to have the courage to act does take personal power or strength.

Fifteen participants reported the second property of *Choosing Counseling:* choice required an initial sense of personal power. Tonya's interview offered an example of the second property. Tonya explained, "I believed as I was choosing that the choice I was going for was the best. Even if it wasn't the best… it was at least my choice. And it was a power I had to go for that choice." Another example emerged in Krista's interview. Krista shared that "power and decision-making go hand in hand. Like when I think of the times where I felt in control of a situation, and it was when I had final say, or when the decision was ultimately mine."

Seventeen participants reported the third property of *Choosing Counseling*: choice required knowledge about mental health and/or counseling. One example of the third property emerged in Mariah's interview. Mariah explained the strong bond with her counselor was disrupted when her counselor informed her she was filling in for a different counselor on parental leave. Mariah explained:

> If I had known initially that it was going to be short term, that it would have been helpful with the transition…. Looking back, I had health insurance, so I could have probably gone to her private practice. But it wasn't something I thought of, and it wasn't something that was told to me either…. I didn't have any power in those instances

> because I didn't know what to expect…. So, if I had maybe been given more of a roadmap on how things worked I would have still held some of that power. But it felt like I was just at the mercy of everybody and at their disposal at the same time.

Taylor's interview offered another example of the third property. Taylor shared that her counseling experience shifted after reading a book. She reported that, "after reading her book, I was like, 'I need to try a different type of therapy. I think I've exhausted talk therapy. And I think I've talked as much as I can. Now I need to actually make some changes.'"

Dimensions of Choosing Counseling

There were three dimensions, or differences, across participant reports within *Choosing Counseling.* Dimensions in *Choosing Counseling* included the different types of choices participants reported: choosing a counselor, choosing to initiate counseling, and choosing to attend each counseling session. Sixteen participants reported the first dimension: choosing a counselor. One example of this dimension emerged in April's interview. April reported:

> I sought out someone who could truly relate…. I was intentional to say, "okay, let me find a woman, so there will be some parallels there. Specifically, women who are minority women, because I know sometimes, like our cultural backgrounds can overlap…." I really wanted a counselor who would be able to identify that piece too.

Evelyn's interview offered another example of the first dimension. Evelyn described choosing to connect with "therapists who lived in a way that I wanted to live."

Twelve participants reported the second dimension of *Choosing Counseling*: choosing to initiate counseling. These participants reported their decisions to begin the counseling process. One example emerged in Sydney's interview. Sydney shared that she chose counseling when she experienced depressive episodes reminiscent of her past experiences with depression. She

explained, “Counseling was the best option because I have more to lose now than I did then… I can’t afford to try to kill myself again. I can’t afford to go backward. I need to go forward [in initiating counseling].” Hannah’s interview offered another example of the second dimension. Hannah reported she could “feel my power was based on the fact that I was able to make a decisive decision within myself. And I was also able to get myself around places, and able to access these support services.”

Six participants reported the third dimension of *Choosing Counseling:* choosing to attend each counseling session. One example of this dimension emerged in Brianna’s interview. Brianna explained, “I have the power to be there. If I want to be I can leave if I want. She’s not forcing me to be there. That’s a choice that I have… I had the power to sit there.” Kayla’s interview offered another example of the third dimension. Kayla spoke about exercising her choice to not attend counseling sessions and explained, “I’ve been making choices [whether] to attend or not. So, I’m in a position of power.”

Sociocultural Mental Health Factors

The second category of the grounded theory was *Sociocultural Mental Health Factors.* Of the 29 participants in the sample, 27 participants referenced either culture, systems, or social norms in their experience of power within the counseling relationship. *Sociocultural Mental Health Factors* encompasses cultural attitudes and systems relevant to mental health. I provide examples of the category, then explain its properties and dimensions.

A prime example of *Sociocultural Mental Health Factors* emerged in Jo’s interview. Jo reported that after escaping her abuser, she felt pressured by counselors’ expectations to meet norms for trauma programs. Jo asserted that cultural ideas about trauma seemed to be informing her counselors’ approaches in trauma programs:

> …there was so much of, "okay, now you have to get in this, 'normal' box. You have to go to work and go to school and get a job and you know, register to vote or whatever the case may be." And it doesn't matter if it's a few months or a few years. Survivors need time, and they don't get it. The average program in the US is like 30 to 90 days. And unfortunately, that is extremely unrealistic. You just are not going to be anywhere close to healed, or what society deems to be "normal," in 30 days.

Properties of Sociocultural Mental Health Factors

There were two properties, or similarities, across participant reports within *Sociocultural Mental Health Factors*. Eighteen participants reported the first property of *Sociocultural Mental Health Factors:* experiences with sociocultural factors connected with their power to enter the counseling relationship. One example of this property emerged in Samantha's interview. Samantha described cultural attitudes she encountered while growing up in Appalachia and how these attitudes influenced her ability to initiate a counseling relationship. She shared that counseling "is not something that we do culturally. We don't ask for help…. Culture can either give you the power to seek help, or it can make you feel powerless." Hannah's follow-up email offered another example of the first property. Hannah shared that counseling "is the means through which I communicate, access vital information, and receive support and empower myself. So, when I get denied from a counselor, it makes me feel powerless."

Twelve participants discussed the second property of *Sociocultural Mental Health Factors:* sociocultural factors contextualized how participants utilized power within the counseling relationship itself. These participants explained ways they felt their power was limited because of sociocultural factors. One example of the second property emerged in Chloe's interview. Chloe explained, "stress causes mental illness, and you can be traumatized if you're

really stressed out or depressed…. Maybe you're thinking about housing or food. Then, you're triggered when paying for services, thinking about how you've got to pay for that too." Alyssa's interview offered another example of the second property. Alyssa disclosed that her counselor was abruptly let go, causing a disruption in her counseling. She shared that "when you take the time to establish a relationship with a therapist here to do deep trauma therapy…. having your therapy just ended without any reason in itself could also be and was extremely traumatic."

Dimensions of Sociocultural Mental Health Factors

There were two dimensions, or differences, across participant reports within *Sociocultural Mental Health Factors*: cultural attitudes and the mental health system. Twenty-three participants reported the first dimension of *Sociocultural Mental Health Factors*: cultural attitudes. One example of this dimension arose in Jen's interview. Jen reflected on how her parents' cultural attitudes contextualized her experience of power in the counseling relationship, in that she felt pressured to "hurry up and heal now." She explained:

> My parents are both immigrants. My mom is Italian. My dad is Cuban. And there is definitely a stigma in Latino cultures of mental health and counseling…. Sometimes [my parents] are like, "tick tock, why aren't you healed yet?"

Nineteen participants discussed the second dimension of *Sociocultural Mental Health Factors:* mental health systems. One example of this dimension emerged in Sydney's interview. Sydney shared that "it's hard to because you have to find someone that's in your network, and you have to find someone that takes your insurance. It's such a process. And it's extremely expensive." Amelia's interview served as another example of the second dimension. Amelia described her frustration with multiple attempts to find a good fit in a counselor. She shared that "our [mental health] system is already very broken. Like how we look at mental health and

services people are receiving. There are just so many barriers to getting services…. So why am I going to share what I'm feeling and going through?"

Prior Experiences of Power

The third category of this grounded theory was *Prior Experiences of Power.* The present study focused predominantly on current or recent counseling experiences and did not require participants to share about their traumatic experiences. However, during the research interviews, 27 of 29 participants shared past experiences of trauma and/or experiences with previous counselors. *Prior Experiences of Power* included any experiences participants named as context for their experience of power within the counseling relationship.

A prime example of *Prior Experiences of Power* emerged in Jo's interview. Jo explained how past experiences connected with her experience of power within her most recent counseling relationship. She shared that "there's nothing threatening about [the counselor] or about the way she manages our sessions…. When you have this many experiences… you are always in that mindset. That they're going to take what little bit of power and control I have."

Properties of Prior Experiences of Power

There were two properties, or similarities, across participant reports within *Prior Experiences of Power.* Twelve participants discussed the first property of *Prior Experiences of Power*: past experiences contextualized how participants expected the counselor to respond within the counseling relationship. One example of the first property emerged in Jasmine's interview. Jasmine explained that her previous experiences of judgement and rejection informed her expectations that her counselor would judge and reject her too. Jasmine discussed:

> I think that was the most difficult part in my counseling. Because like most conversations I have with people, they mostly judge me by my identity, or they'll treat me differently

> because of my identity. So, it was so difficult opening up or going deeper and moving forward. Because it hasn't really gone well with me doing that with others.

Alex's interview offered another example of the first property. Alex disclosed reluctance in sharing her experience as a transgender woman to a cisgender counselor. She explained that "because I've been rejected by so many [people], I was frightened. I was scared to death that I was going to be rejected by her too."

Ten participants discussed this second property of *Prior Experiences of Power*: prior experiences contextualized how participants utilized their personal power within the counseling relationship. One example of the second property emerged in Alyssa's interview. Alyssa mentioned changing the way she engaged with counseling after previous disempowering experiences with counselors. She explained approaching a new counselor with caution: "I wrote down all these questions I wanted to ask him, and our phone intake was 45 minutes…. It was probably the most honest I'd been with a counselor in my entire life. I wanted to make sure that I didn't have the experience that I had before."

Dimensions of Prior Experiences of Power

There were two dimensions, or differences, across participant reports within *Prior Experiences of Power*: interpersonal trauma and past experiences with mental health providers. Twenty-one participants discussed the first dimension of *Prior Experiences of Power*: interpersonal trauma. One example of the first dimension emerged in Jo's interview. Jo explained:

> [The counselor] came into the room behind me, and touched me on the shoulder, and I punched her in the face. I just swung and punched her in the face…. That is such a lack of awareness. For somebody that has survived abuse, if somebody touches you

unexpectedly, it's a threat. If somebody comes into your space unexpectedly, you're in danger. Why would you walk up behind somebody and do that?

Of the 21 participants who discussed experiences of interpersonal trauma, 14 spoke specifically to encounters with social oppression, such as discrimination and harassment. For the present study, interpersonal trauma included social oppression (see p. 102). One example of this dimension emerged in Tonya's interview. Tonya spoke about her experiences with transphobia and racism. Tonya explained that by "having to be around this society—with the beliefs, my religion, my family, my workplace, the way people see me—it gives me a little bit of mistrust in humans. And that doesn't just affect counseling, it affects everything." Tonya's experience of interpersonal trauma meant it "took time to gradually trust the counselor fully," out of concern she would experience disempowerment again.

Thirteen participants referenced the second dimension of *Prior Experiences of Power*: past experiences with mental health providers. One example emerged in Kayla's interview. Kayla explained that as a teenager she saw a counselor who regularly reported everything she said to her parents. She shared that this influenced her relationship with her new counselor as an adult. Kayla shared that, "I was scared that even though [my counselor] doesn't know my parents, it could be something that could get out [to] my relatives. It was just something I was scared of because of the previous counselor."

Advocating for Needs

The fourth category in the grounded theory was *Advocating for Needs*. Of the 29 participants sampled, 26 reported *Advocating for Needs* in their experience of power within the counseling relationship. In the present study, advocacy included utilizing power to influence

change in the counseling relationship based on their needs. Advocacy occurred with and/or against the counselor.

A prime example of *Advocating for Needs* emerged in Samantha's follow-up email. Samantha reflected:

> I feel that power also means being able to admit and alter the therapeutic process if it is not working. That could mean a change in counselor, treatment plans, or approaches that are not efficacious or bringing the needed changes. It takes a lot of courage and power to speak up on our own behalf when we need to.

Properties of Advocating for Needs

There were two properties, or similarities, across participant reports within *Advocating for Needs*. Eighteen participants reported the first property of *Advocating for Needs*: advocacy could increase participants' sense of personal power. One example of this property emerged in Chloe's interview. Chloe reflected on a time when she spoke up against a counselor's racism. Chloe explained, "I showed my power by condemning what he was doing. I told him what he was saying was really wrong…. I think being strong was my own power." Grace's interview offered another example of the first property. Grace shared that "it gives you a lot of strength to have power of your treatment plan … It's very important for sexual assault survivors to have that control again because it was taken away from them to have that power given back."

Eleven participants reported the second property of *Advocating for Needs*: advocacy required an initial sense of power. One example of this property emerged in Tonya's interview. Tonya shared that, "I have the power to say what I want to say, and what I don't want to say. I also have the power to instantly stop the counseling and decide to stand up, even though my session is not over." Shanice's interview offered another example of the second property.

Shanice shared that "it felt like I had some form of right to refuse doing what I was asked to do. It wasn't solely in the counselor's hands."

Dimensions of Advocating for Needs

There were four dimensions, or differences, across participant reports within *Advocating for Needs*. Dimensions included specific ways participants engaged in *Advocating for Needs*: influencing the flow of conversation, vocalizing concerns, utilizing administrative tasks, and ending the counseling relationship. Eleven participants reported the first dimension of *Advocating for Needs*: influencing the flow of conversation. One example of this dimension emerged in Jen's interview. Jen shared that, "I have power that I can steer the conversation into certain places…. So, I have the power to bring that up, or not bring that up. And I think that does feel really empowering to me." Hannah's interview offered another example of the first dimension. Hannah explained that "all the dialogues and conversations I had with counselors were all initiated by me."

Ten participants reported the second dimension of *Advocating for Needs*: vocalizing concerns. One example emerged in Amelia's interview. Amelia reported that her counselor shifted "more into the friendzone," leading Amelia to ask the counselor to refocus on Amelia's goals. Amelia explained that "this is the prime example where we're on an even playing field. I know she's here to help me but she's not looking at it as power over me. I have power over myself." Danielle's interview offered another example of the second dimension. Danielle described a situation where a counselor began to explain wrongful information about Danielle's diagnosis to her. She shared, "She said, 'I don't treat dissociative disorders, but this is how your system is mapped.' And I said, 'No, no, that's not how it works.'"

Seven participants reported the third dimension of *Advocating for Needs*: utilizing administrative tasks. One example emerged in April's interview. April discussed scheduling and explained that "for me, having the autonomy to say this time of day works for me, or this format works for me knowing that I actually had options…. And being able to discuss frequency starting off and not feeling like I'm being voluntold." Another example of the third dimension arose in Megan's interview. Megan discussed the intake as she explained that "I realized that the more I was open and the more that I was willing to take myself back to those [traumatic] events…. the more healing I bought myself." Evelyn's interview offered a final example of the third dimension in relation to treatment planning. Evelyn shared:

> But the first thing [the counselor] did was ask me the question, "Well, what do you want to work on? What is it that's most pressing in your life?" And I said, "my master's thesis. I need to focus on it…." And once I had [the thesis] ready, I showed up and he went, "Okay, now what's next?" and I was ready. I knew him. I trusted him.

Seven participants reported the fourth dimension of *Advocating for Needs*: ending the counseling relationship. These participants reported that the counseling relationship was no longer effective, and they utilized their power to end the counseling relationship. Alyssa's interview offered one example of this dimension. Alyssa explained, "I wasn't opening up to [the counselor], so she tried this method of accusing me of things to get a reaction out of me…. I said you want a reaction; you got it. Fuck you. I'm done. And I'm never coming back."

Assessing for Safety and Fit

The fifth category within the grounded theory was *Assessing for Safety and Fit*. Of the 29 participants, 24 described ongoing assessment of their experience of power within the counseling relationship. Participants described this assessment as an ongoing process throughout the

duration of the counseling relationship. This assessment took two forms. First, participants assessed their counselor to ensure safety in the counseling relationship. Second, participants assessed their counselor to evaluate if the counselor was the best fit for their needs and goals. This was an internal process that allowed participants to use their power to make decisions about the counselor and the counseling relationship.

A prime example of *Assessing for Safety and Fit* emerged in April's interview. April described needing to pay attention to her counselor to learn whether or not she could trust her counselor. She explained, "I think in order to really get to know someone, or to really build that type of dynamic, you have to pay attention to who they are, what they say, what they don't say."

Properties of Assessing for Safety and Fit

There were two properties, or similarities, across participant reports within *Assessing for Safety and Fit*. Nine participants reported the first property of *Assessing for Safety and Fit*: assessing the counselor can lead to increased feelings of personal power within the counseling relationship. One example of the first property emerged in Melanie's interview. Melanie described assessing her counselor's response when Melanie raised the possibility of a new diagnosis. She shared, "I really put it out there, and she shut it down…. That's when I realized that this is no longer serving me…. She taught me that I have my own power, and then in that moment, she tried to snatch it away."

Four participants reported the second property of *Assessing for Safety and Fit*: when assessment occurred as an automatic response to trauma, it could be a disempowering experience for participants. One example of the second property emerged in Jo's interview as she reflected how she automatically evaluated her counselor's actions and words, and her own feeling of power within the counseling relationship. Jo described:

> There's a point where it's instinctual. I hesitate to call it power because you're not really in control of it so much. It's more of an instinct. Where it is helpful is that it's a survival mechanism. But then you get to the point, and I have reached that point, where you're over-analyzing everything.

Dimensions of Assessing for Safety and Fit

There were two dimensions, or differences, across participant reports within *Assessing for Safety and Fit.* Dimensions in this category included differences in what participants assess counselors for: determining safety and determining fit. Nine participants reported the first dimension of *Assessing for Safety and Fit*: determining safety. These participants reported assessing their counselor to ensure that they would be safe within the counseling relationship. Participants assessed for all forms of safety, but most often emotional safety. One example of this dimension emerged in Simone's interview. Simone explained, "as much as I knew I needed counseling. It was difficult for me to open up and trust…. I needed to be comfortable. I needed to know that my story was actually safe with this person." Janice's interview offered another example of the first dimension. Janice discussed, "telling a stranger my problems was different. What if I am not safe? Or what if talking to this person is not safe? What if this person looks at me differently?"

Eighteen participants reported the second dimension of *Assessing Safety and Fit:* determining fit. These participants reported assessing their counselors to ensure the counselor's approach or personality would be an effective match for their goals or personality. One example of the second dimension emerged in Evelyn's interview. Evelyn described:

> When I walked into [the counselor's] office for the first time and sat down, there were chairs in a circle with really large stuffed bears. And he'd refer to [the bears] often in

> therapy like, “oh, what do you think? Do you feel like this is what’s going on?” And he'd have a conversation with them. And I thought it was really goofy at first. And then I started really understanding what he was doing.

Jasmine’s interview offered another example of the second dimension. Jasmine explained assessing their counselor’s approach and realizing it was not a fit. She explained, “I wasn't satisfied because I knew that wasn't going to solve my problem…. I’d already tried what he was suggesting. That’s why I knew he wasn’t going to suit me.”

Reclaiming Power

The sixth category in the grounded theory was *Reclaiming Power.* Of the 29 participants sampled, 22 participants reported *Reclaiming Power* within the counseling relationship. *Reclaiming Power* encompassed all ways participants experienced an increase in personal power. A prime example of *Reclaiming Power* emerged in Megan’s interview. Megan reflected on how the counseling relationship helped her increase her personal power, as she shared:

> “I realized that having someone who didn't know me as well, but who I was able to meet with on a regular basis, and who helped me really reclaim who I am, was an act of taking my own power back…. Like, the counselor wanted to do all they could to help me bring the power back myself and help me realize that I do have more power than I think I do in those moments.”

Properties of Reclaiming Power

There were two properties, or similarities, across participant reports within *Reclaiming Power*. Twelve participants reported the first property of *Reclaiming Power*: reclaiming power through the counseling relationship. One example emerged in Krista’s interview. Krista shared that “shame tends to take control of all of my decision making. The shame completely has the

power… by [the counselor] coming in and eliminating that piece of [shame], I get my power back." Mariah's interview offered another example of the first property. She explained, "I was able to feel like I had a sense of power in the small things. The counselor made me feel like I can gain power connecting to someone else…. So, it just felt like I was gaining a sense of power, gaining my voice again."

All 22 participants who discussed *Reclaiming Power* reported the second property: reclaiming power within the counseling relationship led to an increased personal power in other aspects of life. One example of the second property emerged in Emma's interview. Emma shared that "counseling has really given me the power to have my own voice in who I am." Lisa's interview offered another example of the second property. Lisa reported that "feeling empowered definitely led to confidence for me…. Through counseling, I have a much greater awareness of the power I had and used in my past. That has led to more confidence in using my power today."

Dimensions of Reclaiming Power

There were three dimensions, or differences, across participants' reports within *Reclaiming Power.* Dimensions include the unique benefits participants reported because of *Reclaiming Power*: navigating trauma responses, accepting themselves, and connecting more with others. Ten participants reported the first dimension of *Reclaiming Power*: navigating trauma responses. One example emerged in Grace's interview. Grace shared how the counseling relationship empowered her to feel ownership of her feelings:

> When I think about having power and being in counseling and seeking treatment, power is being in control of my feelings and being able to work through those feelings…. When your counselor is genuine about helping you and wanting to get you to meet these goals,

> it gives me the power I need. That encouragement, that control, to continue to work towards those goals and do my very best.

Ruth's interview offered another example of the first dimension. Ruth shared that as she increased power in the counseling relationship, she "no longer felt defeated" by her traumatic experience. Ruth explained, "I started to get my confidence, build up my pride to say, 'I'm not gonna let this [trauma] defeat me.'"

Seven participants reported the second dimension of *Reclaiming Power*: accepting themselves. Participants expressed ways that increased personal power allowed them to accept themselves, including their responses to traumatic experiences. Participants did not report accepting the traumatic event itself. One example of the second dimension emerged in Mia's interview. Mia shared, "power felt amazing. Because for someone like me, who has been confused for so long, finally finding my part felt really good. That I can finally know who I am." Five participants reported the third dimension of *Reclaiming Power*: connecting more with others. One example of the third dimension emerged in Samantha's interview. Samantha shared how the relationship she built with the counselor helped her regain power to connect with others. She explained:

> I lost a lot of that power of connection, power of community…. Now I'm finally starting, with counseling and everything, to get those powers back…. Just being able to not feel alone with your misery, being able to find camaraderie [with the counselor] and know that somebody is pulling for you-- that's very powerful.

Reliving Disempowerment

The seventh category of the grounded theory was *Reliving Disempowerment.* Of the 29 participants, 17 discussed *Reliving Disempowerment* in their experiences of power within the

counseling relationship. *Reliving Disempowerment* includes participant reports of re-experiencing the disempowerment they encountered during traumatic events. This disempowerment often occurred unexpectedly and without support or safety.

A prime example of *Reliving Disempowerment* emerged in Melanie's interview. Melanie shared her experience when a counselor directed the focus of counseling session on Melanie's sexual relationship with her husband. She explained:

> [The counselor] was telling me to just basically try to force myself to be present [with my husband] sexually. And that's not what I needed. I needed to be heard and seen sexually and understood sexually, you know? And knowing the trauma that I'd had…. When I should have been learning to set boundaries, he was teaching me to let my boundaries be stepped on…. He caused all sorts of retrauma for me.

Properties of Reliving Disempowerment

There were two properties, or similarities, across participants' experiences within *Reliving Disempowerment.* Nine participants discussed the first property of *Reliving Disempowerment:* experiencing retraumatization when disempowered in the counseling relationship. One example of the first property emerged in April's interview. April described feeling a loss of power when working with a counselor who dominated the conversation. She explained, "once I got into the session, this sense of power that I thought I had, I didn't have it anymore…. It reminded me back to the experience of where my choice was taken away." Danielle's interview offered another example of the first property. Danielle recalled when a counselor terminated their counseling relationship. She explained that "it just played into all my core beliefs that I'm broken. And I'm lazy, and all the messages that I internalized growing up."

Eight participants reported the second property of *Reliving Disempowerment*: experiencing a decrease in personal power in other aspects of life. One example of the first property emerged in Amelia's interview. Amelia reported that the stressors she experienced in counseling reignited disempowerment from her past. She explained that experiencing disempowerment in counseling "just brings you right back to a really terrible place in time. Which is like, I'm never gonna feel better. I'm not gonna get better, because there's no one out there who even gives a shit." Taylor's interview offered another example of the second property. Taylor shared that a counselor abruptly diagnosed her with PTSD without time to process the diagnosis. She explained that the diagnosis "felt like a death sentence…. And in that moment, I felt powerless again. Just kind of a shell of myself again, where it's like, 'oh, I don't have control over what's happening in this situation.' It's very life changing."

Dimensions of Reliving Disempowerment

There were two dimensions, or differences, across participants' reports within *Reliving Disempowerment.* Dimensions include the unique detriment participants reported because of *Reliving Disempowerment*: experiencing worsened mental health concerns and distrusting counseling.

Four participants reported the first dimension of *Reliving Disempowerment*: experiencing worsened mental health concerns. One example of this dimension emerged in Alex's interview. Alex shared that "after everything [the counselor] did, she made me depressed. Because when everyone is hoping or dependent on you…. I went into depression, like I was mentally unstable."

Six participants reported the second dimension of *Reliving Disempowerment*: distrusting counseling. One example of the second dimension arose in Alyssa's interview. Alyssa explained that "the fact that she chose such a horrendous angle of approach not only led to me terminating

my sessions with her immediately, but it also led to a huge distrust with counselors that took years to overcome."

Organization of the Grounded Theory

The previous section served as an overview of each category within the grounded theory. The purpose of this section is to describe the organization of the grounded theory itself. This section includes a) the relationship between categories and b) the core category, which unifies all categories.

Relationship of the Categories

The following section serves as an overview of the resulting grounded theory, which demonstrated how categories interacted with one another. The organization of the categories constituted a process theory, which described *how* participants experienced power within the counseling relationship. As a process theory, relationships between categories were primarily temporal or causal: engaging in one category may influence others. The frequency and duration of this process varied across participant experiences. For example, many participants' experiences of power within the counseling relationship unfolded in a single counseling session. However, participants also experienced the grounded theory throughout an entire counseling relationship. Figure 1 provides a visual.

In the present study, I organized categories into one of four types: contextual conditions, causal conditions, action strategies, and outcomes. Contextual conditions included categories that informed how other categories manifest. Causal conditions included categories that initiated participants' experiences of power within the counseling relationship. Action strategies included efforts by participants to influence their experiences of power within the counseling relationship.

Lastly, outcomes included unintended or intended results through participants' experiences of power within the counseling relationship.

The resulting grounded theory included three overarching properties. First, participants experienced the theory in varying amounts of time. For example, 23 participants discussed outcomes as a result of their overall counseling experience, suggesting that participants moved through the theory over the course of many counseling appointments. However, 14 participants referred to outcomes throughout a single counseling appointment. These participants often found that changing contextual conditions and action strategies could vary outcomes for each appointment.

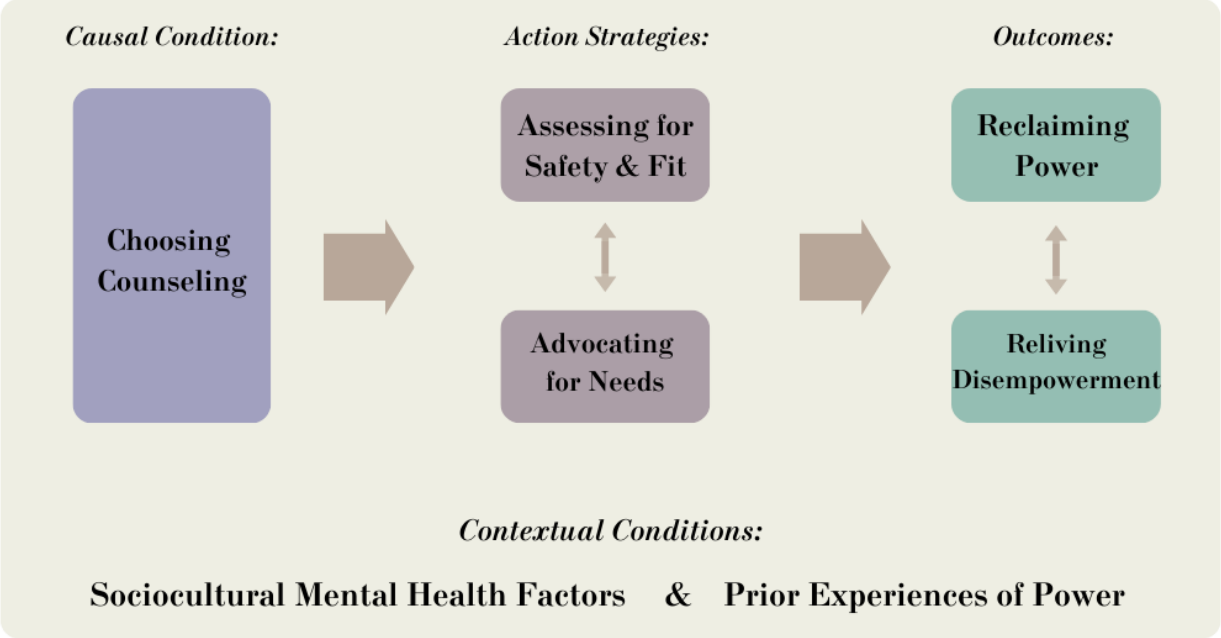
Second, not all participants experienced all categories. For example, although 12 participants reported experiencing both *Reclaiming Power* and *Reliving Disempowerment,* the remaining 17 participants experienced either *Reclaiming Power* or *Reliving Disempowerment*. Similarly, 24 participants utilized *Assessing for Safety and Fit* while 26 participants utilized *Advocating for Needs.* Participants engaged with categories differently within unique counseling relationships. Additionally, participants engaged with categories in divergent ways (i.e., the categories' dimensions). As a result, participants could experience any combination of the categories within the grounded theory and ultimately experience either or both outcomes.

Third, the grounded theory often occurred cyclically, meaning that participants' experiences of outcomes may become new contextual conditions. All participants expressed that their experiences of power were patterns of experiences not isolated to discrete moments. For example, 15 of the 17 participants who reported *Reliving Disempowerment* mentioned how this disempowerment informed their future counseling decisions. This means that if a participant experienced *Reliving Disempowerment* as an outcome of counseling, that disempowerment

becomes a *Prior Experience of Power* contextualizing future counseling relationships. Appendix P includes additional examples of the grounded theory organization.

Figure 1

Relationship Between Categories



Contextual Conditions

In the present study, contextual conditions influenced how all other categories occurred. This meant that participants' experiences of power within the counseling relationship were consistently informed by contextual conditions. In the present study, I organized two categories as contextual conditions: *Prior Experiences of Power* and *Sociocultural Mental Health Factors.* Not all participants experienced both contextual conditions. However, all participants who experienced either condition or both conditions illustrated that the contextual conditions influenced all other categories.

The contextual conditions influenced whether participants experienced power to engage with the causal condition, *Choosing Counseling*. For example, Sydney hesitated to begin

counseling because of the difficulty navigating insurance restrictions. Similarly, if participants began counseling, contextual conditions influenced how they experienced power within the counseling relationship. For example, Jen felt an urgency to rush the counseling process due to her parents' cultural expectations that she "hurry up and heal now." Contextual conditions also informed one another. For example, experiences with the *Sociocultural Mental Health Factors* influenced participants' *Prior Experiences of Power.* Contextual conditions served as ever-present contextualizing categories that informed how participants experienced other categories.

Causal Condition

Causal conditions included any events that initiated participants' experiences of power in the counseling relationship. In the present study, I organized one category as a causal condition: *Choosing Counseling*. Participants experienced power within the counseling relationship by *Choosing Counseling.* Similarly, participants' practice of *Choosing Counseling* allowed them to engage further with the counseling relationship and experience power in additional ways. *Choosing Counseling* was informed by contextual conditions. Additionally, *Choosing Counseling* allowed for participants to utilize action strategies and experience outcomes.

Action Strategies

Action strategies illustrate how participants act within a process to influence potential outcomes. In the present study, I organized two categories as action strategies: *Advocating for Needs* and *Assessing for Safety and Fit.* These action strategies exemplify how participants respond to forces outside of their control, such as the contextual conditions. However, both contextual conditions and the causal condition influence action strategies. For example, participants' strategies for *Advocating for Needs* may be influenced by their *Prior Experiences of*

Power. Similarly, participants could not experience action strategies in their experience of power within the counseling relationship if not for the causal condition, *Choosing Counseling.*

Not all participants used both action strategies. For example, Jasmine reported *Assessing for Safety and Fit* but electing not to utilize *Advocating for Needs.* She explained that telling the counselor something was not working "would make him feel reluctant to continue to do therapy with me. Because as a counselor, they have the power to stop counseling." Additionally, action strategies could inform one another. For example, participants utilized *Assessing for Safety and Fit* to inform what they focused on when *Advocating for Needs.* Participants used action strategies to influence how they experienced power within the counseling relationship.

Outcomes

Outcomes included the intentional and unintentional results of participants' experiences of power within the counseling relationship. In the present study, I organized two categories as outcomes: *Reclaiming Power* and *Reliving Disempowerment*. Outcomes were a result of participants' experiences with all other categories. For example, Alyssa experienced *Reliving Disempowerment* when *Sociocultural Mental Health Factors* disrupted the counseling relationship. Similarly, Chloe experienced *Reclaiming Power* through *Advocating for Needs* within the counseling relationship.

There were two main differences in participants' experiences of outcomes. First, not all participants experienced both outcomes. Participants who experienced both outcomes experienced them either a) within the same counseling relationship, or b) one outcome with one counselor and the second outcome with a second counselor. For example, Alyssa experienced both outcomes within the same counseling relationship. Alyssa experienced *Reclaiming Power* with her counselor, until a contract dispute caused her counselor to be suddenly fired from the

practice. Alyssa shared “I was going through this deep trauma [with the counselor], and then suddenly ‘Your therapist isn't with us anymore.’ That in itself was extremely traumatic.” Contextual conditions influenced Alyssa’s power and led her to experience *Reliving Disempowerment.* Although participants’ action strategies influenced outcomes, action strategies did not fully dictate outcomes. Similarly, participants could influence outcomes through their action strategies.

The grounded theory in the present study excludes intervening conditions. Strauss and Corbin (1990) suggested process theories include intervening conditions that mediate the causal or contextual conditions. However, Charmaz (2014) asserted that constructivist grounded theories should fit models to the data, not data to the models. Similarly, participant data did not illuminate trends that suggest intervening conditions that align with the research questions.

Practicing Personal Power in Connection with Others

The core category serves to unify all other categories and provide a direct answer to the research question (Strauss & Corbin, 1998). Similarly, the core category can serve as the summation of the categories themselves and the relationships between the categories (Strauss & Corbin, 1998). The present study’s core category demonstrated that adult women with histories of interpersonal trauma experienced power within the counseling relationship by *Practicing Personal Power in Connection with Others.*

All 29 participants described *Practicing Personal Power in Connection with Others*, and a prime example emerged in Megan’s interview. When asked how she conceptualizes power within the counseling relationship, Megan shared about power as being in community:

> When I think about power it almost feels like a voice. And community. It's something that we all have no matter what social status or level of work we're in or how we identify in society. And [power] can definitely be used in different ways, at different times.

Properties of Core Category

There were four properties of *Practicing Personal Power in Connection with Others.* As this category served as a unifying core category, these properties also apply to all other categories. All 29 participants reported the first property of *Practicing Personal Power in Connection with Others*: power is innate and essential. Throughout interviews and follow-up emails, each participant pointed to a way in which they recognized and utilized innate power. One example of this property emerged in Melanie's interview. Melanie shared that "our power is our own. And we have the power to make the choices that we make."

All 29 participants reported the second property of *Practicing Personal Power in Connection with Others*: individual power. Each participant emphasized their personal power rather than forms of power that could be exerted over others. One example of this property emerged in Taylor's interview. Taylor discussed her understanding of power when she shared, "There are different forms, right? Power isn't necessarily always bad, especially when you have it control and power in your own life to empower yourself to make decisions."

All 29 participants reported the third property of *Practicing Personal Power in Connection with Others*: negotiating power in relationship with others. Participants noted that their personal power did not occur in isolation. Instead, their experiences of power within the counseling relationship were actively influenced by other individuals, communities, and systems around them. One example of the third property emerged in Jasmine's interview. Jasmine shared that "power is working with other people." Jen's interview offered another example of the third

property. Jen discussed "you can come to a situation where both or multiple parties can also have power."

All 29 participants reported the fourth property of *Practicing Personal Power in Connection with Others*: practicing power, both in trying power out and enacting it. The word *practice* in this property has dual meaning. Practicing power refers both to the process of trying power out to get better at utilizing it, and actively enacting or utilizing power. One example of the fourth property emerged in Lisa's follow-up email. Lisa also reported learning and practicing power during counseling. She shared:

> In counseling, I have learned what I have power over and what I do not have power over, and how to use my power in a way that is good for me and others, and yet I still have so much more to learn. I feel like in a lot of ways I am "reclaiming" areas of my life.

Participant Examples

The grounded theory constructed in the present study encompassed similar and diverging participant experiences. This section includes three participant case examples of the grounded theory to demonstrate the constructed categories. April's story demonstrates the influence of *Choosing Counseling* in shaping her outcome. Alex's story demonstrates how participants could experience both *Reliving Disempowerment* and *Reclaiming Power.* Jo's story demonstrates the cyclical nature of the theory, including how action strategies can shape overall outcomes.

April's Story

April was hesitant to attend counseling after her *Prior Experiences of Power*. Between experiencing sexual assault on a college campus and navigating complex systems when reaching out for support, April "felt like everyone else had more power or autonomy over [her]." April felt that it was risky to confide in a counselor after others disempowered her. Additionally, April

navigated *Sociocultural Mental Health Factors*, particularly in cultural attitudes regarding mental health among her family. For example, April's grandparents felt that counseling was reserved for people with something wrong with them. These contextual conditions led April to believe that counseling would not be helpful for her.

April then discussed her thoughts with a friend. Her friend suggested that "choosing a counselor is like choosing the right coat or the right shoe. You have to try it on until it feels like it works best for you." April felt empowered by learning about her choice. She engaged in *Choosing Counseling* by intentionally selecting a counselor she believed would be best able to support her and choosing to begin counseling with her selected counselor.

April used *Assessing for Safety and Fit* immediately with her new counselor. April utilized *Assessing for Safety and Fit* by assessing her counselor and the office space, to ensure the counselor she chose was the correct choice. April observed that the counselor "was very intentional in how she presented new information… I appreciated that because it let me know that she paid attention to my nonverbals. In order to really get to know someone, you have to pay attention." April felt "seen" by her new counselor which a) made her feel safe and b) made her feel this counselor's approach was a good fit for her goals.

Similarly, April practiced *Advocating for Needs* with her new counselor. She felt empowered by "the autonomy to say this time of day works, or this format. Knowing that I actually had options." April was thoughtful about what she shared with her counselor and when she shared it, and intentionally influenced the flow of conversation to what she needed each session.

Through April's work with this counselor, she began to experience *Reclaiming Power.* She found power when she realized that "I don't necessarily always have to have it all together. I

don't always have to seem strong. My power comes in the vulnerability to say, 'I'm not okay today.'" Furthermore, April's reclaimed power allowed her to connect more deeply with others, including by sharing her experience in counseling with her family to help challenge mental health stigma.

Overall, April experienced *Practicing Personal Power in Connection with Others* through two ways. First, she used action strategies to practice using and to better understand her personal power. Second, she carefully selected who she would connect with to practice her power, such as in her careful choice of counselor.

Alex's Story

Alex's experience of power within the counseling relationship was strongly influenced by *Prior Experiences of Power* and *Sociocultural Mental Health Factors.* Alex had experienced *Prior Experiences of Power* in transphobic bullying and assault, and Alex was hesitant to begin counseling out of concern she would encounter transphobia or discrimination. Alex shared "I've been rejected by so many [people], I was frightened. I was scared to death that I was going to be rejected by the counselor too." She worried that her counselor may maintain discriminatory attitudes about mental health, such as assuming that being transgender was a mental illness. Similarly, Alex felt pressure to be the "star of the family" and mental health stigma as a part of *Sociocultural Mental Health Factors.*

Alex decided to pursue counseling to address a concern that felt safe and meaningful. She utilized *Choosing Counseling* to explore career goals, life transitions, and a potential business opportunity rather than focusing directly on previous trauma. As she met with her counselor, Alex employed *Assessing for Safety and Fit* and quickly found her counselor was neither safe nor a good fit. Alex "came to understand that she wasn't the right person for me…." She

observed the counselor giving directive, harmful advice, and disregarding Alex's agency. Furthermore, Alex began to wonder if the counselor was disempowering because of transphobia. As a result, Alex engaged in *Advocating for Needs.* She vocalized her concerns to her counselor, telling her "If [you] can't accept me for who I am, then that's not cool." After advocating, Alex further used *Assessing for Safety and Fit* to interpret her counselor's response to Alex's advocacy. Alex felt her counselor was dismissive of her concerns, and Alex ultimately engaged in *Advocating for Needs* by discontinuing counseling.

Alex reported experiencing both *Reliving Disempowerment* and *Reclaiming Power* as outcomes of power within this counseling relationship. First, when the counselor disempowered Alex, she reexperienced the powerlessness associated with her past trauma (i.e., *Prior Experiences of Power).* Alex "felt ashamed of [her]self… felt inferior because of the way [the counselor] was treating me." Alex experienced *Reliving Disempowerment* in these interactions with her counselor. However, when Alex used *Advocating for Needs,* she experienced *Reclaiming Power.* Alex felt that her "power showed up from the same reasons I came out as trans…. I felt strong as trans because I immediately spoke up and said who I am. This is how I have my power." Alex's encounter with the counselor reminded her of additional *Prior Experiences of Power,* such as when Alex felt empowered by coming out to her friends and family. She experienced *Reclaiming Power* by leaning into that past power when she confronted her counselor.

Alex's experience of *Practicing Personal Power in Connection with Others* was rooted in her personal power. When she realized that practicing power with her counselor was unsafe, she relied on her personal power to express her needs. Although Alex's actions could not have prevented the initial *Reliving Disempowerment,* Alex ensured she would not suffer further by

Advocating for Needs. Alex experienced *Reclaiming Power* through how she ended the counseling relationship: she used her power to disallow further disempowerment by the counselor.

Jo's Story

Jo shared multiple experiences of power within the counseling relationship and demonstrated the cyclical nature of the grounded theory. Jo was a human trafficking survivor and raised concerns with *Sociocultural Mental Health Factors.* For example, Jo found that mental health services "that are put into place to supposedly advocate and help heal, are very oppressive." Jo encountered coercive practice policies around treatment compliance in exchange for housing. Similarly, she found that the American mental health system was a "machine that's not built for people. It's built for maintaining power." Therefore, although Jo was not legally mandated to attend counseling, *Choosing Counseling* felt less like choice, and more an obligation to support herself and her children.

When she began to attend counseling, she experienced multiple disempowering counseling relationships. Jo used *Assessing for Safety and Fit* because "survivors learn to size people up really fast. And it's just an instinctual thing." This assessment meant two things: first, Jo immediately determined whether or not a counselor would be able to help her. Two, sometimes the act of *Assessing Safety and Fit,* "didn't feel like power, when I have reached that point where I'm over-analyzing everything. It's like, 'oh, well, they said, 'Good morning.' What does that mean? What are they after?'"

Jo saw many opportunities where she wanted to utilize *Advocating for Needs.* However, she felt that counselors' power, such as the power to make reports to case managers or housing managers, made advocacy difficult. Jo did not want to risk *Advocating for Needs*, because *"*if

you didn't go along, you're gonna lose your kids, you're gonna lose your house, you're gonna not have groceries tomorrow."

Jo's experiences with these counselors in the context of *Sociocultural Mental Health Factors* led to *Reliving Disempowerment.* Throughout multiple disempowering experiences with the mental health system, Jo found that counselors were "like every person who ever abused me dressed up in a nicer package." In one instance, a counselor touched her shoulder as they entered the counseling room, and Jo was instantly transported to her past trauma. Instinctually, Jo reacted by punching her counselor. She immediately felt guilty about her reaction, however, Jo felt that the counselor's action showed "such a lack of awareness. For somebody that has survived what I have– if somebody touches you unexpectedly, it's a threat."

After *Reliving Disempowerment* in her early counseling experiences, Jo was hesitant to return to counseling. Her past experiences of *Reliving Disempowerment* with counselors became new *Prior Experiences of Power* contextualizing her decision to return to counseling. However, Jo still felt that finding the right counselor was worth the risk and revisited counseling. She "had come to the realization that following what other people said was 'right' or what I 'should' do had led to many harmful places. Even if I was wrong in my choice, at least it was my choice." Jo used this initial sense of power to engage in *Choosing Counseling* by finding a trauma-informed counselor she believed could best help her.

Jo used *Assessing for Safety and Fit* and carefully scrutinized her counselor's gentle approach, working to determine whether or not her counselor would be able to help her. She decided that "I gave my therapist a chance, even as foreign as her gentle approach felt, because I knew I needed to do what felt different, not what felt the same." As Jo felt reassured that her counselor was safe and a good fit, she began *Advocating for Needs* through influencing the focus

of counseling. For Jo, this meant "unpacking" her trauma, or making sense of what she went through.

Although Jo had experienced *Reliving Disempowerment* with previous counselors, she experienced *Reclaiming Power* with this counselor. She found that "when I experienced that gentleness and was able to calm myself mentally and emotionally– all of a sudden, I had so much more control over my situation and my own thoughts and feelings than I ever realized." For Jo, *Practicing Personal Power in Connection with Others* meant analyzing where her power ended and others' power began. *Prior Experiences of Power* and *Sociocultural Mental Health Factors* remained as difficult contexts for power in counseling. However, Jo's experiences of *Choosing Counseling, Assessing for Safety and Fit,* and *Advocating for Needs* influenced the final outcome and shaped how she experienced power within the counseling relationship. She practiced her personal power in the context of disempowering systems and found her power grow through this practice.

Chapter Summary

This chapter served as an overview of the results of the present study. First, the chapter included exploration of seven constructed categories, including their properties, dimensions, and participant examples. Second, the organization of the categories demonstrated the grounded theory. Third, the core category, *Practicing Personal Power in Connection with Others,* served as a summary of the grounded theory. Fourth, the chapter included participant stories to exemplify the grounded theory. Chapter 5 will include a discussion, a review of RCT as a comparative theory, and a review of implications.

CHAPTER V: DISCUSSION

The purpose of this dissertation was to explore how adult women with histories of interpersonal trauma experience power within the counseling relationship as clients in outpatient clinical mental health counseling (CMHC). Previous chapters have included the rationale, overview of literature, methodology, and results from the present study. First, this chapter begins with a brief review of the theory, comparison to relational-cultural theory, and a discussion of the grounded theory. This chapter also contains a discussion of the individual categories within the grounded theory. Next, this chapter includes implications for counseling, supervision, teaching, leadership and advocacy, and research. Lastly, this chapter concludes with an overview of the study's limitations and a conclusion.

Discussion

Grounded theory research benefits from situating results within current scholarship, which both clarifies the grounded theory and explores how results connect with current literature (Charmaz, 2014). This section includes a discussion of the results, beginning with a brief review of the grounded theory. I then compare the grounded theory to relational-cultural theory, the comparative theory used as recommended within the constructivist grounded theory framework (Charmaz, 2014). Next, I review the grounded theory and each category for alignment, conflict, and expansion of current literature.

The Grounded Theory

Participants in the present study experienced power within the counseling relationship by *Practicing Personal Power in Connection with Others. Practicing Personal Power in Connection with Others* served as a core category and included seven categories. I organized

these categories into four types of conditions. First, participants' experiences of power within the counseling relationship were informed by two contextual conditions: *Sociocultural Mental Health Factors* and *Prior Experiences of Power.* Second, participants initiated their experiences of power in the counseling relationship via the causal condition, *Choosing Counseling*. Third, participants influenced their experiences of power in the counseling relationship via action strategies, *Assessing for Safety and Fit,* and *Advocating for Needs.* Last, participants experienced results of power within the counseling relationships via outcomes: *Reclaiming Power* and *Reliving Disempowerment.* Intervening conditions (Corbin & Strauss, 1990) were not included, which will be discussed further in the limitations.

The present study contained a research question and two sub-questions. The grounded theory, including all seven categories, helped answer the research question: How do adult women with histories of interpersonal trauma experience power within the counseling relationship as clients in individual outpatient mental health counseling? Adult women with histories of interpersonal trauma experience power within the counseling relationship by *Practicing Personal Power in Connection with Others.*

The first research sub-question was: How do administrative tasks in counseling contextualize how adult women with histories of interpersonal trauma experience power within the counseling relationship as clients in individual outpatient mental health counseling? The grounded theory explained that administrative tasks contextualize the experience of power through informing how clients utilize their power throughout the counseling relationship. This was most relevant in the category *Advocating for Needs.* Participants reported that administrative tasks provided opportunities for them to self-advocate, such as their consideration of answers during an intake, or their use of a diagnosis to inform further learning.

The second research sub-question was: How do sociocultural factors contextualize how adult women with histories of interpersonal trauma experience power within the counseling relationship as clients in individual outpatient mental health counseling? The properties and dimensions of the *Sociocultural Mental Health Factors* category provide three explanations. First, sociocultural factors contextualized the experience of power by informing whether or not clients can engage in the counseling relationship. Second, sociocultural factors informed how clients utilized their power within the counseling relationship. For example, one participant pointed out the pressure to "hurry" counseling due to family cultural attitudes. Lastly, participants concluded both cultural attitudes and the mental health system comprise sociocultural factors.

Comparative Theory: Relational-Cultural Theory

Grounded theorists can strengthen, clarify, and better explain resulting theories through a comparison to similar formal theories (Charmaz, 2014). For the present study, relational-cultural theory (RCT) served as a comparative theory. RCT developed as a modality in 1978 to center women's experiences and relational growth (Jordan, 2018). RCT practitioners and scholars have historically attended closely to concepts of power (Miller, 2008; Jordan, 2018; Walker, 2013). The grounded theory and RCT primarily align but also conflict with each other, and the grounded theory expanded upon RCT.

The grounded theory aligned with RCT in three notable ways. First, both RCT and the grounded theory assert that society and culture influence clients' experiences of power. Relational-cultural theorists Hammer et al. (2016) noted that intersecting cultural identities can lead to differing experiences of power based on systems of social oppression. Similarly, in

examining RCT, Singh et al. (2020) and Walker (2013) suggested that the counseling relationship can perpetuate harm due to embedded social oppression in mental health systems.

Second, both RCT and the grounded theory examined the counseling relationship in context of prior relationships. RCT founder Jordan (2017) asserted that RCT utilizes relational images, which include past relational experiences that influence individuals' relational patterns. This was similar to the grounded theory, wherein participants suggested how prior experiences of interpersonal trauma or with mental health providers contextualized power within the counseling relationship.

Third, both RCT and the grounded theory include attention to the outcomes of power within the counseling relationship. RCT attends to the counseling relationship as the primary therapeutic vehicle and suggests that changes experienced in the counseling relationship inform changes in other aspects of the clients' lives (Jordan, 2018). RCT theorists (Jordan, 2018; Hammer et al., 2016; Miller, 2008; Walker, 2013) warned against a counselor's misuse of power, such as exerting their power to influence and disempower clients. For example, if a client experiences disconnection in counseling due to a counselor's misuse of power, this disconnect may manifest in other relationships (Miller, 2008).

There was one primary conflict between RCT and the grounded theory. RCT practitioners prioritize collaborative power, called *power-with* (Jordan, 2018). Power-with is the power both client and counselor share in their relationship together (Miller, 2008). In the present study, participants spoke both to power-with their counselor and to their own personal power (defined as *power-to* in RCT; Jordan, 2018). Participants often spoke to power-with when describing benefits of a positive counseling relationship. However, participants more often referenced their own separate and individual power, oftentimes in context of ineffective or

harmful counseling relationships. Therefore, while RCT primarily emphasizes power-with, the grounded theory centered participants' personal power and how such personal power may manifest differently in connection with others. Power-with may represent the ideal for healthy counseling relationships, wherein participants in the present study used their personal power in the reality of harmful and unhelpful counseling relationships. It was possible that participants in the present study may have prioritized personal power rather than relational power after experiences of interpersonal trauma.

The grounded theory expanded upon RCT in one notable way. The grounded theory expanded RCT tenets through the theory's focus on clients' agency within the counseling relationship. Therapists constructed RCT (Jordan, 2018), and RCT primarily focuses on power from the counselor's perspective . Similarly, RCT scholars often attend to ways that clients lack power or warn against ways that counselors can utilize power over clients (Jordan, 2017; Miller, 2008). The grounded theory diverged partially from these assertions, as participants described a dynamic experience of power, including instances when they feel greater or lesser power. While RCT prioritizes how counselors can shape power with and for clients (Jordan, 2018), the grounded theory expanded conceptions of how clients can shape power with and for themselves and counseling.

Contributions of the Grounded Theory

While the above section addressed RCT as a comparative theory, it is also important to situate the grounded theory in the context of similar scholarship (Charmaz, 2014). This section provides an overview of how the grounded theory aligned, conflicted, or expanded literature. The grounded theory aligned with interdisciplinary literature in four primary ways. The grounded theory aligned with psychological discourse regarding power. Psychologists commonly asserted

that all individuals hold innate power (Afuape, 2011; Proctor, 2017; Read & Wallcraft, 1992). For example, psychologists Read and Wallcraft (1992) explained that no one can give another person power, however they can stop trying to take that person's power away.
Similarly, participants in the present study emphasized power as innate and essential in their lives.

Alignment with Previous Scholarship. The grounded theory also aligned with blended sociological theories of power (Arendt, 1958; Hunjan & Pettit, 2011) which note ways that structures have influence and that individuals have agency. Participants in the present study reported both their use of personal power, and how other people and systems contextualized participants' personal power. The grounded theory also aligned closely with interdisciplinary concepts of power (Collins, 1990; Foucault, 1980; Friere, 1972; Guinote, 2017) which described power as an action. For example, Foucault (1980) asserted that the what and why of power did not matter in comparison to the how of power. Similarly, participants' description of power as an active practice aligned closely with mental health literature regarding empowerment (Silva & Pereira, 2023). Empowerment-based therapeutic interventions highlight the importance of power in growth and development, such as via practicing uses of power (Silva & Pereira, 2023).

Lastly, results from the grounded theory aligned with recent calls in mental health literature for an integrated trauma-informed and culturally responsive approach (Guevara, et al., 2021; Voith et al., 2020). When counselors utilize both trauma-informed and culturally responsive counseling, they a) recognize the collective and communal experiences of trauma, recognize the harm of systemic oppression and discrimination, and are better equipped to support their clients in their holistic experiences (Guevara et al., 2021; Voith et al., 2020). However, Voith et al. (2020) asserted that the integration of culturally informed and trauma-informed care

requires active attention to power within the counseling relationship. Participants in the present study suggested similarly.

Conflict with Previous Scholarship. The grounded theory conflicted with psychology literature which defined power as influence and instead aligned with literature defining power as autonomy. Many scholars have defined power by actions taken to influence others (Emerson, 1962; Miller, 2008; Thibaut & Kelley, 1959). However, some scholars defined power as autonomy rather than the use of power upon others (Guinote, 2017; Lammers et al., 2016; Silva & Pereira, 2023). Participants in the present study aligned more closely with power as autonomy and emphasized power to influence their own lives, or to avoid or withstand influence by others. Further, participants often outright rejected definitions of power that suggested their power over others.

Expansion of Previous Scholarship. The study's findings expand the interdisciplinary literature around trauma, mental health therapy literature, and healthcare literature. The grounded theory expanded trauma literature through participants' emphasis on autonomy rather than influence. Abundant research asserted that power is a motivating force for perpetration of interpersonal violence (Hamberger et al., 2017; Wagers, 2015). Similarly, Hoyt et al. (2012) and Semiatin et al. (2017) asserted that most individuals who perpetrate interpersonal violence formerly experienced trauma themselves. For example, Maldonado and Murphy (2021) found that power and control mediated the relationship between prior experiences of trauma and committing acts of abuse. This suggested that individuals may react to the powerlessness of trauma by exerting power over others. However, participants in the present study reported experiences of trauma, but reported employing power as autonomy rather than power over others. Maldonado and Murphy (2021) and Wagers (2015) called further research to explore the

role of power within the experience and perpetuation of violence, which was accomplished in present study.

The grounded theory also expanded upon mental health therapy literature by exploring *how* participants experienced power. Substantial literature on power in counseling relationships has focused on who has power within the counseling relationship (Lazarus, 2015; Miller, 2008; Proctor, 2017). Most often literature centered counselor power or ways power caused harm to the client (Miller, 2008; Proctor, 2017). However, participants in the present study discussed maintaining power as active subjects, rather than objects of counselors' power.

The grounded theory also expanded upon mental health therapy literature on empowerment. Empowerment counseling interventions are valued in work around trauma (Proctor, 2017) and social oppression (Silva & Pereira, 2023). However, empowerment interventions drew criticism for maintaining harmful power differentials, such as assumptions that the counselor needs to "give" power to the client (Afuape, 2011; Read & Wallcraft, 1992). Participants in the present study confirmed increased personal power as a potential outcome of the counseling relationship. However, participants predominantly discussed reclaiming power rather than receiving power from the counselor. The grounded theory expanded upon empowerment counseling literature by through a departure from counselor actions and a focus on client practice.

Lastly, the grounded theory also expanded discussions regarding patient involvement and autonomy in healthcare literature. Hickmann et al. (2022) conducted a systematic literature review on literature regarding patient involvement in treatment. They found that patients' practices of involvement adapted and changed based on circumstances (Hickmann et al., 2022). However, although ample literature centers patient autonomy in healthcare, in practice providers

often use tactics of persuasion (Mann, 2022) and coercion (Jin et al., 2023) to influence patient autonomy. The present study expands these discussions through illuminating client practices of power in response to others.

Categories of the Grounded Theory

The next section serves to situate resulting categories within current literature. Participants experienced *Practicing Personal Power in Connection with Others* through seven categories: *Choosing Counseling, Sociocultural Mental Health Factors, Prior Experiences of Power, Assessing for Safety and Fit, Advocating for Needs, Reclaiming Power,* and *Reliving Disempowerment.* The following section serves to briefly examine each category in further detail, including an analysis of alignment, conflict, and expansion within current literature.

Choosing Counseling

The first of the seven categories in the grounded theory was *Choosing Counseling*, which included participants' choice to initiate counseling, select a counselor, or attend each session. All participants had volunteered for their recent or current counseling relationships. Additionally, participants did not discuss choice between type of provider (counselor versus social worker), but discussed choices based on expertise, approach, or personality. Participants reported that choice required an initial sense of power and some knowledge about mental health and/or counseling. Furthermore, when participants made choices, it increased their sense of personal power. *Choosing Counseling* aligned with healthcare literature in two primary ways and expanded mental health therapy literature in one notable way. There were no notable conflicts between *Choosing Counseling* and literature on power in counseling.

Choosing Counseling aligned with healthcare literature regarding consumer choice. In a systematic review, Rioli (2020) summarized that clients valued choice in therapy. Particularly,

Rioli (2020) reported that clients felt greater connection and continuity of care with their counselor when they chose their counselor. *Choosing Counseling* also aligned with healthcare literature regarding mental health literacy. Participants reported that *Choosing Counseling* often relied on their prior knowledge of mental health care. Similarly, Kutcher et al. (2016) asserted that mental health literacy can enhance clients' help-seeking efficacy, inform their treatment understanding, and ultimately deepen conceptions of client experiences of positive mental health.

Choosing Counseling expanded mental health literature regarding client treatment adherence or counseling attendance. Substantial psychological, social work, and counseling literature explores concerns regarding treatment adherence (Dacosta-Sánchez et al., 2022; Lefforge et al., 2007). Hwang et al. (2015) found that missed appointments often correlated with higher utilization of acute care and lower treatment outcomes. However, little research has examined the role of power in treatment adherence. Participants asserted that choosing to attend sessions required both an initial sense of power and knowledge. Therefore, *Choosing Counseling* expanded discussion regarding client treatment adherence.

Sociocultural Mental Health Factors

The second of the seven categories in the grounded theory was *Sociocultural Mental Health Factors,* which included participants' experiences with cultural attitudes and mental health systems. Participants reported that *Sociocultural Mental Health Factors* contextualized how they experienced power within the counseling relationship. *Sociocultural Mental Health Factors* aligned with mental health therapy literature in two primary ways and expanded counseling literature in one notable way. *Sociocultural Mental Health Factors* did not appear to notably conflict with current literature on power in counseling.

Sociocultural Mental Health Factors aligned with mental health therapy literature regarding the role of sociocultural factors in initiating the counseling relationship. Participants reported that *Sociocultural Mental Health Factors* contextualized how they experienced power to initiate a counseling relationship. Similarly, SAMHSA (2013) reported that systemic barriers to care are the primary reason for the treatment gap. For example, common reasons people did not seek counseling included lack of insurance, inability to afford cost, stigma, and uncertainty on how to find a provider (SAMHSA, 2013).

Sociocultural Mental Health Factors also aligned with mental health therapy literature, particularly in counseling, regarding culture and power within the counseling relationship. The Multicultural and Social Justice Counseling Competencies (MSJCC; Ratts et al., 2015), emphasized knowledge in privilege and marginalization within the counseling relationship. Singh et al. (2020) asserted that counselors should "develop a critical consciousness about the power that both counselors and clients hold in the counseling relationship, especially as this power relates to privilege and oppression" (p. 261). Similarly, *Sociocultural Mental Health Factors* aligned with these assertions that culture intersects with power within the counseling relationship.

Sociocultural Mental Health Factors expanded upon the counseling literature through the intentional integration of power. Thus far, literature centered on sociocultural factors and the counseling relationship have often excluded or only minimally addressed power. However, in the present study participants asserted that *Sociocultural Mental Health Factors* contextualized their entire experience of power within counseling. This suggests a closer link between power and sociocultural factors than explored previously in literature.

Prior Experiences of Power

The third of the seven categories in the grounded theory was *Prior Experiences of Power*, which included participants' lived experiences with interpersonal trauma (including social oppression) or past experiences with mental health providers. *Prior Experiences of Power* contextualized participants' experiences of power within the counseling relationship by influencing their expectations of the counselor and informing how participants utilized their own power within the counseling relationship. *Prior Experiences of Power* aligned with trauma literature in one notable way and expanded upon trauma and mental health therapy literature in two primary ways. There were no notable conflicts between *Prior Experiences of Power* and current literature on power in counseling.

Prior Experiences of Power aligned with trauma literature regarding interpersonal trauma and the counseling relationship. Scholars suggested that interpersonal trauma can influence one's relationships by decreasing trust (Bell et al., 2018), and increasing fear or suspicion of others (Freeman et al., 2010). Shattock et al. (2018) asserted that clients' experiences with interpersonal trauma correlated with lower therapeutic alliance. Finklehor (1988) included powerlessness as a key element of interpersonal trauma. Similarly, participants in the present study reported hesitance and caution within the counseling relationship, due to the risk of counselor-led disempowerment.

Prior Experiences of Power expanded upon literature about interpersonal trauma and power through qualitative support for conceptual claims. Sweeney et al. (2017) and Butler et al. (2011) asserted that interpersonal trauma intersected with experiences of power in counseling. Participants in the present study similarly suggested that their past experiences of interpersonal trauma contextualized how they experienced power in the counseling relationship.

Prior Experiences of Power also expanded mental health therapy literature regarding how past relationships with mental health providers can influence current counseling relationships. Norvoll and Pederson (2016) asserted that prior experiences of coercion in mental health care influenced clients' willingness to re-engage in later counseling. *Prior Experiences of Power* illuminated the importance of clients' full experiences within mental health care in examining power within the counseling relationship.

Advocating for Needs

The fourth of the seven categories in the grounded theory was *Advocating for Needs.* *Advocating for Needs* served as an action strategy, as participants engaged in *Advocating for Needs* to influence their experiences. Participants reported that *Advocating for Needs* both required an initial sense of power and increased participants' sense of power. They advocated in a variety of ways, including influencing the flow of conversation, vocalizing concerns, utilizing administrative tasks, and ending the counseling relationship. *Advocating for Needs* aligned with healthcare literature in two notable ways, conflicted with mental health therapy literature in one primary way, and expanded mental health therapy literature in two key ways.

Advocating for Needs aligned with healthcare literature regarding self-advocacy. Self-advocacy includes a client's ability to get their needs met in treatment (Thomas et al., 2023). Astramovich and Harris (2009) suggested that clients' use of self-advocacy often relies on client empowerment and self-determination. Participants in the present study similarly reported that power was necessary to advocate for their needs.

Advocating for Needs also aligned with healthcare literature regarding shared decision-making. Shared decision-making involves the collaborative treatment decisions conducted between client and counselor, most often treatment planning or scheduling (Gibson et al., 2019;

Gosha & Rapp, 2014). In a meta-analysis, Swift et al. (2018) found that shared decision-making influences treatment outcomes and the therapeutic alliance. Hamann et al. (2016) suggested clients engage in shared decision-making through active participation in the process and collaboration in decisions. Participants in the present study reported *Advocating for Needs* through similar methods and suggested that *Advocating for Needs* increased their sense of power.

Advocating for Needs provided relevant information for an ongoing conflict within the mental health therapy literature around resistance. Substantial historic and modern literature conceptualized client resistance as client unwillingness, lack of readiness, or disagreement that halted the treatment process (Jones et al., 1961; Ribiero et al., 2014; Seligman & Gaaserud, 1994; Westra, et al., 2012). However, Ryland et al. (2022) and Afuape (2011) redefined resistance as a source of a client's power, particularly as a form of self-protection amongst trauma survivors. *Advocating for Needs* aligned with the latter argument, as an assertion that clients' conflicts with their counselors serve as important exercises of power.

The first area in which *Advocating for Needs* expanded upon relevant literature was regarding client resistance. Afuape (2011) asserted client resistance is necessary and healthy within the counseling relationship. However, systemic barriers and internalized trauma responses can mitigate clients' safety, comfort, or ability to resist (Afuape, 2011). Similarly, participants in the present study asserted that advocacy required an initial sense of power. This assertion can expand resistance discussions through recognition of what is needed for clients to voice concerns with their counselor. For example, counselors may recognize resistance as a sign of clients' power and potential growth.

Advocating for Needs also expanded conceptualizations of shared decision-making models in the mental health therapy literature. Gosha and Rapp (2014) and Gibson et al. (2019)

asserted that research around client engagement in shared decision-making varied. For example, Gibson et al. (2019) found that clients often felt daunted by decisions related to their care or elected not to make decisions entirely. However, in the present study participants pointed to four ways they advocated for their needs– influencing the flow of conversation, voicing concerns, utilizing administrative tasks, and ending the counseling relationship. These forms of advocacy expand beyond definitions commonly included in shared decision-making models, which suggests that clients are actively engaged in influencing their treatment in more ways than formerly conceptualized.

Assessing for Safety and Fit

The fifth of the seven categories in the grounded theory was *Assessing for Safety and Fit. Assessing for Safety and Fit* served as an action strategy and included actions participants took to evaluate the counselor. Participants most often assessed the counselor to a) ensure safety in counseling or b) to ensure the counselor's approach fits with their unique therapeutic needs. Participants reported *Assessing for Safety and Fit* could increase their sense of power within the counseling relationship. *Assessing for Safety and Fit* both aligned and conflicted with mental health therapy literature in one notable area and expanded both counseling literature and trauma literature.

Assessing for Safety and Fit provided relevant information for an ongoing conflict within mental health therapy literature in assessing the counseling relationship. Substantial literature has emphasized the importance of assessing counseling relationships (Flückiger et al., 2018; Zilcha-Mano, 2017). Similarly, participants in the present study emphasized the importance of assessing the counseling relationship. However, Shattock et al. (2018 and Nissen-Lie et al. (2014) asserted that counselors have historically over-emphasized the client factors that inform therapeutic

alliance. For example, traditional therapeutic alliance researchers (Greenson, 1967) assumed that clients would default to therapists' requests, and poor therapeutic alliance ratings spoke to clients' internal barriers to alliance (Safran et al., 2011). This conflicted with the present study, wherein participants asserted they assessed counselors for counselor-led barriers (e.g., lack of safety, lack of preparedness, bias) to the counseling relationship.

However, *Assessing for Safety and Fit* aligned with more recent approaches to the mental health therapy scholarship. Safran et al. (2011) suggested that in the "second generation of alliance research" (p. 80), researchers focus on how clients assess their counselors and make decisions about the counseling relationship accordingly. Similarly, in a meta-analysis, Shattock et al. (2018) found that the client's assessment of counselor-related factors predicted overall counseling relationship. *Assessing for Safety and Fit* aligned closely with the latter arguments, as participants reported the importance of assessing the counselor to determine they were safe and a best fit for their mental health needs.

Assessing for Safety and Fit expanded upon mental health therapy literature linking power with clients' assessment of the counseling relationship. In their meta-analysis, Shattock et al. (2018) found that some clients' lived experiences, such as a past history of sexual abuse, correlated with negative therapeutic alliances. They hypothesized that clients with histories of abuse may mistrust those with power, which may inform how they evaluate therapist-related factors (Lysaker et al., 2010; Shattock et al., 2018). Research linking clients' lived experiences and clients' assessment of counselor-related factors is sparse and conceptual. However, in the present study, participants describe *Assessing for Safety and Fit* in context of their *Prior Experiences of Power* and identify the role of power throughout.

Assessing for Safety and Fit also expanded trauma literature around hypervigilance and power. Hindash et al. (2019) found that women who had experienced interpersonal trauma often experienced hypervigilance in relationships. For example, consistently assessing others allowed them to ensure self-safety and protection (Hindash et al., 2019). Additionally, Pelog and Hartman (2019) asserted that minoritized individuals often experience heightened hypervigilance through repeated exposure to discrimination and oppression. Similarly, several participants voiced that *Assessing for Safety and Fit* often occurred as an automatic mechanism for protection. When Assessing for Safety and Fit occurred automatically, it felt more like a trauma response and less like power.

Reclaiming Power

The sixth of the seven categories in the grounded theory was *Reclaiming Power.* *Reclaiming Power* was an outcome that summarized increased in participants' personal power throughout the counseling relationship. Participants asserted that *Reclaiming Power* initially occurred within the counseling relationship, but then could carry over into their experience of power in other aspects of life. Some participants who discussed *Reclaiming Power* also discussed *Reliving Disempowerment,* which suggests that both outcomes can occur. *Reclaiming Power* aligned with psychology literature in two notable ways, and expanded counseling literature in one key area.

Reclaiming Power aligned with psychology literature that suggested clients can experience an increase in personal power through the counseling relationship. Silva and Pereira (2023) suggested that counseling can improve clients' feeling of power. Similarly, Lazaro (2012) asserted suggested counselors should strive to help clients experience empowerment. Participants

in the present study asserted an increase in their sense of power throughout their experience with the counseling relationship.

Reclaiming Power also aligned with psychology literature supporting the benefits of power. Benefits of power can include improved trauma responses (Inesi, 2010; Willis et al. 2011), self-acceptance (Galinsky et al. 2008; Kraus et al. 2011), and deeper relationships (Kraus et al. 2011; Wang 2015). Savage et al. (2005) and Silva and Pereira (2021) asserted the particular importance of power for minoritized individuals as it allows them to utilize their control where they are able within systems of oppression.

Reclaiming Power expanded counseling literature regarding the role of the counseling relationship in client progress. Some theorists suggest the counseling relationship reflects the innate interpersonal struggles clients experience in other relationships (Kiesler, 1982; Kivlighan, et al., 2021). Similarly, participants discussed reclaiming power via the counseling relationship rather than specific clinical interventions. Therefore, *Reclaiming Power* illuminated additional ways the counseling relationship serves as the vehicle for client change.

Reliving Disempowerment

Reliving Disempowerment was the seventh and final category in the grounded theory. Participants reported *Reliving Disempowerment* as a secondary potential outcome of their experience of power within the counseling relationship. Participants explained that retraumatization within the counseling relationship occurred when the counselor replicated harmful dynamics of power the counselor experienced in the past. Participants further asserted that *Reliving Disempowerment* within the counseling relationship could decrease their experience of power in other aspects of life. It is important to note that *Reliving Disempowerment* had the smallest number of participant data, as only 17 of the 29 participants referenced

disempowerment and retraumatization. Additionally, most participants who discussed *Reliving Disempowerment* also discussed experiences of *Reclaiming Power. Reliving Disempowerment* aligned with trauma literature in one notable way and expanded trauma literature in one key area.

Reliving Disempowerment aligned with trauma literature regarding retraumatization in healthcare. SAMHSA (2014a) asserted that healthcare providers could retraumatize clients with histories of interpersonal trauma. Similarly, Dallam (2010) constructed the Healthcare Retraumatization Model (HRM) through a meta-synthesis of the experiences of child abuse survivors during healthcare appointments. Dallam (2010) posited that survivors experience mental health triggers when they experience unsafe dynamics in situations that require heightened trust. In the present study participants expressed that disempowerment in the counseling relationship could lead to retraumatization.

Reliving Disempowerment also aligned with trauma literature suggesting that retraumatization in healthcare could have negative effects on clients' lives. The HRM (Dallam, 2010) asserted that responses to retraumatization include post-traumatic stress reactions and avoidant coping. Similarly, in the present study participants suggested that retraumatization led to adverse experiences in other aspects of their lives.

Reliving Disempowerment also expanded trauma literature regarding retraumatization through broadened definitions for retraumatization. Substantial literature has explored how healthcare providers can unknowingly retraumatize clients (Dallam, 2010; Hooper & Warwick, 2006; Schippert et al., 2021). However, literature has primarily focused on ways providers may remind clients of their past experiences, such as through trivializing lived experiences (Sweeney et al., 2017), the use of restraints (Butler et al., 2018), or in ignoring or disparaging clients' cultural identities (Jackson, 2003). *Reliving Disempowerment* expanded retraumatization

literature through the integration of power. Participants equated retraumatization with experiencing any form of disempowerment. The present study broadened definitions for retraumatization to include any instances of the counselor's intentional or unintentional disempowerment.

Implications and Recommendations

The grounded theory illuminated opportunities for application. This section serves to explore implications for counseling, supervision, teaching, leadership and advocacy, and research. Practical recommendations are additionally included.

Counseling

The grounded theory in the present study suggested that adult women with histories of interpersonal trauma experience power within the counseling relationship by *Practicing Personal Power in Connection with Others*. As the counseling relationship involves both client and counselor, this theory holds both implications for clients and for counselors. The present section serves to explore implications for both.

For Clients

The grounded theory had multiple implications for clients in counseling. Participants in the present study emphasized their own personal power, asserted that they held innate power, and used their personal power in the counseling relationship. Past research on power in the counseling relationship has predominantly focused on therapists' experience (Miller, 2008; Proctor, 2017), or has included researchers' assumptions of the client experience (Sweeney et al., 2018). However, the grounded theory in the present study is by and for clients in counseling. Results of the present study validated client experiences of power, such as 1) ways clients experience active autonomy and 2) barriers to their agency (e.g., contextual conditions).

Furthermore, results of the present study provided ways clients can further utilize their autonomy, as several categories can serve as examples for client actions. Implications can be particularly influential for clients navigating barriers to their personal power. There are four pragmatic implications for clients in counseling based on the results of this study.

Self-Reflection. Clients can use the grounded theory to reflect on personal power within the counseling relationship. It is important to emphasize that the grounded theory is not prescriptive, meaning that individual experiences may differ or diverge. However, clients benefit from assessing the counseling relationship and ensuring that services meet their goals (Shattock et al., 2018; Spalter, 2014). Similarly, reflection on the counseling experience can deepen the therapeutic benefit (Anderson, 1990). Clients may benefit from the following reflection questions:

- Am I able to choose counseling or choose my counselor? How do I utilize my power by choosing to attend counseling sessions? (*Choosing Counseling)*
- Are there places where culture or mental health systems influence my experience of power within the counseling relationship? What do I need to navigate these factors? (*Sociocultural Mental Health Factors*)
- What are my past experiences with power? How are they informing my current counseling relationship? (*Prior Experiences of Power*)
- Is my counselor safe and a good fit for my goals? What information do I need to determine this? *(Assessing for Safety and Fit)*
- Are there changes I need to see in the counseling relationship? What do I need to feel able to advocate for these changes? *(Advocating for Needs)*
- Is this counseling relationship helping me reclaim power in my life? *(Reclaiming Power)*

- Is this counseling relationship causing me to feel disempowered in my life? *(Reliving Disempowerment)*

Choice. Clients can utilize the grounded theory to identify opportunities for choice in counseling. Participants in the present study reported that their *Choosing Counseling* influenced their experience of power within the counseling relationship. Clients can bring intention and awareness to the power they hold in initiating counseling, selecting a counselor, and choosing to attend a counseling session. Participants suggested that initial power and knowledge as necessary foundations for *Choosing Counseling.* Clients can promote choice in counseling through mental health literacy (Mental Health Literacy, 2023) or knowing their rights as clients (National Board for Certified Counselors, n.d.). Clients can also utilize counselor directories and guides (Counselors for Social Justice, n.d.; Mental Health of America, 2023;) to select counselors they feel will be most effective.

Evaluating the Counselor. Clients can apply the grounded theory for ways to evaluate the counselor. Participants reported *Assessing for Safety and Fit* to influence their experience of power within the counseling relationship. Once clients meet with a counselor, they can assess their counselors in multiple ways. First, clients can consider what they hope to experience within the counseling relationship. Second, clients can assess the counselor's actions, words, and overall themes in the counselor's approach. Lastly, clients can reflect on their own reactions to the counselor's actions, which can help indicate their feelings of safety or fit.

Self-Advocacy. Clients can integrate the grounded theory into their decision making within the counseling relationship. Participants reported *Advocating for Needs* to influence their experience of power within the counseling relationship. Research indicates that shared decision-making around mental health care increases client satisfaction and treatment outcomes (Swift et

al., 2018). Clients can advocate by determining the discussion topic, or changing the topic to what seems most relevant for them. Clients can also raise specific concerns with their counselor to adjust the counseling relationship to meet their needs. Self-advocacy practices benefit from the use of resources to support concerns and potential solutions (Walker & Test, 2011). Clients may find it useful to share the grounded theory from the present study with counselors in order to support their self-advocacy. Furthermore, *Assessing for Safety and Fit* and *Advocating for Needs* often cyclically inform one another; a client's assessment can introduce new avenues for advocacy. Clients can assess counselors' responses to their advocacy to better evaluate safety and fit.

For Counselors

The grounded theory had multiple implications for counselors. Results provided clear evidence that power within the counseling relationship is a central aspect of clients' experiences in counseling. Results demonstrated participants' experiences of retraumatization when experiencing disempowerment by a counselor. Results illuminated the role of power within client behaviors. For example, through the grounded theory, client resistance could be reframed as a client's use of power. Results also indicated opportunities where counselors can attend to client power. For example, categories such as *Sociocultural Mental Health Factors* and *Prior Experiences of Power* illustrated that external factors beyond the counseling relationship can influence the relationship itself. Participants reported influencing their experience of power by *Assessing for Safety and Fit,* which allowed them to assess the counselor's approach. This suggested that counselors can be transparent and open about their approach to support a client's assessment of it. There are six notable pragmatic implications for counselors based on the results of this study.

Counselor Self-Awareness and Professional Development. Counselors can increase their understanding of power through reflection and education. First, counselors can consider their own power within the counseling relationship. Participants asserted that *Sociocultural Mental Health Factors,* such as cultural attitudes, contextualized their experience of power within the counseling relationship. Similarly, the MSJCC (Ratts et al., 2015) emphasized that counselor and client marginalized and privileged identities can influence power within the counseling relationship. Counselors can benefit from examining their own experience of personal power to better conceptualize power within the counseling relationship.

Second, counselors can benefit from further professional development and application of pivotal texts. The MSJCC (Ratts et al., 2015) and Advocacy Competencies (Toporek & Daniels, 2016) can inform attention to clients' power, such as the role of *Sociocultural Mental Health Factors.* Counselors can deepen their understanding of trauma-informed care (Butler et al., 2011), to recognize how *Prior Experiences of Power* influence the counseling relationship. Counselors can further benefit from educational opportunities written by individuals with lived experiences as clients. Counselors can engage with social media, autobiographies, or trainings by individuals with lived experiences to strengthen their ability to honor clients' personal power.

Case Conceptualization. Counselors can conceptualize concerns regarding the counseling relationship through a lens of power. Categories within the grounded theory can serve as valuable reframes. For example, healthcare providers (including counselors) historically considered self-diagnoses as unreliable, and oftentimes unhelpful (Jutel, 2010). Through the present study, counselors can instead consider self-diagnosis as navigating *Sociocultural Mental Health Factors* and researching their experience to best inform *Choosing Counseling.* Counselors may also feel resistant to self-disclosure when clients inquire about them (Henrey &

Levitt, 2010). However, through the present study, counselors can reframe clients' requests for counselor information as forms of *Assessing for Safety and Fit.* Lastly, counselors often conceptualize any perceived resistance by clients as concerns around readiness or willingness (Westra et al., 2012). However, through the present study counselors can benefit from reconceptualizing resistance as a form of *Advocating for Needs.* Reconceptualizing client actions through the lens of power can a) initiate further transparent discussions regarding the client's experience of power, and b) invite more intentional integration of treatment approaches that honor clients' power.

Discussion with Clients. Counselors can utilize metatherapeutic communication with clients to directly address power within the counseling relationship. Cooper and McLeod (2012) coined the term *metatherapeutic communication*, which refers to discussions between counselor and client focused on events within the therapeutic relationship or the therapeutic relationship itself. Most often, metatherapeutic communication ensures clients are active agents in the process, such as influencing therapeutic direction or treatment decisions (Cooper & McLeod, 2012). Particularly, counselors can utilize questions informed by properties of the core category, *Practicing Personal Power in Connection with Others.* Topics can include clients' experiences of power within and outside of past counseling relationships, clients' experiences with power related to trauma or systemic oppression, clients' perception of counselor's power, potential ways to collaborate or share power, and any goals the client has related to power. Counselors can also utilize broaching (Day-Vines et al., 2020) to address power and culture within the counseling relationship or the clients' lived experience.

Navigating Administrative Tasks in Counseling. Counselors can attend to power within administrative tasks (i.e., diagnosis, assessment, and scheduling). Participants in the

present study reported *Advocating for Needs* when navigating administrative factors. Similarly, Sweeney et al. (2023) conducted a survivor-led Delphi study to ascertain what clients with histories of trauma needed during an assessment. Participants suggested a strong therapeutic alliance, clarity of communication and process, awareness of and respect for social identities, safety, and sensitivity and normalization around trauma enquiry and disclosure (Sweeney et al., 2023). Similarly, Eads et al. (2021) found that clients can have varying responses to their diagnosis and require time to process the information fully. Counselors can address power during assessment and diagnosis by clearly explaining the assessment and diagnostic process, inviting client choice and direction throughout, identifying a diagnosis together based on evaluating symptoms, and taking time to process the client's emotional reaction to a diagnosis.

Treatment Approach. Counselors can examine power in their treatment approach. Participants in the present study reported *Assessing for Safety and Fit* and *Advocating for Needs* to ensure a counselor's approach was effective and safe. Counselors would benefit from a flexible approach, wherein they can integrate client feedback and concerns to adjust treatment accordingly. Additionally, counselors can evaluate how their theoretical approaches and treatment modalities address client power (Afuape, 2011; Proctor, 2017). For example, postmodern approaches tend to take a phenomenological approach in honoring the client's unique lived reality (Theinkaw & Rungreangkulkij, 2013), whereas the purpose of some behavioral approaches is to guide clients towards an objective reality (Graber & Graber, 2023). Similarly, Sensoy-Briddick and Briddick (2022) suggested the use of therapeutic narratives to help clients recognize oppressive societal narratives and develop narratives of liberation and persistence. Counselors can consider power within their approaches and modify treatment to meet clients' unique lived circumstances.

Supervision

The grounded theory in the present study had several implications for supervisors. Participants in the present study asserted how the counseling relationship resulted in *Reclaiming Power* and/or *Reliving Disempowerment.* However, literature suggested that counselors are often unaware of how their actions disempower clients or enact their power in a harmful manner (Butler et al., 2011; Sweeney et al., 2017). Results from the present study emphasized the importance of preparation for counselor supervisees to address power with their current and future clients. Therefore, supervisors can assist supervisees with common counseling concerns through the lens of power and assist supervisees with strategies for addressing power with clients. There are three notable pragmatic implications for supervisors based on the results of this study.

Supervisor Self-Awareness. Supervisors can reflect on power within their own counseling practice. Supervisors are best equipped to prepare trainees to address topics of power, trauma, and multiculturalism when they are attuned to best practices and engaged in reflexivity and professional growth (Arczynski & Morrow, 2017; Dollarhide et al., 2020; Fernandes & Lane, 2020; Glosoff & Durham, 2010; Ratts et al., 2015). Similarly, participants in the present study emphasized the importance of *Sociocultural Mental Health Factors* in influencing their experience of power within the counseling relationship. Supervisors should increase their competency with the MSJCC (Ratts et al., 2015), Advocacy Competencies (Toporek & Daniels, 2016), and intersectionality (Chan, et al., 2018; Crenshaw, 1989; Hernández & McDowell, 2010). Similarly, supervisors committed to ongoing development regarding power benefit from open attitudes to identify what they do not know and seek opportunities for growth.

Opportunities for Supporting Supervisees. Supervisors can assess and increase supervisees' understanding of power. Fickling et al. (2019) asserted that supervisees want to discuss and learn more about power. Supervisors can assess supervisees' strengths and areas for growth (Dollarhide et al., 2020) through an authentic relationship with supervisees (ACES, 2011). Broaching culture within the supervisory relationship (Day-Vines et al., 2020; Jones et al., 2019) can assist the supervisor in getting to know their supervisee's experiences of culture and power. Similarly, participants in the present study emphasized the importance of *Sociocultural Mental Health Factors* in their experience of power within the counseling relationship. Supervisors can deepen supervisees' awareness of culture and power to better address client needs. Glosoff and Durham (2010) suggested supervisors facilitate intentional conversations around topics of culture based on the needs and preparedness of their supervisees. For example, supervisors can explore a supervisee's concerns regarding power, such as fears of discrimination by clients. Supervisors can empower supervisees to map their own cultural identity development, to be further aware of the intersection of power and culture within the counseling relationship (Dollarhide et al., 2020; Glosoff & Durham, 2010). Lastly, supervisors can invite active discussions regarding power through case conceptualization. For example, a supervisor can help a supervisee understand how a client's self-diagnosis serves as a form of *Advocating for Needs.*

Supervisors who want to prioritize power can also prepare supervisees to directly address power within the counseling relationship. Participants emphasized their strategies for practicing power, such as *Assessing for Safety and Fit* and *Advocating for Needs.* Supervisors can help supervisees recognize, respond to, and create opportunities for client power. Supervisors can evaluate interventions for cultural responsivity and help supervisees identify and pursue collaborative treatment approaches (Dollarhide et al., 2020). Supervisors can use roleplay and

modeling to demonstrate collaborative approaches to skills and interventions (Berger & Quiros, 2014). Supervisors can assist supervisees with systemic barriers and help supervisees utilize diagnoses and assessment tools collaboratively. Lastly, supervisors can help supervisees address issues of power. For example, if a supervisee experiences a conflict with a client, the supervisor can assist the supervisee in understanding power within the counseling relationship and practice ways to discuss power with the client.

Parallel Process in Supervision. Supervisors may best support supervisee development regarding power through parallel process (Tracey et al., 2012). Parallel process research suggests that interactions in the supervisory relationship can inform the clinical relationship (McNeill & Worthen, 1989; Tracey et al., 2012). This means that attending to power within the supervisory relationship can increase supervisees' attention to power with clients. For example, supervisors can increase supervisees' recognition of *Assessing for Safety and Fit* through transparency, such as sharing stories of their past mistakes, to decrease hierarchical power in relationship (de Stefano et al., 2017). Similarly, supervisors can utilize the Power Dynamics in Supervision Scale (Cook et al., 2018), which can demonstrate what clients consider when *Assessing for Safety and Fit.* Supervisors can increase supervisees' understanding of *Advocating for Needs* by co-constructing expectations (ACES, 2011), which may increase awareness of individual and relational power. Supervisors can also aid supervisees in understanding *Sociocultural Mental Health Factors* through parallel process. As supervisors engage in parallel process, they maintain a necessary hierarchical power, including the ability to ensure client and counselor safety, gatekeeping measures, and ultimately evaluative power of the supervisee (ACES, 2011; APA, 2014). Supervisors must balance necessary power differentials for safety and gatekeeping with collaborative approaches that empower and respect supervisees (Fickling et al.,

2019). Supervisors can reflect with supervisees on structural limitations and job expectations within the supervisory relationship.

Teaching

The grounded theory in the present study had several implications for counselor educators. Participants reported that their experiences of power within the counseling relationship could result in *Reclaiming Power* and/or *Reliving Disempowerment.* Counselor educators are uniquely situated to prepare counselor trainees (ACES, 2013). Therefore, counselor educators are equipped to prepare trainees to recognize and address power within the counseling relationship, to mitigate risk of *Reliving Disempowerment* and pursue *Reclaiming Power.* Results from the present study emphasized counselor preparedness to address power with their clients. Results also provided support for integrating attention to power throughout all curriculum, and for collaborative approaches in classrooms that model shared power within the counseling relationship. There are four notable pragmatic implications for counselor educators based on the results of this study.

Departmental Curricular Decisions. Counseling departments can attend to power through departmental directions and cross-curricular integration. Participants in the present study reported that *Sociocultural Mental Health Factors* contextualized their experiences of power within the counseling relationship. Counselor educators can consider curricular changes to strengthen trainees' conceptualization of sociocultural factors. Counselor education departments can apply the Critical Race Theory tenet of counterstorytelling. For example, educators can construct syllabi with diverse narratives that depart from dominant cultural messages (Haskins & Singh, 2015). Departments can review the required textbooks for courses and consider whose stories departments exclude. Instructors can also assign textbooks that explore power in the

counseling relationship (Afuape, 2011; Proctor, 2017). Additionally, departments can strengthen trainees' understanding of sociocultural factors through intentional infusion of multiculturalism and social justice in all coursework (Ratts et al., 2015). Similarly, departments benefit from integrating trauma in all coursework (Chatters & Liu, 2022). Lastly, counselor education departments can aid trainees' conceptualization of client power through the integration of client voices, particularly client feedback of the counseling process. Departments can engage with guest speakers, partnerships with community members, and textbooks that include client perspectives to highlight clients' power within the counseling relationship.

Instructor's Use of Parallel Process. Counselor educators can model attention to power through their interactions with students. Ownez (2023) asserted that educators can prepare trainees to address power with clients via parallel process. For example, participants in the present study reported *Assessing for Safety and Fit* and *Advocating for Needs* as two ways they actively influenced their experience of power in the counseling relationship. Similarly, Liasidou (2022) asserted that educators committed to inclusive and culturally responsive instruction must employ a trauma-responsive lens to cultural considerations. Educators can attend to the impact of trauma and students through reconceptualizing student concerns through the lens of systemic oppression and trauma responses (Liasidou, 2022). Educators can create opportunities for students to assess and advocate to better their understanding of the client experience, such as through their own lived experiences and experiences with power and social oppression.

Parallel process in counselor education can include several strategies. Educators can help students understand *Advocating for Needs* through course co-creation (Ryan & Tilbury, 2013; Schwartz, 2019), such as designing the course syllabus with students (Bovill, 2014), student-led projects (Cook-Sather et al., 2014), or co-assessing student work (Deely, 2014). Similarly,

educators can help students understand *Assessing for Safety and Fit* through appropriate self-disclosure with their students, which can influence power in the classroom and model power in the counseling relationship (Seward & Andre, 2023).

Instructor's Course Design. Counselor educators can infuse discussions of power into specific coursework. Participants in the present study discussed that their experience of power encompassed the entire counseling relationship. *Prior Experiences of Power*, including past experiences with other mental health providers, informed their current or recent relationship. Educators can examine the presence of power in detail during specific courses. Although discussions of power can benefit all counseling courses, discussions may particularly inform four of the eight CACREP (2023) foundational curriculum areas: orientation and ethical practice, social and cultural identities and experiences, counseling practice and relationships, and assessment and diagnostic practices.

Orientation and Ethics. Educators can integrate power into orientation and ethics classes. Coursework on orientation and ethical practice prepares counselor trainees for the role and responsibilities of counseling (CACREP, 2023). Participants reflected that *Sociocultural Mental Health Factors,* such as mental health systems, policies, and practices, influenced their experience of power within the counseling relationship. Trainees would benefit from deepening understanding of mental health systems, including the counseling profession, ethical guidelines, and common practices. For example, educators invite students to walk through the process of initiating counseling services to explore barriers to treatment. Educators can introduce texts that criticize helping professions (Duffey, 2011; Johnstone, 1989). Similarly, trainees are exposed to counseling values (ACA, 2014), such as autonomy, and the ways they may encounter power and powerlessness during ethical decisions (Burkholder et al., 2017). For example, trainees may

wrestle with the complexities of mandated reporting, confidentiality, and client autonomy. As such, educators who attend to power can benefit from an integrative approach to ethics education that both builds trainees' comfort with ethical codes and aids their use of decision-making models (Levitt et al., 2013).

Multicultural Counseling. Educators can integrate power into multicultural counseling classes. Coursework on social and cultural identities and experiences, such as multicultural counseling courses, prepares counselor trainees to provide culturally informed counseling (CACREP, 2023). Participants reflected that *Sociocultural Mental Health Factors,* such as cultural attitudes, contextualized their experiences of power within the counseling relationship. Similarly, participants referenced how *Prior Experiences of Power,* including past experiences of discrimination and oppression, could influence how they experience power in the counseling relationship. Multicultural counseling coursework can serve as a meaningful space to explore the links between power and multiculturalism. Counselor educators can introduce discussions of power as a facet of multiculturalism (Ratts et al., 2015; Singh et al., 2020), teach broaching (Day-Vines et al., 2020), and particularly discuss broaching power. The MSJCC (2015) asserted a connection between power and intersectional (Crenshaw, 1989) experiences of marginalization and privilege. Reflective activities can center students' experiences of power, particularly in context of their privilege and marginalized identities (Ratts et al., 2015) and ecological systems (Bronfenbrenner, 1979). Similarly, educators can teach students how power functions, rather than solely who has power, in order to strengthen students' understanding of power with future clients.

Skills and Theories. Educators can integrate power into skills and theories classes. Coursework on counseling practice and relationships prepares counselor trainees with the skills

and techniques needed to provide counseling (CACREP, 2023). Participants reported *Choosing Counseling,* where they examined counselors' approaches and selected a counselor they felt would best align with their goals. Additionally, *Assessing for Safety and Fit* and *Advocating for Needs* suggested the importance that counselors remain fluid and adaptive to meet clients' evolving needs. Coursework regarding counseling practice and relationships should prepare students to a) recognize and address power in the counseling relationship, b) utilize and modify theories to meet client needs and power, and c) adapt different theories and techniques to clients.

Pragmatically, these applications can take several forms. Educators can discuss the role of power in theories coursework. Through questions like, "What does this theory assume about a counselor's power and a client's power? Whose power informed the development of this theory?", educators can engage students in critical examination of theories. Additionally, educators can employ counterstorytelling (Haskins & Singh, 2015) to highlight theories that center marginalized communities. Haskins & Singh (2015) recommend:

> For example, the counselor educator can learn about the following theoretical frameworks: African American feminist thought (Collins, 2000a) or womanism (Phillips, 2006; Walker, 1983), relational cultural theory (Miller, 1976), cultural reproduction theory (Bourdieu, 1983), queer theory (Richter, 1998), Whiteness theory (Harris, 1993), racial identity theory (Helms, 1990), model of intercultural maturity (King & Baxter Magolda, 2005), and theory of intersectionality (Collins, 2000a; Crenshaw, 1991).

In skills, practicum, and internship courses, counselor educators can encourage attention to power. For example, educators can help trainees examine how different skills or techniques connect with different assumptions of power. Educators can model and actively teach ways to discuss power directly with clients or include power as elements of case conceptualization

projects. Lastly, counselor educators can also teach shared decision-making principles (Shaddock et al., 2018) and prioritize collaborative approaches to diagnosis and treatment planning.

Assessment and Diagnosis. Educators can integrate power into assessment and diagnosis classes. Coursework on assessment and diagnostic practices prepares counselor trainees to identify and evaluate clients' mental health needs and determine treatment accordingly (CACREP, 2023). Participants in the present study reported *Advocating for Needs* through the use of assessment and diagnostic practices. For example, participants expressed thoughtfulness about their responses to receive the most accurate diagnosis, or participants utilized their diagnosis to inform their own research outside of counseling. Similarly, participants in the present study reported that diagnosis within the counseling relationship could lead to *Reclaiming Power* and/or *Reliving Disempowerment.* Trainees would benefit from thoughtful exploration of assessment and diagnosis, specifically regarding the role of power in diagnosis.

Pragmatically, educators can attend to power within assessment and diagnosis through several strategies. Diagnosis is often a unilateral experience in which a counselor evaluates a client based on the counselor's cultural experiences (Hays et al., 2010). For example, counselors' concepts of normality influence the diagnostic process (Sinacore-Guinn, 1995), or counselors may fail to recognize the power they utilize in the diagnostic process. Educators can introduce tools like the Cultural Formulation Interview (APA, 2023) and model collaboration with the client to identify a diagnosis. Participants reported in *Prior Experiences of Power* that past experiences with mental health providers could influence their experience within the current counseling relationship. Educators could benefit from exploring how to critically evaluate assessments, diagnosis, or referral information from other providers. Dunson Caputo and Storlie (2023) found that when given space to acknowledge realities of diversity and diagnosis, trainees

bracketed systemic influences and prioritized ongoing growth. Ultimately, trainees emphasized the importance of listening louder to clients, which included a more collaborative approach to diagnosis. Counselor educators can raise questions of diversity and power during diagnosis coursework to help prepare trainees for a collaborative approach.

Doctoral Students' Preparation. Counselor educators can prepare doctoral students to discuss power with their future students. Doctoral programs provide essential preparation to ensure future quality counselor educators (Baltrinic et al., 2016; Robinson, & Hope, 2013). Educators can utilize parallel process (Owenz, 2023), curricular changes, and formal discussions of power to help prepare doctoral students to discuss power with their future trainees. Baltrinic et al. (2016) asserted that doctoral education often occurs through formal and informal opportunities, such as formal coursework, course co-instruction, advising and mentorship, or research partnerships. Dyson (2022) found that doctoral students in counselor education often experience power both relationally and via hierarchies. These dynamics of power can lead to both positive and/or negative states of being (Dyson, 2022).

Counselor educators can broach topics of power within these partnerships and model collaborative dynamics, which can prepare doctoral students to address power with their own trainees (Owenz, 2023). In turn, doctoral students will assist their own trainees with understanding power, such as in *Advocating for Needs,* with their future clients. Educators can also consider transformational teaching practices that allow for experiential learning (Sheeley-More, 2016). Additionally, counselor educators can introduce counterstories from educational advocates that include attention to power (hooks, 1994; Freire, 1972) to increase doctoral students' understanding of *Sociocultural Mental Health Factors*.

Leadership and Advocacy

The grounded theory in the present study had several implications for counseling leaders and advocates. Participants suggested that *Sociocultural Mental Health Factors,* including mental health systems, contextualized their experience of power within the counseling relationship. For example, participants encountered limits in *Choosing Counseling* due to insurance restrictions, practice policies, and financial barriers. Similarly, Rose and Kathalil (2019) asserted that counselors' efforts towards collaboration in the counseling relationship are consistently interrupted by systemic barriers. For example, a counselor may seek a collaborative relationship but struggle to do so within hierarchical expectations of an organization, funding requirements, and legislation. Knudsen-Martin et al. (2019) asserted that knowledge about issues of power is not enough; counselors need to engage in leadership and advocacy to promote equitable changes. Therefore, leaders and advocates are uniquely situated to influence clients' experience of power within the counseling relationship through systemic change.

Suggestions for leaders and advocates in this section are organized in two ways. First, implications for advocates include ways to address contextual conditions including *Sociocultural Mental Health Factors* and *Prior Experiences of Power*. Second, implications for leaders include ways to prioritize casual conditions and action strategies, including *Choosing Counseling, Advocating for Needs,* and *Assessing for Safety and Fit*.

For Advocates

The grounded theory presented several implications for counseling advocates. Participants' experiences of power within the counseling relationship were contextualized by two conditions: *Sociocultural Mental Health Factors* and *Prior Experiences of Power.* Participants often experienced barriers, interruptions, challenges, or support to their experience of power

rooted in sociocultural factors and prior experiences. Results highlighted the impact of contextual conditions in clients' experiences of power. Results called counselors to engage in advocacy regarding social oppression, cultural attitudes, and mental health systems, practices, and policies that limit clients' power within the counseling relationship.

All counselors are called to advocate (ACA, 2016; Toporek & Daniels, 2018). Similarly, all counseling professionals (counselors, counselor educators, and counselor trainees) can be counseling advocates. In the ACA Advocacy Competencies, Toporek and Daniels (2018) suggested that advocacy can occur at three levels: micro-level (client relationships), meso-level (community), and macro-level (public arena). Counseling advocates are situated to address contextual conditions through change within the meso-level and macro-level. There are two notable pragmatic implications for counseling advocates based on the results of this study.

Community Engagement. Counseling advocates can collaborate with communities through their unique counseling skills and knowledge (Toporek & Daniels, 2018). Participants suggested *Prior Experiences of Power* influenced their power within the counseling relationship. This means that experiences like interpersonal trauma (including social oppression) and helpful or harmful collaborations with mental health providers can influence counseling experiences. Advocates can shape power within the counseling relationship through a) support for communities experiencing interpersonal trauma, such as social oppression, and b) increase healthy relationships between mental health providers and communities.

Pragmatically, community advocacy can take several forms. Green et al. (2018) emphasized the importance of knowledge and collaboration, particularly in crisis counseling for a community (such as supporting communities engaging in Black Lives Matters protests). Creating coalitions of mental health professionals and service providers can lead to further

access to resources (Bhattacharyya et al., 2014; Green et al., 2018). Authentic relationships with community members can strengthen partnerships (Hipolito-Delgado et al., 2023; Walsh, 2014). For example, Walsh (2014) reported training community members as Behavior Health Community Organizers, who identified community needs and advocated for neighborhood concerns to service organizations and partnerships. Advocates can take time to learn from their communities to identify a) unique barriers to mental health and b) how their specific skillset can best be of service (Toporek & Daniels, 2016).

Social Justice. Counseling advocates can pursue social justice in the public arena. Social justice includes advocacy in public policy across regional, national, and global affairs to facilitate systemic change (Ratts et al., 2015). Participants discussed an array of *Sociocultural Mental Health Factors* that influenced their experience of power within the counseling relationship. These included cultural attitudes (stigma, misinformation, discrimination, and harmful mental health norms) and mental health systems (insurance, cost, difficulty accessing services, waitlists, unclear specialties and licenses of service providers, and practice and agency policies). Participants also discussed cultural attitudes that served as strengths to their experience of power within the counseling relationship, for example a familial value of mental health. Advocates can directly inform sociocultural mental health factors through advocacy around government or professional policies.

Pragmatically, social justice can include multiple strategies. Advocates can engage in intentional imagining (brown, 2019) by envisioning new forms of power structures. Advocates can combat misinformation and challenge harmful stereotypes (Thomas & Horowitz, 2020). Advocates can create and share free and accessible resources about sociocultural mental health

factors, including ways to access counseling or mental health awareness (Baranowski et al., 2016).

Counselors for Social Justice (n.d) suggested staying up to date with legislation that influences clients and a) calling representatives to voice concerns. Advocates can join organizations working towards systemic change or inquire about social change initiatives within current organizations. Similarly, they can utilize their expertise in treatment planning to help social justice coalitions identify and enact change (Green et al., 2018).

For Leaders

The grounded theory presented several implications for counseling leaders. Participants in the present study suggested three ways they actively utilized their power: *Choosing Counseling*, *Assessing for Safety and Fit*, and *Advocating for Needs*. However, participants mentioned that these actions were contextualized by *Sociocultural Mental Health Factors,* such as mental health systems. For example, a client wanted to choose a specific counselor but encountered limits in an agency's policies. Results from the present study emphasized the importance of practices and policies that center client autonomy. Results also called leaders to ensure members of their organization actively address power.

Peters and Luke (2021) asserted that all counselors can serve in leadership capacities. Counseling leaders can serve in counseling or mental health organizations, or clinical spaces such as agencies, practices, or schools. Leaders are often situated to inform policy and procedural decisions. Leaders can also intentionally select leadership approaches that attend to power (i.e., Peters et al., 2020). Therefore, leaders are uniquely situated to strengthen clients' access to *Choosing Counseling, Assessing for Safety and Fit*, and *Advocating for Needs.* There are four notable pragmatic implications for counseling leaders based on the results of this study.

Results are organized for leaders within counseling agencies and practices, and leaders within counseling professional organizations.

Leadership in Counseling Agencies and Practices. Leaders can prioritize *Choosing Counseling* through policy changes that center clients' ability to choose counseling. Leaders can ensure client choice in counselor and specialty (Rioli et al., 2020). In a scoping review, Rioli et al. (2020) reported that although leaders often cite logistical barriers to client choice, incorporating choice becomes a smaller hurdle than leaders fear it is. Leaders can also strengthen their client's mental health literacy by providing tools for navigating insurance barriers, financial limitations, or counseling directories.

Leaders can prioritize *Assessing for Safety and Fit* through modeling a culture of transparency (Kutcher et al., 2016). Leaders can invite trainings in culturally responsive and trauma-informed care to ensure counselor practices promote client safety. Leaders can prioritize intersectional (Crenshaw, 1989) diversity in leadership teams, trainings, and programmatic decisions. Leaders can ensure standard practices and policies, update clients on practice changes, and ensure counselors regularly revisit informed consent. Leaders can also invite professional development on ethical self-disclosure as a potential tool.

Leaders can prioritize *Advocating for Needs* by welcoming clients' self-advocacy. Treatment plan structures and templates can include client collaboration (Shattock et al., 2018). Leaders can also utilize program evaluation, frequent client-driven assessments, and exit surveys to determine policies meet clients' needs. Leaders can also invite professional development on shared decision-making (Shattock et al., 2018) and client resistance (Afuape, 2011) to ensure counselors are collaborating with clients on treatment directions. Loughhead et al. (2022) asserted the importance of lived experience in mental health leadership, suggesting that clients

are uniquely equipped for socially just and effective leadership. Leaders can identify ways to actively include clients in their leadership decisions, policies, and structures. Leaders can also facilitate workshops on self-advocacy for clients, to help clients gain necessary skills to navigate their own treatment.

Leadership in Professional Counseling Organizations. Leaders in counseling or mental health organizations are uniquely situated to influence clients' experience of power in their representation as leaders. Leaders can address mental health policies that mitigate *Choosing Counseling, Assessing for Safety and Fit,* and *Advocating for Needs* at a systemic level. For example, state organizations often represent the counseling profession within that state community. The president of a state counseling organization can make key decisions, ranging from a theme for a conference to bylaws changes, which influence the trajectory of the organization. Leaders can integrate attention to power throughout their role within an organization, and model how other leaders can make changes within their systems.

Peters and Vereen (2020) suggested that counseling leadership informed counselor identity. Counseling leaders can prioritize conversations regarding power in their leadership agendas, leading to further discussion around power within the counseling profession. This can result in further research, advocacy efforts, and policy changes focused on power. For example, trainees could learn about the power in the context of counselor professional identity if CACREP standards included power in recommended curricula.

Research

The grounded theory developed through the present study had several implications for research. Participants reported *Practicing Personal Power in Connection with Others,* which illuminated how adult women with histories of interpersonal trauma experience power within the

counseling relationship. However, there are numerous directions for future research to expand upon or apply the grounded theory. Similarly, scholarship can invite recommendations for researchers exploring topics of power. This section includes recommendations for researchers and includes four sample research studies as directions for future inquiry.

For Researchers

The grounded theory presented several implications for counseling researchers. Participants emphasized the importance of their power through *Practicing Personal Power in Connection with Others.* Further research can illuminate deeper understanding of power in counseling. However, research around topics of power, trauma, social oppression, and clients' experiences in counseling requires further thoughtfulness. Although literature regarding power within counseling research relationships is limited, counseling researchers may benefit from applying results of the present study in their collaboration with participants.

O'Hara et al. (2020) asserted that "all research is multicultural research [in that]…dynamics of power, privilege, oppression, and culture permeate all aspects of counseling research" (p. 200). Similarly, researchers have historically utilized scientific inquiry as a tool for perpetuating oppression (Brandt, 1978). Researchers must particularly attend to how they construct and address research with participants exploring sensitive topics (Alessi & Kahn, 2022; Scerri et al., 2012; Smith, 2012; Spies et al., 2021). Furthermore, researchers risk intentionally or unintentionally causing harm or discomfort due to their power as a researcher (Fritz & Binder, 2020). Researchers can particularly risk harm when they utilize methods rooted in historically discriminatory constructs, such as the use of scales established through societally dominant messages of normalcy (Alessi & Kahn, 2022; Gullion & Tilton, 2020).

Strategies for Counseling Researchers. Counseling researchers can attend to participants' experiences of power within the study. Spies et al. (2023) advocated for active collaboration with client participants, as clients are often best equipped to speak about the counseling experience. However, when designing research studies with clients, researchers should center genuine participant collaboration in research (Anderson et al., 2023; Hipolito-Delgado et al., 2023; Spies et al., 2023), such as through participatory or community-based action research (Gullion & Tilton, 2020). They should carefully critique any standardized or created measures for biases or cultural assumptions. Researchers with any methodology can engage in reflexivity, particularly in any methodological or analytical decisions (Alessi & Kahn, 2022; Gullion and Tilton, 2020). Researchers can establish collaboration with participants through inviting disagreement, providing choices, and even maintaining flexibility across research questions to better match participants' lived experiences (Anderson et al., 2023). Additionally, researchers can debrief the research experience with participants, particularly to help shape future research practices (Anderson et al., 2023; Spies et al., 2023).

Future Research

Future research exploring clients' experiences of power within the counseling relationship can expand the present study in several ways. Researchers can benefit from exploring lived experiences with different communities, and can identify best counseling practices for addressing power, create tools for assessing power, and measure relationships between power and other counseling variables. This section includes four potential research designs that can expand the present study, although it is acknowledged that there are multiple variations of these designs that could also be implemented which would strengthen the research in this area.

Qualitative Research Regarding Mandated Care. Research regarding client experiences of power in the counseling relationship would benefit from further qualitative inquiry with different client communities. For example, it would benefit this area of inquiry to conduct a similar study with only clients who are mandated to counseling. Wild et al. (2016) found that being mandated to services by the legal system had variable impact on clients' sense of coercion. Wild et al. (2016) suggested that clients' internal motivation seemed more significant than external forces on clients' experience of power in counseling. However, little research explores the internal experience of power for clients mandated to counseling.

One opportunity for further research would be to explore the lived experiences of mandated clients' experience of power within the counseling relationship. Phenomenology, specifically Interpretative Phenomenological Analysis (IPA), would be an ideal methodology for this study. Phenomenology (particularly IPA) centers not only the participant's experience, but how the participant makes meaning of the experience (Smith et al., 2022). Literature around mandated clients' experiences of power (Wild et al., 2016) asserted that how clients make sense of the mandate matters in how they experience power. IPA would illuminate both clients' experiences and the meaning they make of the experiences (Miller et al., 2008; Smith et al., 2022). A guiding research question for this study could include: How do clients mandated to treatment make sense of their power within the counseling relationship?

Phenomenology requires a small number of participants (most often between 3-10; Miller et al., 2008; Smith et al., 2022). Participants in this study could include adult clients who have currently or recently (within one year) been mandated to counseling services and attended at least two sessions with a counselor. Current or recent attendance with at least two sessions will ensure participants have recent experiences to discuss. Hipolito-Delgado et al. (2023) asserted

that research with marginalized communities (such as the forensic population) requires attentive community connection. Recruitment for the proposed study would include a) outreach to organizations connected with the forensic population, b) engagement with the community as an individual prior to research, and c) reciprocity within the forensic community through sharing knowledge or outcomes of the study, and d) service as the community suggests is meaningful.

For this proposed study, I would utilize Siedman's (2013) suggestion of three 60-minute interviews. The first interview would review life events leading up to the phenomenon, including questions like, "How did you come to arrive at this mandated counseling?" and "What did power look like in your life prior to being mandated to counseling?" The second interview would review details of the experience itself, including questions like, "What was the counseling relationship like for you? How did you feel when meeting with your mandated counselor?" The third interview would review how the participant makes sense of their lived experience, including questions, "Given everything you've said about this experience, what does it mean to you?" The three-interview process allows researchers to capture rich data and to build rapport with the participant prior to examining the participant's meaning-making process (Seidman, 2013). Data analysis would include IPA practices of reading and rereading, exploratory noting, constructing / connecting experimental statements, naming the personal experiential themes, and identifying group experiential themes (Smith et al., 2022).

The results of this IPA study could illuminate themes across client experiences. More saliently, this study could illuminate how clients make sense of power when mandated to treatment. This can inform counseling approaches to best promote clients' power within the counseling relationship and strengthen the profession's understanding of power in counseling.

Power in Counseling Scale Development. Future research could lead to the construction of power assessment tools for counseling. Devellis et al. (2017) suggested that measuring a phenomenon becomes essential when the differences within phenomena appear imperceptible. Calls for attention to power often occur alongside calls for culturally responsive care (Ratts et al., 2015; Singh et al., 2020) or trauma-informed care (Butler et al., 2011; Sweeney et al., 2017). However, the development of a scale can assist counselors and researchers with more deeply understanding the nuance of power within the presence of culturally responsive or trauma-informed care. Currently, assessment tools exist for power in clinical supervision (Cook et al., 2018), assessing patient empowerment in healthcare (Barr et al., 2015), and assessing the quality of therapeutic alliance (Ardito & Rabellino, 2011). However, no current measures exist that assess client perceptions of power within the counseling relationship. I would strive to construct a scale for adult clients to assess their experience of power within the counseling relationship.

Constructing a scale includes three main steps (Ho et al., 2023). First, scale construction begins with item development, which involves understanding the domains of the scale and identifying a robust list of potential items (Ho et al., 2023; Watkins, 2018). I would evaluate conceptual and empirical literature related to client experiences of power and identify potential items. For example, a potential item could include "I feel pressured by outside forces in my decisions regarding counseling." Item development additionally includes the use of an expert panel and interviews with the target population to evaluate the importance of items (Watkins, 2018). For example, this study would include experts in scale development and counselors with expertise in trauma. However, it is particularly important to center the target population (clients) in the evaluation process. Therefore, clients would be invited both to provide expert evaluation

on how relevant the items are to their lived experience, and to the structure, meaning, and clarity of the items themselves.

Second, I would utilize exploratory factor analysis (EFA) in scale development (Ho et al., 2023; Watkins, 2018), which includes structuring the combined items into a cohesive scale. Once the initial pool of items has undergone expert review, I would review the items to ensure their a) alignment with the domain in question (power) and b) their cohesive scoring methods. For example, I would begin to envision which items may need to be reverse scored in order to be an effective measure. Scale development also includes administering the survey and utilizing Item Reduction Analysis to identify inter-item and item-total correlations (Ho et al., 2023; Watkins, 2018). This process would allow me to weed out unhelpful or repetitive items. Additionally, I would attend closely to the participant recruited to provide feedback. Ho et al. (2023) recommended 10-15 participants for each potential item, which can lead to a substantial sample size. Collaboration with clients from diverse communities can strengthen the initial scale development and illuminate potential trends that may require later language or cultural adaptations.

Lastly, I would evaluate the scale to determine its efficacy. Scale evaluation (Watkins, 2018) includes assessing reliability, validity, linearity, and normality. This process serves to evaluate the efficacy of the scale in consistency and if it correctly measures the concept of power across client experiences. Once a scale has been evaluated, future research can include translation to different languages. Similarly, the scale can be applied to different contexts, such as in work with adolescents or in inpatient facilities so as long as the scale was normed for those populations.

Examining the Relationship Between Power and Counseling Variables. Future research can measure the role of power in client experiences. Once a scale for assessing power within the counseling relationship has been constructed, it could serve as a helpful tool in pragmatically assessing client's power in counseling. For example, counseling theories, approaches, and interventions can be measured on their capacity for supporting client power within the counseling relationship. Currently, literature on the importance of power in counseling is primarily conceptual and qualitative (Butler et al., 2011; Sweeney et al., 2017). However, counselors are called to provide quantitative research to inform evidence-based practices and respond to sociocultural mental health needs (Watson et al., 2016).

Research asserted that power plays a role in trauma-informed care (Sweeney et al., 2017); culturally responsive counseling (Ratts et al., 2015), the counseling relationship (Jordan, 2008) and treatment outcomes (Ghaemian, et al., 2020). However, clarifying the connection between power and these factors can inform clinical practice, research, education, and supervision. For example, if regression analyses emphasized a strong relationship between clients' self-reported power and culturally responsive care, then multicultural counseling classes may benefit from centering power in the curriculum.

I would explore the relationship between power and counseling variables through an examination of a) client's self-rated experience of power, b) client's rated working alliance, c) client's rated evaluation of the counselor's trauma-informed approach, d) client's rated evaluation of counselor's cultural competence, and e) client's overall treatment satisfaction. Although quantitative research would benefit from sampling diverse communities, I would begin by polling the same population as the present study: adult women with histories of interpersonal trauma. Participants would be invited to complete several measures. First, participants would be

invited to complete the power assessment tool discussed previously in this chapter. Second, participants will complete the Working Alliance Inventory (WAI; Heinonen et al., 2014) which measures the clients' perception of the counseling relationship. In a systematic review of assessments for the counseling relationship, Gutiérrez-Sánchez et al. (2021) found that the WAI is the best instrument to measure the counseling relationship. Participants will also complete portions of the Trauma-Informed Care Guide (TIC Guide; Sinko et al., 2020). Portions of the TIC Guide will be omitted, as the assessment also serves to examine participants' lived experiences with trauma, which is not the focus of the present study. Participants will also complete the Iowa Cultural Understanding Assessment (White et al., 2009), which measures clients' evaluation of counselor's cultural competence. Lastly, participants will evaluate their treatment outcomes through a five-point Likert scale to statement such as "Counseling is helping me to reach my goals" and "I have grown as a result of my counseling."

Data analysis would include a regression analysis. Regression analysis illuminates relationships between several continuous variables, including an estimated predictive power (Dimitrov, 2013; Limberg et al., 2021). Limberg et al. (2021) asserted that regression analyses can strengthen conceptual models through a detailed analysis of relationships between variables. For example, power would serve as a predictor variable, and factors in the established power scale may provide multiple predictor variables related to power. A regression analysis may illuminate a high association (R; Dimitrov, 2013) between clients' reported power and their perception of culturally competent care, suggesting that power may predict multicultural counseling. Predictive relationships between power, working alliance, culturally competent care, trauma-informed care, and treatment satisfaction can deepen understanding of the role of power within counseling variables and serve as foundation for further research.

Limitations

Constructivist grounded theory serves to construct a useful, credible, original, and resonant theory derived from the data (Charmaz, 2013). As a constructivist approach, this methodology attends to the innate subjectivity of the researcher throughout data collection and analysis (Charmaz, 2013). Another researcher would likely come to different conclusions with the same research questions and different participants. Therefore, the grounded theory in the present study is transferable to similar adult women with histories of interpersonal trauma in the counseling relationship and may not apply to all client experiences.

Two methodological decisions are worth revisiting. First, although grounded theory research can benefit from the exploration of multiple viewpoints, I elected to center the data collection solely on clients in counseling. Critical-feminist grounded theorists Hesse-Biber and Flowers (2019) asserted that when grounded theory researchers explore salient social issues, they should seek to examine whose "stories have yet to be told" (p. 511). Grounded theory can be utilized to understand a singular perspective in further depth rather than multiple perspectives (Kushner & Morrow, 2003). Nearly all literature about power in the counseling relationship has either centered on the counselor's experience or perspective; thus, centering the client's perspective was imperative to avoid diffusing the client's experience through the counselor's lens. Therefore, I elected to prioritize a deeper exploration of client experiences rather than integrating multiple perspectives.

Second, I elected to integrate Strauss and Corbin's (1990) model into the final stages of data analysis. Charmaz (2014) asserted that it is not necessary to utilize a model in constructivist grounded theory, as data analysis needs to reflect participant data, not an interpretive lens.

However, Charmaz (2014) suggested that constructivist grounded theorists can consider Strauss and Corbin's (1990) model if it aligned with participant data. Throughout my analysis and collaboration with a peer reviewer, it was clear that some portions of the model were relevant to participant data. I elected to use all portions but the intervening conditions, as there were no shared intervening conditions across participant experiences relevant to the research question. Charmaz (2014) asserted that constructivist grounded theorists do not align data to models, but instead align models to data. Although atypical for many grounded theorists, this decision was congruent with constructivist grounded theory.

The present study included several limitations. First, limitations emerged by the nature of constructivist grounded theory within the structure of a dissertation. Ideally, grounded theory researchers enter data collection with little prior knowledge on the topic, to best ensure data-driven analysis (Charmaz, 2013). However, the dissertation process required a literature review prior to data collection. Charmaz (2013) suggested that researchers can navigate this through intentional bracketing of prior knowledge. I did so through reflexive memoing and working with a peer reviewer. Additionally, constructivist grounded theory does not typically use a predetermined sample; however, a predetermined sample was necessary for the dissertation process. I navigated theoretical sampling within a predetermined sample by selecting a sample in which theoretical sampling would still be possible. For example, I focused on theoretical sampling to explore varying lengths of counseling relationships and diverse cultural experiences.

Second, the final sample was somewhat limited in cultural identities and backgrounds. Most participants self-reported as White or Black cisgender women. A third of participants came from households making over $100K+. The online data collection meant that individuals who

did not have access to the internet could not access the study. Although I utilized theoretical sampling to strive for diversity across participants which yielded 28% of the participants who self-reported as transgender women and 66% in households under $100K, the sample's representation may have influenced how participants discussed experiences like *Sociocultural Mental Health Factors.*

Lastly, power within the research-participant relationship may have served an unintended role. For example, participants may not have felt fully safe disclosing their concerns about counseling in my role as a researcher and counselor. Participants may have also experienced social desirability when discussing sensitive topics such as trauma and power. Furthermore, although the present study invited reflection on the role of cultural attitudes, participants and I may have been subject to cultural attitudes we did not recognize and could not articulate. I strove to promote participant safety and autonomy, however the formal nature of research itself may have unknowingly influenced the researcher-participant relationship.

Summary

This dissertation examined how adult women with histories of interpersonal trauma experience power within the counseling relationship as clients in individual outpatient clinical mental health counseling. I employed constructivist grounded theory that included individual interviews and follow-up emails during concurrent data collection and analysis. Participants included 29 adult women with histories of interpersonal trauma who currently attend or recently attended counseling with a clinical mental health counselor.

Data analysis led to the construction of seven categories and one core category. Categories were sorted via the Corbin and Strauss (1990) model, which included two contextual conditions (*Sociocultural Mental Health Factors* and *Prior Experiences of Power*), one causal

condition (*Choosing Counseling*), two action strategies (*Advocating for Needs* and *Assessing for Safety and Fit*), and two outcomes (*Reclaiming Power* and *Reliving Disempowerment*). The core category summarized all other categories and answered the research question: participants experienced power within the counseling relationship by *Practicing Personal Power in Connection with Others.*

The grounded theory highlighted both ways outside factors mitigate client experiences of power (contextual conditions), and ways clients actively utilize agency throughout the treatment process (causal condition and active strategies). In particular, results emphasized the importance of power, and how client experiences of power within the counseling relationship can inform changes in their lives (outcomes). Results illuminated additions, conflicts, and expansions to healthcare, mental health care, and counseling literature. Results additionally informed practical implications for clients, counselors, educators, supervisors, leaders and advocates, and researchers.

APPENDICES

APPENDIX A: DEMOGRAPHICS SURVEY

APPENDIX A: Demographics Survey

Interpersonal Trauma, Counseling, and Power
Laura Dunson Caputo, LPCC-S, M.S.Ed
Dr. Jenny Cureton, PhD, Dissertation Committee Co-Chair
Dr. Cassie Storlie, PhD, Dissertation Committee Co-Chair

All questions can be directed to Laura Dunson Caputo at ldunson1@kent.edu.

Thank you for your time in this study! Your emotional energy and mental labor are valued and appreciated. Please take a moment to answer the below demographics questions.

All answers are confidential and participation in this study is voluntary.

This demographics survey should take 5-10 minutes.

1. Name:

2. Age:

3. What is your race? (Mark all that apply)
   - ☐ Asian American
   - ☐ American Indian or Alaska Native
   - ☐ Black or African American
   - ☐ Native Hawaiian or Pacific Islander
   - ☐ White or Caucasian
   - ☐ Not listed; Please describe: _____
   - ☐ Prefer Not to Say

4. Are you of Hispanic, Latino/a, or Spanish origin?
   - o No, I am not of Hispanic, Latino/a, or Spanish origin
   - o Yes; Please describe: _____
   - o Prefer Not to Say

5. What would you identify as your religion? (Mark all that apply)
   - o Buddhism
   - o Christianity
   - o Hinduism
   - o Islam
   - o Judaism
   - o Paganism or Wicca
   - o Shinto
   - o Sikhism
   - o Agnosticism
   - o Atheism
   - o Not listed; Please describe: _____

o Prefer Not to Say

6. Do you have a disability? (Mark all that apply.)
o Yes, I have a physical disability.
o Yes, I have a developmental or mental disability.
o No, I do not have a disability.
o Not listed; Please describe: _____
o Prefer Not to Say

7. How would you describe your sexual and/or affectional orientation? (Check all that apply)
☐ Asexual
☐ Aromantic
☐ Bisexual
☐ Gay
☐ Lesbian
☐ Pansexual
☐ Queer
☐ Questioning or unsure
☐ Straight (heterosexual)
☐ Not listed; Please describe _____
☐ Prefer Not to Say

8. Are you transgender?
o Yes
o No
o Prefer Not to Say

9. Is English your first language?
o Yes
o No
o Prefer Not to Say

10. What is the average annual income in your household?
o Under 20,000
o 20,000-39,999
o 40,000-59,999
o 60,000-79,999
o 80,000-99,999
o 100,000 or above
o Prefer Not to Say

11. What geographic region of the United States do you live in?
o Northeast
o South
o Midwest

o West
o Not listed; Please describe: _____
o Prefer Not to Say

12. How many sessions have you attended for your current / most recent counseling?
o Sliding scale allows for selection ranging from:
less than 5 <—> over 50

All questions except question 11 are coded as mandatory, as each has a "Prefer Not to Say" option. Question 11 can be skipped if participants prefer.

After the completion of the survey, participants see the following:

Thank you for taking the time to complete the demographics survey! If you have not been contacted already, we will contact you with more information about this study. If you have questions, please email ldunson1@kent.edu

APPENDIX B: INTERVIEW GUIDE

APPENDIX B: Interview Guide

Thank you for your time and interest in this research study!

I look forward to hearing your experiences of power in the counseling relationship. The questions below will inform our discussion. I will ask follow-up questions to better understand your experience. You can skip any question at any time.

Additionally, please note that the purpose of this study is not to explore your past experiences of trauma. We are interested in how you have experienced power in the counseling relationship.

We use this definition of power:

Power is an ongoing interaction between institutions or systems that maintain power and each individual's agency and autonomy (Proctor, 2017).

For us, this means that a) there are systems or organizations that have power over us and b) we have some form of power in our everyday lives.

- Would you like to add or change anything about this definition, or do you define it differently?

Interview Questions

- Tell me about your experience in counseling.
- How did you and your counselor connect or get to know each other?
- Tell me about your experience of power while you were in counseling.
- We all have different cultural identities, such as some of what you shared in the demographics survey. Sometimes parts of our identities are similar or different from our counselor. How did you experience power with culture in counseling?
- Think about your experiences with an intake or getting a diagnosis. How did you experience power then?
    - What about when you scheduled an appointment or dealt with billing. How did you experience power then?
- Is there anything you want to add, clarify, or explore further to help me understand your experience with power in counseling?

  Thank you again for your time! Please email me at ldunson1@kent.edu with questions!

APPENDIX C: CRITERION SAMPLING

APPENDIX C: Criterion Sampling

Direct Participant Recruitment	
Reddit	r/PTSD, r/mentalhealth, r/cPTSD, r/CPTSDNextSteps, r/CPTSDFreeze, r/CPTSDFightMode, r/TraumaAndPolitics, r/raisedbynarcissists, r/psychology, r/rapecounseling, r/emotionalneglect, r/EstrangedAdultChild, r/HealMyAttachmentStyle, r/AbuseInterrupted, r/meToo, r/rape, r/women, r/AskWomen, r/HealfromYourPast
Twitter	#mentalhealth #trauma #counselor #survivor #research #mentalhealthawareness #therapy #women
Instagram	#mentalhealth #trauma #counselor #survivor #research #mentalhealthawareness #therapy #women
Facebook	Women, Trauma, Addiction, Relationships and Mental Illness, Light in the Darkness: Support For Women With PTSD, Anxiety, Depression & Trauma Support Group for Women, Unseen Trauma of Narcissistic Abuse - Victims and Survivors, PTSD, Depression & Trauma Support Group for Women Survivors Of Childhood Trauma, Narcissistic Abuse & Trauma Recovery For Women, PTSD/CPTSD Support Group for Women, Healing Journey for C-PTSD from Developmental Trauma, Women's Support Group, Healing Path to Complex PTSD Recovery, Finding a Safe Way to Emotional Trauma Recovery, Healing Trauma, Complex Trauma, Anxiety, Depersonalization & Derealization, Women with PTSD United - Support Group, Domestic Abuse Support Group For Women, WOMEN SUPPORT GROUP FOR VICTIMS OF DOMESTIC VIOLENCE/ NARCISSISTIC ABUSE, Therapy Support Living With Complex PTSD
Online Communities	https://www.hope4-recovery.org/program.html, https://www.myptsd.com/forums/news-studies-research.106/, https://www.alongwalkhome.org/about-us/, http://aftersilence.org/, https://findinghope.org/, http://www.fortrefuge.com/, https://isurvive.org/, https://www.ourwave.org/, https://pandys.org/, https://www.peaceoverviolence.org/support-groups, https://www.safehousecenter.org/supportgroups/#sssg, https://www.supportgroupscentral.com/index.cfm, http://www.survivorschat.com/, https://www.bwss.org/support/lgbtq2s/, https://nurturingchange.org/, https://www.diversitycenter.org/trans, https://genderspectrum.org/articles/gender-spectrum-groups, https://www.miwsac.org/, https://napiesv.org/, https://www.tnlr.org/en/support-groups/

Professional Referral Sources	
SAMHSA Trauma Resources Guide (2018)	Academy of Cognitive Therapy The American Academy of Experts in Traumatic Stress Anxiety and Depression Association of America Association for Behavioral and Cognitive Therapies Association of Traumatic Stress Specialists Center for Anxiety and Related Disorders Center for the Study of Traumatic Stress Center for Culture, Trauma and Mental Health Disparities Council of State Governments Justice Center—Mental Health David Baldwin's Trauma Information Pages EMDR Institute, Inc The International Critical Incident Stress Foundation, Inc International Society for the Study of Trauma and Dissociation The International Society for Traumatic Stress Studies National Alliance on Mental Illness National Association of State Alcohol and Drug Abuse Directors, Inc National Association of State Mental Health Program Directors National Center for Injury Prevention and Control National Center for PTSD National Center for Telehealth and Technology National Center for Trauma-Informed Care National Center for Victims of Crime National Center on Domestic Violence, Trauma & Mental Health National Center on Elder Abuse National Coalition Against Domestic Violence National Council for Behavioral Health National Institute of Mental Health National Registry for Evidence-Based Programs and Practices National Sexual Violence Resource Center National Trauma Consortium Office for Victims of Crime Training and Technical Assistance Center Rape, Abuse & Incest National Network SAMHSA's Tribal Training and Technical Assistance Center Sanctuary Model Seeking Safety Sidran Institute Traumatic Stress Institute Tulane University Traumatology Institute Veterans Affairs PTSD Support Services White Bison Wellbriety Training Institute
Counseling Organizations	International Association for Resilience and Trauma Counseling Ohio Association for Resiliency and Trauma Counseling

APPENDIX D: ADVERTISING MATERIALS-- PARTICIPANTS

APPENDIX D: Advertising Materials -- Participants

VOLUNTEERS NEEDED FOR A RESEARCH STUDY

INTERPERSONAL TRAUMA, COUNSELING, AND POWER

You may be eligible if you...

- **Are an adult (18+) woman (transgender or cisgender)**
- **Are currently attending individual outpatient mental health counseling in the United States, or have attended in last year (for at least two sessions)**
- **Have past experience with interpersonal trauma, such as emotional abuse or neglect, physical abuse or neglect, sexual abuse, or discrimination.**
- **Are proficient with English in order to participate in interview**

PARTICIPATION IS 60-90 MINUTES AND INCLUDES A SURVEY AND AN AUDIO-RECORDED INTERVIEW

PARTICIPANTS RECIEVE A $25 GIFT CARD AFTER COMPLETING STUDY

This research study is IRB-approved through Kent State University (# 323).
For more information, please email Laura Dunson Caputo at ldunson1@kent.edu.

http://bit.ly/3YnaAnb

KENT STATE UNIVERSITY

Template – Social Media Post
Re: Volunteers Needed: **Interpersonal Trauma, Counseling, and Power**

Hello everyone! My name is Laura Dunson Caputo, and I am a doctoral candidate in Counselor Education & Supervision at Kent State University. I am writing to invite you to participate in a voluntary research study about how women who have histories of interpersonal trauma experience power in the counseling relationship. This study is IRB-approved (#323) dissertation research.

Eligible participants are:

- Adult (18+) women (cisgender or transgender)
- Currently meeting with a counselor for individual outpatient mental health counseling or has met with a counselor in the past year for two or more sessions.
- Receive or received counseling within the United States
- Past experience (prior to counseling) with interpersonal trauma (We define interpersonal trauma as previous experience with harm from another person, including but not limited to emotional abuse or neglect, physical abuse or neglect, sexual abuse, or discrimination.)
- Proficiency with English language to participate in interview (read, speak, & write in English)
- Comfort participating in an audio-recorded interview

This study is fully voluntary. Participation includes discussing your experience with power during the counseling process. You will not be asked to disclose or share your experience with trauma.

Participation in the study includes reviewing the Informed Consent, completing a demographics survey, and meeting with a researcher for a 30–60-minute interview. The total time commitment is 60-90 minutes.

If you're interested, you can complete our screening questionnaire here to begin the process: [LINK HERE]

If you would like additional information about this study, please contact me at ldunson1@kent.edu. You can also reach the Kent State University IRB at: 330-672-2704

Thank you for your consideration, and once again, please do not hesitate to contact us if you are interested in learning more about this Institutional Review Board approved project.

Laura Dunson Caputo, Kent State University

Template– Sample Tweets

Seeking volunteers for a #research study: Female #TraumaSurvivors' Experiences of Power in #Counseling

Participation includes a demographics survey and a 30–60-minute virtual interview. See if you're eligible today with our screening survey! [LINK HERE]

If you are..

-An adult #woman who has experienced interpersonal #trauma
-Currently in / have recently been in #counseling
-Interested in participating in a #research study about power

…we want to hear about your experience.

Check out our screening questionnaire here: [LINK HERE]

APPENDIX E: ADVERTISING MATERIALS-- PROFESSIONALS

APPENDIX E: Advertising Materials-- Professionals

Re: Volunteers Needed: **Interpersonal Trauma, Counseling, and Power**

Dear: (*Name*)

Hello, my name is Laura Dunson Caputo, and I am a doctoral candidate at Kent State University. I am writing to let you know about an opportunity to participate in a voluntary research study about how women who have histories of interpersonal trauma experience power in the counseling relationship. This study is IRB-approved (#323) dissertation research from the Counselor Education and Supervision department under the supervision of Dr. Cassie Storlie and Dr. Jenny Cureton.

We are asking counselors who work with trauma survivors to share this research opportunity with their clients. This can include forwarding this request for participation to clients via email or posting the attached flyer in your lobby or waiting room. We ask that you share this no more than three times with potential participants and post flyers in a space where clients can choose to review without pressure. This study is fully voluntary, and you will not know if your client has participated.

Eligible participants are:

- Adult (18+) women (transgender or cisgender)
- Currently meeting with a counselor for individual mental health counseling or has met with a counselor in the past year (for two or more sessions)
- Receive / received counseling within the United States
- Past experience (prior to counseling) with interpersonal trauma. (We define interpersonal trauma as previous experience with harm from another person, including but not limited to emotional abuse or neglect, physical abuse or neglect, sexual abuse, or discrimination.)
- Proficiency with English language to participate in interview (read, speak, & write in English)
- Comfort participating in an audio-recorded interview

Please note that potential participants will complete a screening inventory to determine eligibility. You are welcome to refer participants even if you are uncertain whether or not they qualify.

Participants will not be asked to discuss their experience with trauma.

Interested participants are invited to complete our screening questionnaire. Participation in the study includes reviewing the Informed Consent, completing a demographics survey, and meeting with a researcher for a 30–60-minute interview. The total time commitment is 60-90 minutes.

If you would like additional information about this study, please contact me at ldunson1@kent.edu. You can also reach the Kent State University IRB at: 330-672-2704.

Thank you for your consideration, and once again, please do not hesitate to contact us if you are interested in learning more about this Institutional Review Board approved project.

Laura Dunson Caputo, Kent State University

APPENDIX F: SNOWBALL SAMPLING EMAIL

APPENDIX F: Snowball Sampling Email

Re: Volunteers Needed: **Interpersonal Trauma, Counseling, and Power**

Hello (Name)!

Thank you for agreeing to share this study with others. Please know this is an optional process and I won't know whether or not you shared this with your community. Similarly, everyone's participation is confidential, so I won't confirm you participated with anyone you refer, and I won't tell you if someone you refer participates.

If you have someone in mind, I encourage you to forward the below information and/or attached flyer their way. You can also encourage them to email me directly at ldunson1@kent.edu if they have questions or would like to discuss the study before starting the process. If you have any questions about this, please let me know!

Thank you again for your time!

Best,

Laura

Direct Participant Recruitment Social Media Post (Appendix D) Here

APPENDIX G: SCREENING QUESTIONS

APPENDIX G: Screening Questions

Screening Questions:

1. *Are you 18+ or older?* YES / NO

2. Do you identify as a woman?

-Yes, I am a cis woman

-Yes, I am a trans woman

-No, I do not identify as a woman

3. Are you currently attending individual mental health counseling, or have you attended counseling in the past 1 year for at least two sessions? (Please do not include group counseling, staying at an inpatient facility, family or marriage counseling, psychological testing, or meeting with a psychiatrist).

-Yes, I currently attend counseling

-Yes, I attended counseling within the last year

-No, I do not currently / have not attended counseling within the last year

4. (Show if Yes to #3)

What is the license of the person you saw for individual mental health counseling?

-Counselor

-Social Worker

-Psychologist

-Unsure

5. Show If unsure is marked to #4:

If you are able, please take a moment to look up your counselor. If you see any credentials listed (such LPC, LSW, CT, etc.) please include them below. (If no credentials are available, please simply explain how you understand your counselor's title.)

6. Have you ever experienced interpersonal trauma? Please see the below chart for examples.

Interpersonal trauma is defined as violence inflicted by one person onto another human being. This can include (but is not limited to) any of the following experienced in childhood or adulthood:		
*Physical abuse *Physical neglect *Physical assault *Forced confinement	*Sexual assault *Sexual abuse *Sexual exploitation *Rape or date rape *Any unwanted sexual contact	*Domestic violence *Interpersonal partner violence *Witnessing domestic violence *Bullying
*Emotional abuse or neglect *Psychological abuse or neglect *Verbal abuse *Stalking *Harassment or intimidation *Threats of violence *Forced isolation	*Discrimination *Microaggressions *Forcible removal or denial of language *Forced assimilation or denial of cultural background	*Financial or economic abuse *Workplace abuse, coercion, or violence *Spiritual or religious abuse
(Mauritz et al., 2013; Sweeney et al., 2018; Lilly and Valdez, 2012; Carter & Forsyth, 2010; NCADV, 2020)		

-Yes, I have experienced interpersonal trauma

-No, I have not experienced interpersonal trauma

7. Show if Yes is marked #6

Did this interpersonal trauma occur before attending counseling?

-Yes, I experienced interpersonal trauma before starting my most recent counseling

-No, the first time I experienced interpersonal trauma was after I started my most recent counseling

8. *Do you feel comfortable speaking, reading, and writing English to participate in a 30–60-minute interview?* YES/NO

9. *Do you feel comfortable meeting for an audio-recorded virtual interview with one of our researchers?* YES/NO

If NO is marked to any of the above, participants receive an ending screen with the following:

Thank you for your time in completing the screening questions for this research study. Unfortunately, based on your answers you are not eligible for our study. If you feel this is a mistake or have questions, please email Laura at ldunson1@kent.edu.

If participants mark YES to all of the above (or Unsure to provider information), they will be redirected to the Informed Consent with the following prompt:

Thank you so much for completing the screening questions! Based on your responses, it looks like you may qualify for our research study. Please take a moment to review the following Informed Consent. Remember, this study is voluntary and confidential. You may exit the study or discontinue the survey at any time.

Reviewing this Informed Consent should take approximately 5 minutes. If you have questions, please contact ldunson1@kent.edu.

APPENDIX H: INFORMED CONSENT

APPENDIX H: Informed Consent

Consent to Participate in a Research Study

Interpersonal Trauma, Counseling, and Power
Laura Dunson Caputo, LPCC-S, M.S.Ed
Dr. Jenny Cureton, PhD
Dr. Cassie Storlie, PhD

You are being invited to participate in a research study. This consent form will provide you with information on the research project, what you will need to do, and the associated risks and benefits of the research. Your participation is voluntary. Please read this form carefully. It is important that you ask questions and fully understand the research in order to make an informed decision. You will be able to save a copy of this document at the end of this survey.

Purpose
The focus of this study is to better understand how adult women with histories of interpersonal trauma experience power in the counseling relationship. The purpose of this study is not for individuals to share their trauma story directly. Although some counselors emphasize the importance of understanding power, research around power in counseling is limited. We hope that this study can illuminate client experiences of power to help inform better counseling practices.

Criteria
Participants must…
- Be adult (18+) women (transgender or cisgender)
- Have past experience (prior to counseling) with interpersonal trauma
- Be currently meeting with a counselor for individual mental health counseling OR have met with a counselor in the past year (for at least two sessions)
- Be attending or have attended counseling within the United States
- Be proficient with English to participate in interview (read, speak, & write in English)
- Be willing to participate in an audio recorded interview

Procedures
Participation in this research study includes three steps:
1. Participants are contacted by email to schedule a virtual interview with a researcher
2. Participants will receive a 5–10-minute demographic survey and the interview questions to review prior to the interview
3. Participants will meet with a researcher for a 30–60-minute audio-recorded virtual interview.

Total expected time commitment for this study is 60-90 minutes.

Participants will also be offered the opportunity to review and edit a transcript from the interview to ensure the transcript is accurate and fully captures the participant's experiences. This process is entirely optional.

Benefits
The potential benefits of this study include processing experiences of power with a researcher. Further, participation in this study will help our counseling profession better understand how to support women who have experienced interpersonal trauma.

Risks and Discomforts
Some of the questions that you will be asked are of a personal nature and may cause you embarrassment or stress. We will not directly ask you about your experience with trauma, but we will ask about your experience with power and counseling. We will provide you with the interview questions prior to the interview so you have time to review. You may skip any question and can discontinue the study or interview at any time.

In the occasion that you feel stress during the interview, we also recommend participants access resources in their area utilizing the resource guide here: (Hyperlink: https://www.nami.org/NAMI/media/NAMI-Media/Images/FactSheets/2021-Resource-DirEctory.pdf)

Recording
We will audio-record participant interviews so we can transcribe interviews after the meeting. Recordings will be stored on a confidential password protected storage account until they are transcribed, then they will be destroyed. Transcripts will be de-identified and won't include your name or other information.

Confidentiality
All data is kept in a password-protected storage account. Your identifying information (such as this signed informed consent) is stored separately from any audio recordings or transcripts. We will keep your information confidential within the limits of the law, but due to the nature of the internet there is a chance that someone could access information that may identify you without permission.

Future Research
Your de-identified information may be used by or shared with other researchers without your additional consent.

Voluntary Participation
Participation in this study is voluntary. You may discontinue participation at any time without penalty or loss of benefits.

If you have any questions or concerns about this research, you may contact Laura Dunson Caputo at ldunson1@kent.edu. This project has been approved by the Kent State University Institutional Review Board (#_____). If you have any questions about your rights as a research participant or complaints about the research, you may call the IRB at 330-672-2704.
To participate sign your name and email below. To consent to audio recording, mark the button below. If you do not want to participate, exit the window.

Name:

Email:

I consent to being audio-recorded during my interview with a researcher:
-Yes, I consent
-No, I do not consent

I understand the purpose of this research study is to explore my experience of power in counseling, not to share my experiences with interpersonal trauma.
-Yes, I understand
-No, I do not understand

At the completion of the Informed Consent, participants see the following at the end of the survey:

Thank you for completing the Informed Consent! A researcher will be in contact with you within one week. If you have any questions, please email ldunson1@kent.edu.

APPENDIX I: EMAILS TO PARTICIPANTS

APPENDIX I: Emails to Participants

Template– Email to Eligible Participants

Title: **Interpersonal Trauma, Counseling, and Power**

Hello (Name) !

Thank you so much for taking time to complete the screening survey and Informed Consent for our study: Interpersonal Trauma, Counseling, and Power. My name is Laura– I am the primary researcher for this study. I'm looking forward to connecting and discussing your experiences further!

I'd love to schedule a time for us to meet virtually. I encourage you to reserve an hour, although we will take anywhere from 30-60 minutes. **Please click the Calendly link below to schedule a time for us to meet.**

Once we have a meeting scheduled, I will send you some of the next steps including the link to the demographics survey and the interview questions you can expect at our meeting.

Additionally, if you have any questions or concerns about the study, please let me know! I'd be happy to discuss the interview prior to our meeting. We will also have time to discuss any questions you have prior to beginning the formal interview questions at our meeting.

Looking forward to connecting with you!

Best,
Laura

Template – Follow-Up Email to Eligible Participants

Hello again (Name)! Thanks for taking the time to schedule our meeting. I have us scheduled to meet on [Date and Time]. We will use the virtual meeting space below. If you have any questions about this, please let me know.

Here are some next steps to consider:

A. **Before our meeting, please complete this linked demographics survey**: *[Link here]*
B. **I've attached a document with some of the questions I'll ask in the interview.**

Please let me know if you have any questions! Looking forward to connecting!

Best,
Laura

Virtual Interview Link & Information Here

Template – Further Screening Needed

Title: **Interpersonal Trauma, Counseling, and Power**

Hello (Name) !

Thank you so much for taking time to complete the screening survey and Informed Consent for our study: Interpersonal Trauma, Counseling, and Power. My name is Laura– I am the primary researcher for this study. It's wonderful to meet you!

Due to a wonderfully overwhelming interest, we have more participants who have signed up for our study than we initially expected. As part of our research goals, we are committed to meeting with participants from many backgrounds, worldviews, and walks of life.

As such, we are asking that you complete the included demographics survey. This survey will help us ensure that we are connecting with participants who may have had diverse and unique experiences with power in counseling.

Please complete this survey by *[One Week Deadline]*. Completing this survey should take 5-10 minutes. I will follow up with you within one week of completing the survey.

Please let me know if you have any questions!

Best,
Laura

Template—Follow-Up Information Needed

Hello again [name]!

Thank you so much for your time with this study thus far. We discussed that I may reach out with follow-up questions to our discussion. You can spend as much or as little time with this question as you would like or ignore this email entirely.

[Follow-up question here]

Please let me know if you have any questions!

Best,
Laura

APPENDIX J: MEMBER CHECKING DIRECTIONS

APPENDIX J: Member Checking Directions

Hello (Name)!

It was such a pleasure to talk with you the other day. I am so grateful for your time and thoughtfulness in our discussion.

As we discussed, I'm following up with information about our optional member checking process. This part of the study is when we ask participants if they'd like to review the transcript of our discussion. Participants can check for any errors, or they can adjust anything they stated in the transcript. For example, you may want to clarify a point or add more to something you said to help ensure your experience is accurately captured.

As I mentioned, this is a completely optional process. You can put as much or as little time into this as you feel comfortable, or you could choose not to do it at all. Some options include:

1. If you'd like to make any adjustments, either type in the document in a different color font or include comment boxes with changes you'd like to make.
2. If you don't want to make any adjustments, feel free to email me back that it looks good.

Regardless, if you could get this back to me by *[Date 2 weeks out]* I will ensure that the transcript accurately includes your adjustments.

Please don't hesitate to let me know if you have any questions about this process!

Best,
Laura

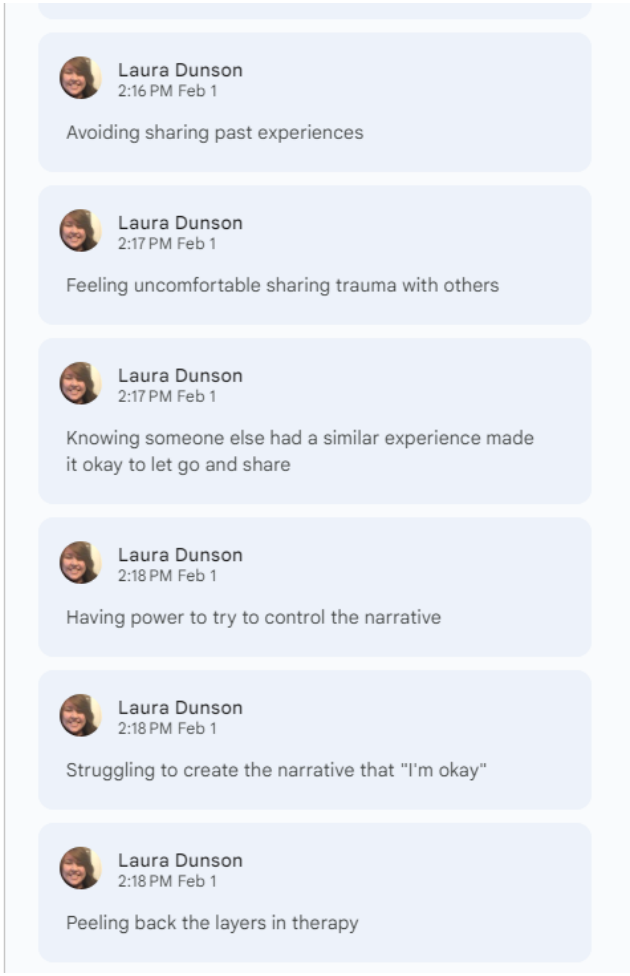
APPENDIX K: SAMPLE OF INITIAL CODING

APPENDIX K: Sample of Initial Coding

She went through a similar story or similar, similar events. And so, you know, I was able to discuss those things, and I didn't feel as much shame. I know, that's, that's silly to say, but I just didn't feel that much. I was able to share more freely, I felt less like a two headed monster. That's, you know, I just, you know, I felt very, because I didn't share these things for a very long time. In my life, I really didn't, I didn't feel comfortable sharing these, you know, very intimate, um, scary moments with with somebody else, I felt like I was, you know, going to be looked at different but knowing that there was somebody else who had a similar experience, you know, you can say, okay, it's okay to let go and share. And so it took the shame right out of it.

Laura Dunson Caputo 12:00
Thank you so much for sharing that. I'm hearing what you're saying about how, how empowering how supportive it felt to be able to talk about this. And you didn't feel ashamed. I'd love to kind of bring that power thread back and tell me about how power shows up in this relationship between being open with your counselor and past experiences wishing,

12:28
I think you, you know, you can have that power to try to control the narrative. Throughout my whole life, I've tried to struggle to create that this narrative that I'm okay, that, you know, that maybe this didn't affect me as fast as I thought it did. But but, you know, through, you know, peeling back the layers, so to speak, in, in therapy, and just talking about it and discovering navigating your way through the story and things like that, it gave me back the power to say, I'm okay, and that it's okay. Like I said, it happened to me, it didn't define me. This is, you know, this is what happened to me, but it is not who I am. And so you know, that, that power is empowerment to me, I've got that empowerment to go on and face. Other you know, other things that come up from the past, I'm now I have more power to look at



APPENDIX L: FOCUSED CODING SAMPLES

APPENDIX L: Focused Coding Samples

Excerpt from Codebook A

How do adult women with histories of interpersonal trauma experience power in the counseling relationship?

01- [Code Redacted]	02- [Code Redacted]	03- [Code Redacted]	04- [Code Redacted]
Celebrating current counselor	Discerning multiple definitions of power	Defining power as having control	Considering how the definition softens the reality of power
Going in and out of therapy for most of life	Ascribing current progress to counseling	Losing power when experiencing sexual abuse or assault	Reflecting on different lived experiences
Attending counseling for different experiences of abuse	Recognizing past experiences of powerlessness	Defining power as being in control of feelings	Recognizing universality of power struggles
Diving into therapy	Getting a bit of power back	Being able to work through feelings	Considering the impact of trauma
Reflecting on interruption from COVID	Reflecting on past experiences of feeling powerful	Deciding how to work through feelings	Comparing lived experiences
Critiquing past experience when counselor was let go abruptly	Holding power over emotions	Reflecting on lack of coping skills before counseling	Critiquing the helping / advocacy systems
(Reflecting on questions before interview)	Considering what has changed	"Being in counseling gave power to acknowledge, hey, you know you're going to be triggered"	Naming helping systems as oppressive
Having therapy end without any reason	Feeling powerless when feeling stuck and isolated	Normalizing being triggered	Thinking / talking / writing about experience
Being cut off from therapy	Losing power of connection / Reflecting on lost power	Not letting emotions overtake	Sharing experience with others
Going deep with counselor	Getting power back through counseling	Telling self that they can take power to give time of year a better meaning	Using own experience as an example
Experiencing trauma from losing therapist abruptly	Feeling powerless from anxiety	Crediting therapy as beneficial	Escaping trafficking
Leveraging resources to find counselor again	Feeling powerless in overwhelming moments	Acknowledging feelings / trying not to stuff away	Emphasizing autonomy
Losing same access to counselor because of insurance	Learning through counseling	Feeling fortunate to get daughter into counseling	Being told to get in the "normal" box
Recognizing not everyone has same resources	Learning that one can take some of the power back	Losing a best friend suddenly	Being told to get in the "normal" box
Experiencing validation about the situation	Finding healthier ways to cope	Feeling daughter's therapy opened door for own therapy	Emphasizing the importance of time for survivors
Reflecting on limitations of counseling because of insurance	Feeling like "I'm getting my power back"	Realizing art gives power to control unhealthy emotions / work through emotions	Critiquing short-term programs as unrealistic
Critiquing "plug and play therapy"	Putting counseling to practice in own life	Recognizing art's role in healing	Considering what society deems as normal

Excerpt from Codebook B

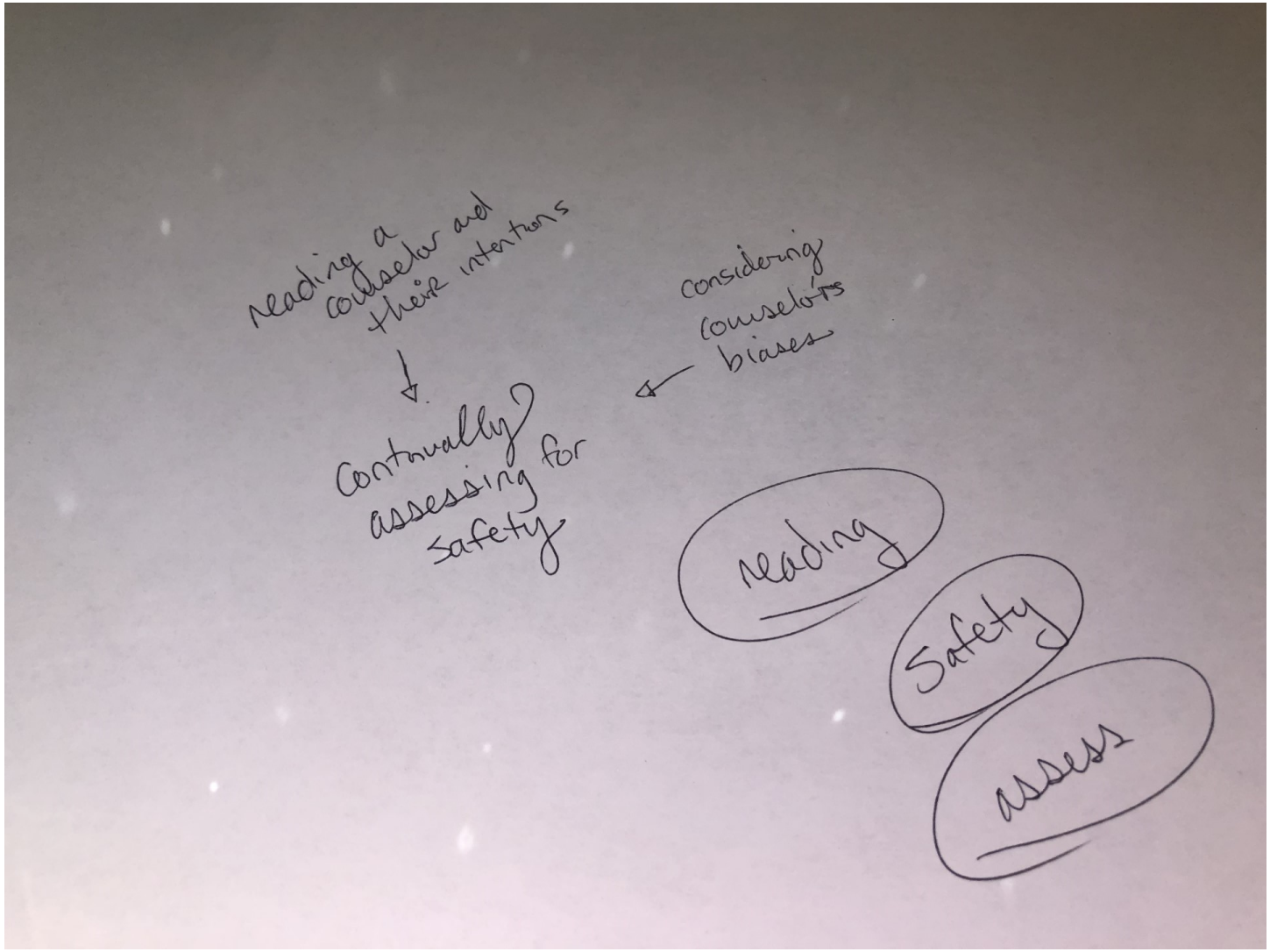
Focused Code	Description	Connected Initial Codes	Quote 1	Quote 2
Experiencing loss of power during trauma	Participants feel as though experience of interpersonal trauma took power away from them.	Losing power when experiencing sexual abuse or assault; Recognizing past experiences of powerlessness; Feeling everyone has power over her in moment of sexual assault; Having someone take away power to choose; Acknowledging how power is taken as a sexual assault victim; Processing loss of power after trauma Feeling powerless because of someone else's decision Not having a voice with abusers Seeing abusers as having power	#2, pg 1: "When a experiencing any kind of sexual abuse or assault you, you feel like you lose that control so."	#3, pg 1: "So I, you know, felt powerless before, you know"
Utilizing resources to access counseling	Participants need to utilize resources to access counseling (ie. insurance, finances, time, others perspectives)	Leveraging resources to find counselor again; Acknowledging the role of insurance; Seeking resources Asked around for referrals for counselor	#7, p. 4: " Because when I started Googling myself and started looking to say, what exists, what what's out there, you know, what can I be a part of,"	23. p.9. And I tried to go through my medical provider, and it was like a year wait, just to see somebody. And I was like, well, that's bullshit. So I just started googling. And it's hard to because you have to find someone that's in your network, and you have to find someone that takes your insurance. It's such a process.
Deciding to enter counseling	Participants name power in the choice to attend counseling.	Deciding to venture into counseling; Needing a lot of decisions to decide to start counseling; Finding power in own decision Emphasizing counseling was a choice Making a personal decision to go to counseling Deciding to return to counseling	6, p. 2: "So I just decided to venture into counseling, have a couple of meetings, sessions, I don't know what to call it. I'll call it a session, if you don't mind. So, um, it was basically for buying mental health. "	14. p 14. I mean, I have the power to be there. If I want to be I can leave if I want. She's not forcing me to be there. That's a choice that I have in every choice that you make, that you influence yourself to make that that's your power. Yeah, you know, if I had the power to sit there, I mean, we don't always like everything that people say to us, even counselors. And so like, I still have the choice to sit there or not. I have the choice to talk about what I want to talk about. You know, I I lead my sessions. She doesn't, she doesn't do that for me. So I feel like there's a lot of power, at least with my my counselor. There's a lot of power that I have in my own life with her.
Selecting a counselor	Participants are intentional in choosing a counselor	Needing to shop around for a therapist; Trying to find a therapist; Needing to find someone that knew what they were doing; Weighing options for a counselor, deciding on someone; Learning to find a good fit in a counselor; Considering the specific counselor fit, not just counseling overall; Understanding that can be selective Choosing counselor Feeling powerful because of choosing counselor Looking for an expert Looking through the lists of therapists Having the power to choose Carefully selecting counselors Needing someone with life experience, not just book knowledge	6, 2: ", I needed to pull up my feelings. I needed somebody that knew what they were doing. And it was not easy to know because I believe I know that not everybody is good at what they do. "	3, 5: I think that my current therapist has been like, -- you have to shop around for a therapist. One that's good for you. And after so many years of trying to find a good therapist or finding one in the relationship can't continue due to schedule changes and stuff. I feel like she's been the best because she listens to me, she. She gets me.

APPENDIX M: CATEGORY DEVELOPMENT SAMPLES

APPENDIX M: Category Development Examples

Clustering

Example Word Map



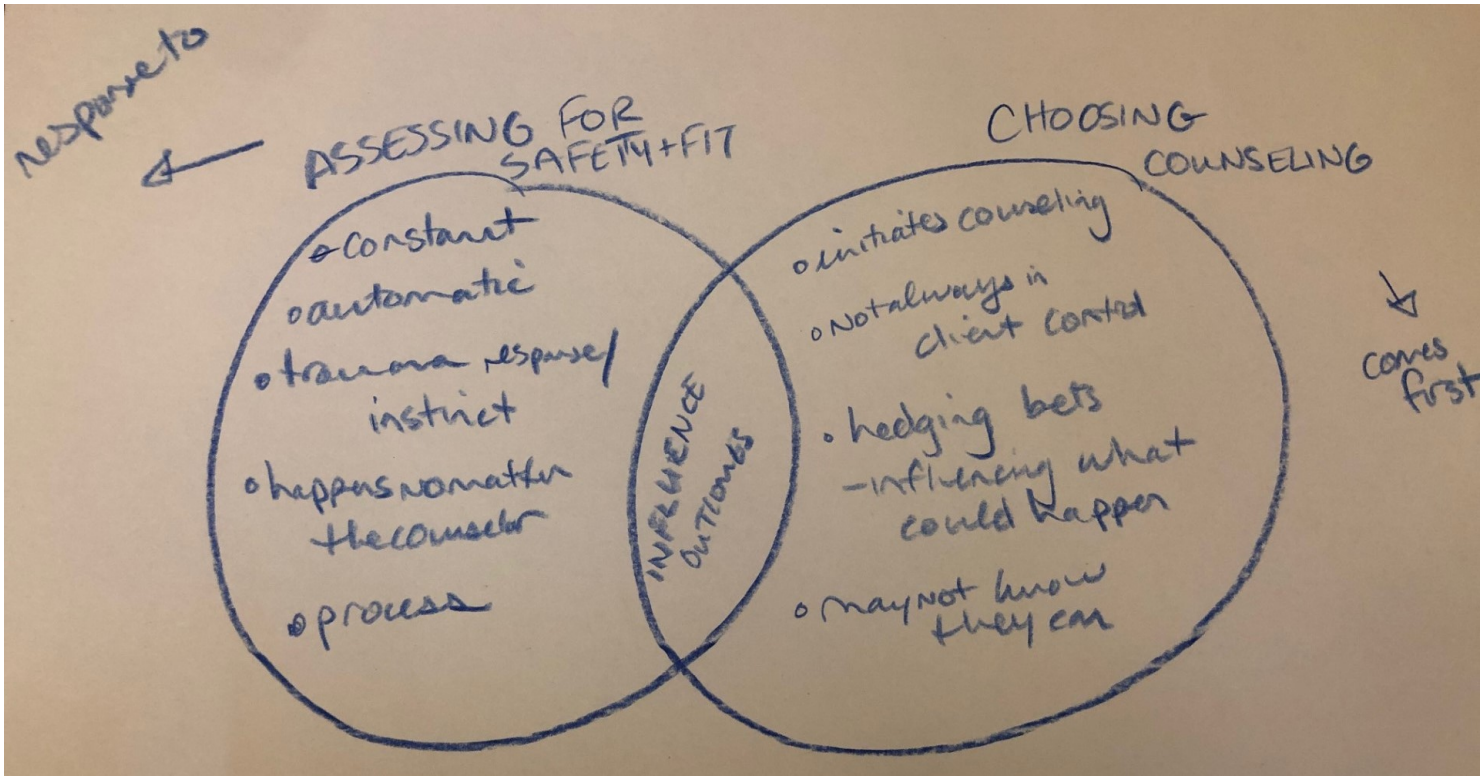
Excerpt from Codebook C

Category	Working Definition	Connected Focus Codes	*Sample Quote*	Questions About This Category
Feeling frustrated by outside forces **Revised: Broken system (mental health)**	Participants report times when outside forces directly impact their progress. These instances can cause participants to feel powerless, and in some situations feel worse off than before they started.	Feeling frustrated by practice rules and decisions Feeling powerless when external factors impact progress Recognizing ways counselors may feel powerless in the systems too	*so it's easy for me, as a survivor, to fall back on. It's something I did wrong. This is my fault. And the fact that I'm able to go, "this system is broken," is huge. But I know there's I couldn't have done that when I was younger.*	When does this arise?: Participants can feel frustrated when an outside force (ie insurance change, moving, practice policy, counselor leaving job, etc.) interrupts the flow of treatment. How is this maintained?: Outside forces How does this change?: Outside forces Consequences?: Participants can feel frustrated and even powerless that this change occurred. This powerlessness can be exacerbated if counselor doesn't support them through it. Relation to other categories?: Can interrupt happenings in other categories. Is the focus of this category on the participant's feelings? This might need to be a category that focuses the outside force. -In-vivo code: "broken system"? Focus on how participants navigated this?
Reading a counselor to protect self **Revised: Assessing for safety and fit**	Participants describe the process of continually assessing a counselor. Some describe this as an instinctual survival process developed after experiencing trauma. Others report it as more intentional, in order to determine if counselor is the right fit. In both cases, participants describe it as a safety mechanism to protect selves.	Considering counselor's biases Continually assessing safety Reading a counselor and their intentions Considering a counselor's internal biases	*"Survivors learn to size people up really fast, really fast. And it's just an instinctual thing. "*	When does this arise?: Participants describe this as a natural trauma response to evaluate their safety with another person. How is this maintained?: Maintained as long as participants feel unsafe, which can be a long time after trauma. Ongoing through relationship How does this change?: As someone builds safety and trust with counselor. (But it doesn't seem like it ever fully leaves--ex.: participants who assess changes in counseling later in relationship) Consequences?: Client may read or misread counselor intentions and react to protect themselves. Relation to other categories?: May inform how clients open up to counselors. Reading: Would all participants say they are "reading" their counselor? What is the intent of "reading?" -- the intent of reading is to determine/ evaluate/ **assess** the counselor. This will inform other actions. Safety: Are participants only reading for safety? What about participants who don't describe feeling unsafe? Would most participants say they were looking at safety? Some participants pointed out safety, but others talked about how much they thought the counselor could help them. (Ex. trauma informed approach) Also reading for best approach/ **fit**/ style/ training

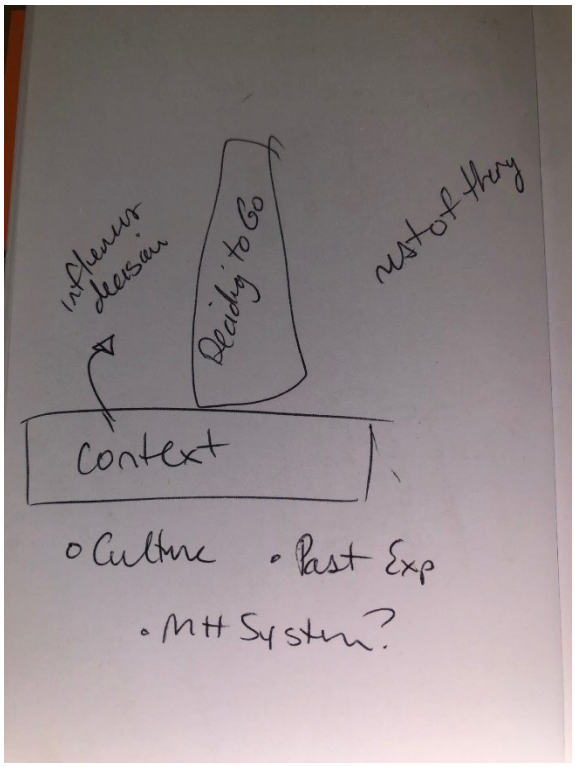
APPENDIX N: THEORY CONSTRUCTION SAMPLES

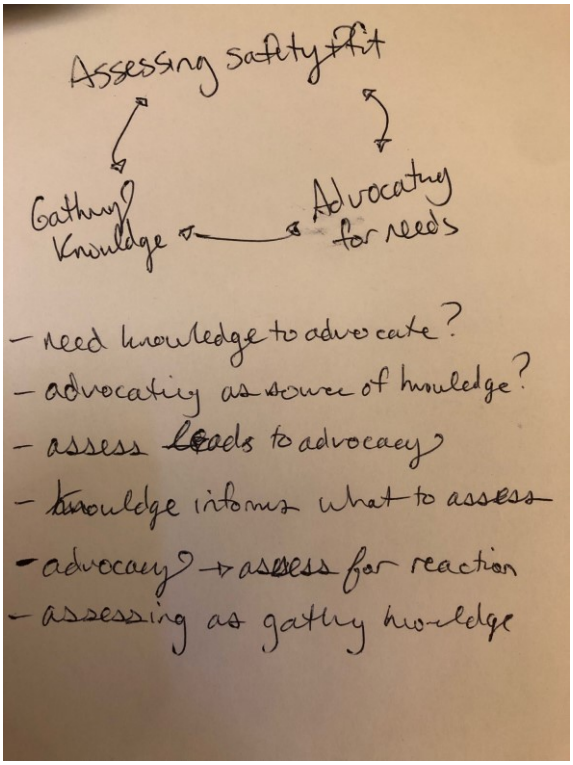
APPENDIX N: Theory Construction Examples

Relational Map Example



Diagramming Examples





APPENDIX O: MEMOS AND AUDIT TRAIL

APPENDIX O: Memos and Audit Trail

Choosing Counseling

Choosing Counseling was the most direct category in constructing the theory. As the majority of participants were not mandated to counseling, participants often shared how they decided to begin services, or what factors led to their decision. Focused codes like, "deciding to enter counseling," "choosing whether or not to attend sessions," and "deciding to return to counseling" highlighted participants' power in when and how they began, attended, or returned to counseling. At first, I considered separating the initial decision to attend counseling from the continual decision to return to counseling. However, participants shared stories where power changed dramatically in a single session. When I realized that the theory may occur entirely within a single counseling session, I sought to connect the focused codes in a way that would capture participants' decisions, whether they were beginning, attending, or returning to counseling. Additionally, the focused code, "selecting a counselor" had more associated open codes than any other focused code. Similarly, focused codes "emphasizing importance of connecting with women after experiencing gender-based trauma" and "seeking shared cultural background to ease understanding" pointed out some of the ways participants engaged in counselor selection. As such, *Choosing Counseling* became a causal condition in the theory.

I will note that originally, this category was called "Deciding to Go to Counseling" and a separate category included "Choice in Counselor." However, in considering these two categories separately, it became clear that both choosing a counselor and choosing counseling served the same purpose for participants and were often done together. As such, these were combined into one category.

Additionally, originally there was a separate category titled “Gathering Knowledge.” However, on closer inspection, all participants who referenced seeking out / receiving knowledge that influenced their experience all referenced knowledge as a role in choosing counselor. As such, it felt more appropriate to have the role of knowledge serve as a property in Choosing Counseling rather than its own category.

Sociocultural Mental Health Factors

I identified several focused codes that suggested the role of culture in participants’ experiences: “considering cultural attitudes around seeking help,” “feeling power in pursuing therapy despite societal messages about mental health,” “feeling expected to meet others' norms,” and “feeling powerless in American culture.” Each of these codes suggested the role of culture as an influencing force on participants’ experiences of the phenomenon. I revisited participant interviews to better understand the role of culture in the theory. Throughout interviews, participants used words to describe the impact of cultural attitudes like “can’t,” “make,” “should,” “expected,” and “have to.” These words seemed to illustrate that participants frequently did not have control over how they experienced cultural influences.

Participants also discussed mental health systems, as demonstrated by focused codes like “considering issues in the mental health system,” “recognizing systemic limits,” “reliving trauma through ‘helping’ systems,” “encountering barriers to finding counselor,” and “recognizing ways counselors may feel powerless in systems too.”

Participants expressed overlapping sentiments regarding culture and mental health systems, particularly that they could inform whether or not they engaged in counseling and how they experienced / used power in counseling. As such, it was appropriate to sort these together as a shared category.

Prior Experiences of Power

I began to consider *Prior Experiences of Power* as a category while memoing about what I observed in discussions with participants. First, I noticed that over half of participants began their stories from their experience of trauma, despite being reminded that they did not have to discuss their traumatic experiences. Participants like April and Lisa shared their traumatic experiences to explain their reason for going to counseling to begin with. By sharing what led them to begin counseling, they illuminated who they were when they first encountered the phenomenon. Second, I noticed that nearly every participant shared their experiences of counseling chronologically. Participants often started with their earliest experiences of counseling, even if they were as a child and not the focus of the study. Participants, like Alyssa and Kayla pointed to childhood counseling experiences to explain how they experienced counseling as an adult.

After these observations, I examined focused codes through the question, "What happened before to lead a participant to this experience?" Originally, I had organized social oppression differently, considering it a separate contextual condition. However, focused codes like, "Not trusting counselor after experiences of discrimination," and "Feeling unseen due to societal discrimination" pointed to ways previous experiences with social oppression played a role in how clients experienced power in counseling. I decided to organize *Prior Experiences of Power* as a contextual condition after returning to the transcripts. For participants like Kayla, past disempowering experiences with mental health providers and social oppression were connected. However, the core unifying factor across these experiences was that experiencing disempowerment in the past informed how they experienced power later. As such, *Prior Experiences of Power* served as a contextual condition.

Lastly, I elected to organize subcategories such as interpersonal trauma and mental health providers. I considered separating social oppression into a third subcategory, however I wanted to honor both participant experiences and participant recruitment information, both which pointed to social oppression as a form of interpersonal trauma.

Advocating for Needs

Advocating for Needs was another category that became apparent in participant data relatively quickly. Although not as many participants described *Advocating for Needs* as *Assessing for Safety and Fit,* participants who described *Advocating for Needs* were empathic about the experience. Originally, I struggled with participant narratives shared in this section by overly focusing on what the counselor did wrong. Rather than stay centered in the participant's experience, I found myself wanting to critique the counselor and point out harmful behaviors. Looking back, I now recognize that I unwittingly assumed participant powerlessness in these moments of tension, rather than staying open to deeper complexities. Additionally, I was approaching the data more from my lens as a counselor and counselor educator than my lens as a client.

Thankfully, my peer reviewer challenged me to recognize that participants were describing their active agency and that being more closely in line with the data meant focusing on their agency rather than the mistakes of the counselor. When I refocused, I identified several relevant focused codes that prioritized client agency: "disagreeing with counselor," "standing up to counselor," "advocating for self to counselor," and "owning power to terminate counseling," "choosing to open up," "owning the healing journey," "collaborating with counselor on therapeutic direction," "holding power in how they answer questions," "feeling power in scheduling," and "holding power over the direction / content of sessions." Later, when

constructing categories, I also noticed two more passive focused codes that could inform *Advocating for Needs:* "not wanting to be told what to do" and "reacting to counselor's retraumatization." These focused codes informed *Advocating for Needs,* which I designated an action strategy to emphasize how participant's advocacy could impact change.

Assessing for Safety and Fit

Assessing for Safety and Fit was one of the earliest established categories in the theory. Many participants referred to a time they evaluated their counselor, whether through conscious action, intuitive personality, or instinctual trauma response. I formed the category from focused codes like, "reading a counselor and their intentions," "considering counselor's preparedness and training," "continually assessing safety," and "evaluating counselor to determine fit." Each of these codes pointed to a way participants utilized assessment to evaluate their counselor or the situation.

When constructing *Assessing for Safety and Fit*, I wondered if this category should be an action strategy. Some participants referred to it as instinctual, and others explained that it was not always a beneficial experience. I wondered if this should be more closely linked to the *Prior Experiences of Power*, particularly around trauma. However, as I revisited participants' accounts, I heard many describe *Assessing for Safety and Fit* as an active, intentional process. Additionally, I wanted to honor that even for individuals who may experience it automatically, it still served a purpose in their ability to impact the phenomena. As action strategies are simply ways that participants can shape their experience, it felt important to include *Assessing for Safety and Fit*, even if this action happened instinctually, or was not always beneficial.

Reclaiming Power

Early in data collection, participants were enthusiastic to share ways they felt increased power as a result of counseling. I identified several focused codes that suggested counseling may lead to a beneficial change in power, including: “healing as regaining power,” “appreciating power after having it taken during trauma,” “recognizing power as what's been missing,” “building power to be vulnerable,” “feeling empowered by relationship with counselor,” and “feeling power to take action.” Each of these focused codes illustrated a cause-and-effect between participants’ experiences with the phenomenon and the resulting changes in power. Identifying a name for the category was particularly complex. As mentioned in previous sections, participants varied in how they described both the presence and absence of power. Most notably, some participants varied throughout a single interview in how they described power, noting times in their life when it felt as though power had been taken, versus others they simply did not recognize power they held. I chose the term “reclaiming” after meeting with Megan who introduced the term. Reclaiming felt like it captured the complexity of both possibilities, while honoring the innate power many participants referenced.

Reliving Disempowerment

Early in data collection, participants referred to ways their power changed through the counseling experience. My first hint that the grounded theory in this study would be a process model was when participants explained how their experiences could lead them to feel powerless or more powerful. Therefore, I examined closely for participants’ accounts that suggested outcome language, using words like “because,” “since,” “through,” “due to,” or other phrases signifying cause and effect. I constructed the category *Reliving Disempowerment* through multiple focused codes: “reliving trauma through ‘helping’ systems,” “feeling powerless / pressured / threatened because of counseling,” “being triggered by the counselor,” and “feeling

unheard / unseen." I loosely defined the category as "Retraumatization" until revisiting participants' narratives. Participant perspectives illustrated being taken back to their experiences of trauma, and for some participants the experiences were more emotional and somatic than memory based. I constructed the title *Reliving Disempowerment* to capture both the connection to participants' personal experience and the way participants experienced the category in a holistic way.

It is important to note that more participants in this study discussed *Reclaiming Power* than *Reliving Disempowerment*. Similarly, nearly all participants who described moments of *Reliving Disempowerment* also described experiences of *Reclaiming Power*. As such, I considered creating one outcome category that spoke to the interconnection between *Reliving Disempowerment* and *Reclaiming Power*. However, most participants referenced times in which they experienced one or the other (either two separate instances with the same counselor, or experiences with different counselors), so separating the two categories aligned more closely with participant data.

Intervening Conditions

In an earlier iteration of the resulting grounded theory, I had considered incorporating intervening conditions. At first, I wondered if Choice in Counselor should be separate from Choosing to Go to Counseling, and if Choice in Counselor should be an intervening condition. However, separating these categories was incongruent to participants' experiences, as they oftentimes spoke about choice as a singular process. For example, being able to choose a counselor was part of the decision to go to counseling, or participants chose not to go to counseling if they could not find a counselor they wanted to work with. Therefore, choice would not have served as an intervening condition for all participants, however it did serve as a causal

condition for all participants. As such, I elected to combine Counselor Choice and Choosing Counseling into the causal condition.

Additionally, I originally considered an intervening condition of Counselor's Actions. However, I chose against this for two reasons. 1) Focusing on the counselor's actions did not serve to answer the research question. (For example, a category of counselor's actions would have meant "participants experienced power within the counseling relationship through the counselor's actions." This de-emphasized participants' experiences, overly emphasized counselors' actions, and did not provide any meaningful answer to the research question. 2) Adding Counselor's Actions as an intervening condition would have meant forcing participant data to Strauss and Corbin's (1990) model rather than adapting the model as it fits.

Charmaz (2014) strongly emphasized that models should be used when helpful and in ways that are helpful to articulate what is organically constructed through the interaction between researcher and participant data. As such, as a constructivist grounded theorist, I felt comfortable not incorporating intervening conditions if they were not congruent with the constructed theory.

Practicing Personal Power in Connection with Others

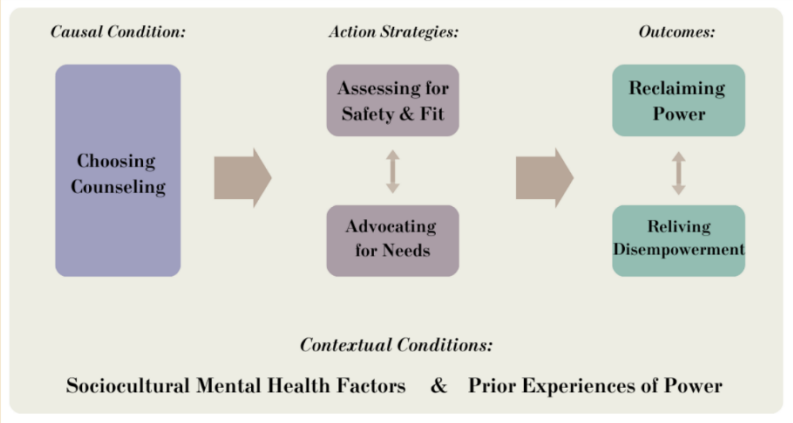
Strauss and Corbin (1998) argued that identification of the core category is a sign of the end of data analysis. Similarly, in the present study the core category was the final constructed category through comparing the remaining categories in the theory. I reviewed the constructed categories for similarities, as well as focused codes that were not elevated into final categories. For example, focused codes "collaborating with counselor," "feeling seen" and "needing authentic connection" each referred to relational processes that greatly informed, if not directly dependent, on the counselor themself. However, participants also emphasized the internal

processes of power, as illustrated through the constructed categories in the theory. Therefore, I constructed *Practicing Personal Power in Connection with Others* as a core category to a) initiate focus for the theory on the participant's experience and b) honor that the phenomenon occurs in relationship.

APPENDIX P: SELECTED DEFENSE SLIDES

APPENDIX P: Selected Defense Slides

GROUNDED THEORY



Meet April

- 38-year-old, Black, cisgender woman
- Sexual assault survivor
- We're joining her as she begins her most recent counseling relationship

CONTEXTUAL CONDITIONS

Contextual conditions influenced how all other categories occurred

Sociocultural Mental Health Factors

- **Influenced access to counseling and how participants used power**
- 27 participants reported
- Ex. Cultural attitudes and mental health systems

Prior Experiences of Power

- **Informed expectations and how participants used power**
- 27 participants reported
- Ex. Interpersonal trauma, social oppression, and past experiences with mental health providers

April's Story: April navigated cultural values around mental health, and was hesitant to return to counseling after a previous counselor was disempowering.

CAUSAL CONDITION

The causal condition initiated participants' experiences of power in the counseling relationship

Choosing Counseling

- **Choice required power, required knowledge, and increased power.**
- 29 participants reported
- Ex. Choosing a counselor, choosing to initiate counseling, and choosing to attend

April's Story: April learned from a friend that she could select a counselor. She then chose to begin counseling and was strategic about who she selected.

ACTION STRATEGIES

Action strategies illustrated how participants acted to influence potential outcomes.

Assessing for Safety and Fit

- **Could increase sense of power, could feel disempowering as a trauma response**
- 24 participants reported
- Ex. Evaluating counselor's safety and/or match for needs

Advocating for Needs

- **Advocacy required initial power and increased sense of power**
- 26 participants reported
- Ex. influencing conversation, vocalizing concerns, administrative tasks, and ending counseling

April's Story: April paid close attention the counselor's actions, and communicated her needs each appointment.

OUTCOMES

Outcomes included the intentional and unintentional results of participants' experiences.

Reliving Disempowerment

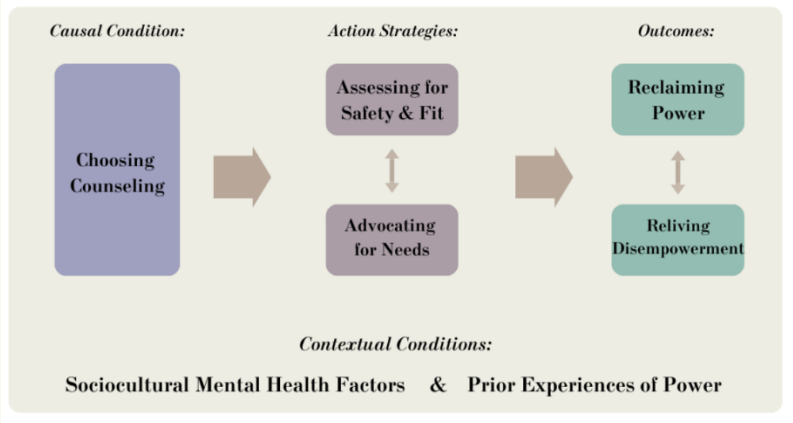
- **Linked to retraumatization and led to decreased power in other aspects of life**
- 17 participants reported
- Ex. worsened mental health and distrusting counseling

Reclaiming Power

- **Increased power in counseling and other aspects of life**
- 22 participants reported
- Ex. navigating trauma responses, accepting themselves, and connecting more with others.

April's Story: *"..that power of being seen, being valued and really understanding that I am worth something. That was my power.... All this time, being so withdrawn and hiding, I didn't feel those things. I just needed to be reminded."*

PRACTICING PERSONAL POWER IN CONNECTION WITH OTHERS



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