CHAPTER 2

FEMINIST THERAPY

A Social and Individual Change Model

In the early 1970s, women gathered at university activities centers, church basements, community centers, and each others' homes for consciousness-raising groups where a facilitator might use a prepared list of questions about gender and power or individual women might come with specific questions for the group. At one such meeting, women were asked: "Do you think that what you do with your day is as important as what your husband does with his day?" (Chicago Women's Liberation Union, 1971). The women in the group discussed this among themselves and realized that they often did not feel that what they did and who they were was important. They talked about feeling invisible. As the discussion continued, some realized that even in this one question, societal assumptions were implicit. The question assumed that they all had husbands, wanted husbands, or needed husbands. Conversation flowed from this about societal assumptions and societal power. These women then asked themselves and each other: How have you come to think what you do? Is this the healthiest way to think for you and for the greater society? If not, then how can we change the society, rather than how can we change ourselves to accept what society dictates? How can we help both ourselves and our society become more mentally healthy? These questions formed the beginning of the practice of feminist therapy. For feminist therapy, then as now, consciousness without action does not produce lasting results.

Feminist therapy differed from other emerging therapies with its focus on the dynamic flow between personal consciousness and political consciousness. Before the emergence of feminist therapy, gender and cultural differences and effects were not considered to have a major role in mental health and the therapeutic process. Consider the following statements and think about what therapy would be like if these statements currently held true:

- Therapists support the assumption that women and men have specific roles in society and that neither should venture outside of these roles.
- Rape is considered an act of sexual attraction and not an act of violence and control.
- Involvement in social change endeavors is not considered healing and empowering.
- The focus of therapy is intrapsychic, and the role of the environment in client distress is ignored.
- Clients' problems are attributed to their own weaknesses and shortcomings rather than to their experiences of oppression.
- Clients who choose careers or have interests in nontraditional arenas for their gender are viewed by psychological theories as maladjusted.
- Couple violence is solely a family problem; the female asked for the violence and could leave if she wanted to.
- The standard for a healthy adult is a healthy male; women are deviants from the norm.
- Conceptualizations of families and couples are based on traditional gender roles and expectations and on heterosexual pairings.
- A therapist's responsibility is only to the client, not to society.
- The therapist is the expert regarding the client's problems and treatment.

If you disagree with *any* of these, you are conceptualizing your clients from a nonsexist, contextual, and feminist point of view. You are on your way to being a feminist therapist.

● FEMINIST THERAPY AS A THEORETICAL ORIENTATION

The development of feminist therapy was spurred by the Women's Movement of the mid-20th century: the recognition that the personal is the political, feminist critiques of psychological theory and practice, male domination of the field, and awareness of social roles as social control. In contrast to traditional

therapies, no one individual can be identified as the originator of feminist therapy. Rather, feminist therapy developed from the philosophies and principles of the Women's Movement of the 1960s and 1970s. As in that Movement, collectivity and egalitarianism are valued, and no leader or founding parent is identified. Initially, guidance for feminist therapy conceptualization and technique came from consciousness-raising (CR) groups and informal discussions regarding techniques, style, and experiences as women counselors and therapists attempted to apply feminist political principles to therapeutic practice (Brown, 1994; Brown & Brodsky, 1992). These women found that it was not enough to adjust traditional psychotherapeutic theories and techniques to minimize gender bias. For therapy to be effective, the sociocultural and political context had to be acknowledged and discussed as a cause of women's distress (Faunce, 1985). Another important factor was engaging in social change activities (Brown, 1994; Sturdivant, 1980). Thus, feminist therapy includes the philosophy and values of feminism in its therapeutic values and approaches.

COMMON FACTORS IN FEMINIST THERAPY ●

As there is no identified founder, there is also no one true method of feminist therapy. Varied philosophical and theoretical feminist approaches to feminist therapy practice exist (Brown, 1994; Juntunen, Atkinson, Reyes, & Gutierrez, 1994; Wyche & Rice, 1997). Despite the varied approaches to feminist practice, commonalities have been present since beginning of feminist therapy. In 1977, Rawlings and Carter outlined the following common feminist beliefs, attitudes, and values:

1. A feminist therapist does not value an upper- or middle-class client more than a working-class client.
2. The primary source of women's pathology is social, not personal, external, not internal.
3. The focus on environmental stress as a major source of pathology is not used as an avenue of escape from individual responsibility.
4. Feminist therapy opposes personal adjustment to social conditions; the goal is social and political change.
5. Other women are not the enemy.
6. Men are not the enemy either.
7. Women must be economically and psychologically autonomous.

8. Relationships of friendship, love, and marriage should be equal in personal power.
9. The major difference between "appropriate" sex-role behaviors must disappear.

Two overarching components or essential factors weave the various forms of feminist therapy together. The first one is awareness and acknowledgment of the social and political context in which both therapists and clients exist. The second one is a firm basis in feminist philosophy. It is the integration of these two factors that establishes feminist therapy as a model for both social and individual change. The first establishes a frame for the "house" of feminist therapy, and the second serves as a strong foundation.

Awareness and Acknowledgment of the Social Context

Awareness and acknowledgment of the social and political context are at the core of feminist therapy. This awareness is also referred to as feminist consciousness. Analyses of social and political contexts, in both therapeutic relationships and the world at large, is an essential part of this awareness. Active feminist consciousness includes (a) the valuing of all genders and their experiences and (b) the conceptualization of practice as a means of supporting feminist social action and transformation (Crawford & Unger, 2000; Juntunen et al., 1994). "A feminist belief system affects all treatment dimensions, including the nature of women and mental illness definitions, women's psychological distress etiology, symptom interpretation, therapeutic interventions foci, therapist role, therapist-client relationship, and therapeutic goals" (Faunce, 1985, p. 2). Thus, the belief in sociocultural and political causes of women's distress commits therapists to a model of therapy within which both the personal and the political are examined, and within which both personal and social change are critical therapeutic goals.

Feminist Philosophy

Feminist therapy strives for congruence between what is believed (philosophy) and what is done (action) in therapy and in life (Rosewater, 1988). As such, feminist therapy provides a framework for the translation of philosophy and theory into practice and action. As a result of the multiple sources of feminist therapy, no one approach to feminist therapy exists. Feminist therapy is more akin to a set of values or attitudes, a philosophy

of treatment held by the practitioner, than to a set of techniques or a prescription (Brown, 1994; Chester & Bretherton, 2001). Brown (1994) accurately captures this aspect of feminist therapy when discussing the specifics of feminist practice.

> What makes feminist practice is not who the clients are but how the therapist thinks about what she does, her epistemologies and underlying theoretical models rather than her specific techniques, the kinds of problems she addresses, or the demographic makeup of the client population. Feminist therapy requires a continuous and conscious awareness by the therapist that the apparently private transaction between therapist and client occurs within a social and political framework that can inform, transform, or distort the meanings given to individual experience in ways that must be uncovered in the process of the feminist therapeutic relationship. (Brown, 1994, pp. 21–22)

This emphasis on the role that attitude and values play in feminist therapy allows for a variety of therapeutic approaches as long as those approaches reconceptualize the etiology of a client's distress as contextual rather than a individual and call for social action and transformation. In sum, feminist therapy "names the oppression as the cause of most emotional and psychological distress experienced by individuals; focuses on the need for demystification as a necessary step toward freedom from oppression; emphasizes the need for honest and the pursuit of justice in every therapeutic encounter" (McLellan, 1999, p. 327).

If we consider feminist consciousness and feminist philosophy the frame and foundation of feminist therapy's house, then several principles form the "rooms" of this house. Although there is no single founder and feminist therapy is derived from many feminist philosophies, there are several core principles or tenets common to feminist therapy practice. Although various writers have articulated core tenets (see, for example, Brown, 1994; Brown & Brodksy, 1992; Collins, 2002; Enns, 1997; Gilbert, 1980; Morrow & Hawxhurst, 1996; Sturdivant, 1980; Worell & Remer, 2003; Wyche & Rice, 1997), we have identified four tenets that encompass all that have been articulated: (a) the personal is political, (b) egalitarian relationships, (c) privileging of women's experiences, and (d) empowerment.

Personal Is Political. The idea that the personal is the political certainly predates feminism, but this specific adage originated in the late 1960s to address how society impacts women's personal lives. It first appears in print in Carol

Hanisch's essay, "Notes from the Second Year" published in *Sisterhood Is Powerful* (Morgan, 1970). This perspective came from women's participation in consciousness-raising groups of the Women's Movement of the 1960s and 1970s. Remember it was there where women discovered that what they assumed was an individual problem was in reality a universal one grounded in the social and political context of the times. From this lived experience, feminist therapy conceptualized etiology, diagnosis, and treatment of human problems differently than traditional therapy. In terms of etiology, feminist therapy recognized the interrelationship between subjective and objective realities and focused on that interconnection in its understanding of the causality of human behavior. Behavior, therefore, was understood within the broader social context by the use of political analysis (gender and power) that explicated the role of oppression and discrimination as well as the role of intrapsychic issues in the etiology of human distress (Brown & Brodsky, 1992; Enns, 1997; Evans et al., 2005; Hill & Ballou, 1998; Sturdivant, 1980; Worell & Remer, 2003). Personal experience is understood as "the lived version of political reality" (Brown, 1994, p. 50). This does not mean, however, that one can assume universal experiences and causes. Feminist therapy is the one therapeutic modality that balances the tension between subjective and objective views of human behavior and change.

Historically, feminist therapists eschewed diagnosis because one could not diagnose oppression (Rawlings & Carter, 1977; Evans et al., 2005). Intrapsychic interpretations tend to take human distress out of context, support oppression and discrimination, and blame the individual (Enns, 1997). Thus, feminist therapists redefined pathology to include environmental causes. Sturdivant (1980) argued that priority be given to environmental rather than to intrapsychic interpretations of psychopathology.

As with consciousness-raising groups, a major goal of feminist therapy was change, not adjustment to the status quo (Collins, 2002; Enns, 1997; Gilbert, 1980). The focus of treatment, according to Brown and Brodsky (1992), was on empowering the client to change the social, interpersonal, and political environment that has a negative impact on the client's well-being rather than to help the client adjust to an oppressive or discriminatory environment. The ultimate intention of counseling, therefore, was social change (Hill & Ballou, 1998).

Egalitarian Relationship. Like the tenet, the personal is the political, this tenet developed from women's participation in consciousness-raising groups and from women's lived experiences as clients in therapy. The philosophy and practice of CR groups lead to a focus in feminist therapy on client goals rather than on therapist goals. The therapeutic relationship is

perceived as a collaborative one in which the therapy process is demystified and therapeutic goals are developed cooperatively (Brown & Brodsky, 1992; Sturdivant, 1980; Worell & Remer, 2003). For example, to foster an egalitarian relationship, some mental health practitioners may use specific therapeutic contracts (Enns, 1997). These contracts may include a description of the counselor's skills, values, attitudes, theoretical orientation, how change is viewed, and any other relevant information. Additional information is provided about the benefits and costs of therapy, client and therapist responsibilities, and what clients can expect from the mental health practitioner. Informed consent is viewed as an ongoing process and discussion, and whenever possible, the issues to be addressed are specified.

Motivated by awareness of the power differential between client and therapist in traditional counseling and therapy as well as by reports of abuse of power by therapists, feminist therapists articulate their awareness of the inherent power in the role of therapist stemming from the therapist's expertise and knowledge (Collins, 2002; Brown & Brodsky, 1992). The challenge for feminist therapists is how to minimize this power differential in the counseling relationship while maintaining the therapeutic frame and boundaries (Brown, 1994). Although acknowledging that the therapeutic relationship cannot be completely egalitarian, feminist therapists work to develop a cooperative relationship with clients in which the client is respected as his or her own best expert on his or her own life. Counselor and client perspectives regarding client concerns are equally valued (Brown & Brodsky, 1992). Because all therapy is value-laden, feminist therapists make explicit their values as these impact work with their clients. This allows clients to make informed decisions about working with a particular therapist.

Privileging of Women's Experiences. Because so much of traditional psychological theory and practice centered on men's experiences and named male experience as the norm, feminist therapy brings female experience from the margins of theory and practice to the center (Brown, 1994; Brown & Brodksy, 1992, Worell & Remer, 2003). Both male and female realities are considered and valued equally. This is what is meant by privileging women's experiences. It is not the intent to value women's experiences more than men's but to take their experiences from being devalued to being valued. In therapy with women, the commonality of women's experience is acknowledged (Sturdivant, 1980). In placing women in the center, feminist therapy normalizes and values women's experiences. Other female ways of being are understood within their cultural context. Brown (1994) speaks of "respecting experience as it is defined by those who live it" (p. 153). This applies to both

women and men. Important to feminist therapy is the range of human experiences and the validity of all perspectives (Brown, 1994). In privileging the lived experience of all clients, feminist therapy prizes the complexity of diverse lives and experiences.

Empowerment. Because the etiology of the many problems women brought to therapy resulted from women's subjugation, oppression, and limited power in society (e.g., rape, incest, sexual harassment, and abuse), feminist therapy focused on empowering women to make changes in their lives and in the world. In contrast to traditional psychotherapy, feminist therapy adopted a growth and development approach to treatment rather than an illness and remediation (e.g., medical model of treatment) (Sturdivant, 1980). Client strengths were acknowledged; their ability to survive oppression and discrimination was honored. Morrow and Hawxhurst (1996) define empowerment "as a process of changing the internal and external conditions of people's lives, in the interests of social equity and justice, through individual and collective analyses and action that has at its catalyst a political analysis" (p. 41). Thus, this tenet allows therapists to see client strengths where traditional approaches might focus on client deficits. It further calls for feminist therapists to help clients recognize, value, and use their strengths and abilities to self-nurture and to make changes in themselves and in the world.

● FEMINIST THERAPY, DIVERSITY, AND SOCIAL JUSTICE

A feminist counseling model that incorporates the above tenets and views the experience of oppression as the most salient factor in understanding client concerns is central to this text. Thus, social justice and awareness of culture diversity are essential parts of the model. This approach allows for the complexity of people's lives to be honored and understood. We, the authors, believe that this formulation meets the original purpose of feminist therapy—to help individuals and societies experience change that leads to greater mental health. Our social and individual change approach to feminist therapy assumes that oppression in the United States is complex and that for many individuals reality is constructed and shaped by multiple oppressions. The most common of these oppressions are gender, race/ethnicity, culture, socioeconomic class, sexual orientation, age, and ability. For some, there may be additional or other oppressions. Men and women, clients, and therapists are influenced by these oppressions. It is therapists' responsibility to be aware of their clients' lived experiences of oppression as well as their own lived experiences of oppression.

FEMINIST THERAPY, POWER, AND CULTURE ●

Because of its roots, feminist therapy holds a unique position in the helping professions. It assumes that all therapeutic work (whether feminist or not) takes place in a dominant culture, which reflects androcentric, White, able-bodied, middle- and upper-class, heterosexual, as well as Christian values and beliefs. This culture typically marginalizes, discriminates, and oppresses those who do not fit easily into that culture (Brown, 1994). In addition to helping individuals, feminist therapy seeks to change social structures and institutions that cause and perpetuate discrimination and oppression, thereby eliminating the harmful effect of these forces on mental health (Brown, 1994; Enns, 1997; Hill, 1998).

BEING A FEMINIST THERAPIST: A FEMINIST THERAPIST'S PERSPECTIVE ●

Being a feminist therapist entails adopting a feminist set of values and assumptions that guide your work. The authors do not believe that it is possible to practice feminist therapy without being a feminist. However, those who do not identify with feminism or have not yet explored what it means to be a feminist can certainly use feminist therapeutic techniques and provide nonsexist or gender-free effective therapy. We do believe that learning feminist therapy leads to being a feminist therapist. As you explore more about feminist therapy, you will gain awareness of existing oppressions. You will gain an understanding of power and privilege in cultures, especially the knowledge that the dominant cultures use their power to support and help those like themselves and most often to the detriment of those different from the dominant culture. You will learn that those who are dissimilar from the dominant culture often live in oppressive circumstances that are harmful to their mental health and emotional growth. Learning to do feminist therapy and/or becoming a feminist therapist is a transformative experience for both the client *and* the mental health practitioner.

Being a feminist therapist means that you believe that causes of psychological distress can be contextual rather than individual. It means personally making those connections between the personal and the political. It means closely and consistently examining your beliefs and values to ensure you have not unconsciously accepted your culture's definitions of what it means to be a man or a woman, about gendered behavior, about

relationships, and about power, oppression, and cultural values. This, of course, is no easy task. It requires vigilance. The values and beliefs of the dominant culture are insidiously strong. Being a feminist therapist is about a way of being in the world and, as a mental health practitioner, about a set of beliefs that helps you make those necessary connections in order to live the change you advocate for your clients. It means being a social change agent. Being a feminist therapist means that you cannot be one way as a practitioner and then close the office door and become someone else. It means striving to be consistent in your beliefs in all aspects for your life. Being a feminist therapist means walking your talk on a daily, hourly, minute-by-minute basis the best you can each and every day.

SUMMARY

In conclusion, feminist therapy is unique among psychotherapies, in several ways. It is one of the few theoretical approaches to psychotherapeutic practice whose roots lie outside the profession in a grassroots, sociopolitical movement (Brown & Brodksy, 1992). Its central feature is its recognition of the connection between the internal, psychological world and the external, social world in the range of human problems (Brown, 1994; Chaplin, 1988). Additionally, feminist therapy brings the issue of power into therapy and definitions of mental health (Marecek & Kravitz, 1988. Also distinct to feminist therapy is its focus on both personal and social change (Greene, 1994). The commitment of feminist therapy to change the society that weakens and oppresses its citizens is a testament to the applicability of this therapy for all clients. Feminist therapy is good therapy.

DEFINITIONS ESSENTIAL TO UNDERSTANDING FEMINIST THERAPY

Patriarchy—comes from the Latin word *patri*, which means "rule of the fathers." Patriarchy refers to U.S. culture and social systems rather than being directed at any individual male. The U.S. government, laws, and mores are patriarchal because the people in positions of power within these structures are largely male, and the focus of that power is to maintain the status quo.

Lived experience—means an individual's real day-to-day experiences that leave an indelible mark on his or her psychological well-being.

Grassroots movement—refers to "of or involving the people" and means the ordinary people in a society or an organization. Change comes from the ground up, from ordinary people

rather than from the government and its leaders. Change emerges from people coming together to discuss their experiences in order to better their lives and through organizing to change the system.

New psychology of women—refers to the body of work since 1976 that placed women in the center of its understanding of women's psychological development and lived experiences. This body of work sought to understand women not from the male model of mental health but rather brought women and women's experience to the center of their understanding.

Political analysis—involves the identification of those who have power to name, to define, and to control the experience and lives of others. This type of analysis helps an individual to understand how his or her individual experience is shaped by societal structures and laws, and so on.

REFERENCES

Brown, L. S. (1994). *Subversive dialogues.* New York: Basic Books.

Brown, L. S., & Brodsky, A. M. (1992). The future of feminist therapy. *Psychotherapy, 29,* 51–57.

Chaplin, J. (1988). *Feminist counseling in action.* London: Sage.

Chester, A., & Bretherton, P. (2001). What makes feminist counseling feminist? *Feminism and Psychology, 11,* 527–545.

Chicago Women's Liberation Union Herstory Project. Retrieved February 4, 2010, from http://www.cwluherstory.org/how-to-start-your-own-consciousness-raising-group.html

Collins, K. A. (2002). An examination of feminist psychotherapy in North America during the 1980s. *Guidance and Counselling, 17*(4), 105–112.

Crawford, M., & Unger, R. R. (2000). *Women and gender: A feminist psychology* (3rd ed.). Boston: McGraw-Hill.

Enns, C. Z. (1997). *Feminist theories and feminist psychotherapies: Origins, themes, and variations.* New York: Haworth Press.

Evans, K. M., Kincade, E. & Seem, S. R., (2005). Case approach to feminist therapy. In G. Corey (Ed.), *Case approach to counseling and psychotherapy* (6th ed.) (pp. 208–241). Belmont, CA: Thompson Brooks/Cole.

Faunce, P. S. (1985). A feminist philosophy of treatment. In L. B. Rosewater & L. E. A. Walker (Eds.), *Handbook of feminist therapy: Women's issues psychotherapy* (pp. 1-4). New York: Springer.

Gilbert, L. A. (1980). Feminist therapy. In A. M. Brodsky & R. T. Hare-Mustin (Eds.), *Women and psychotherapy: An assessment of research and practice* (pp. 245–265). New York: Guilford.

Greene, B. (1994). Diversity and difference: The issue of race in feminist therapy. In M. P. Mirkin (Ed.), *Women in context: Toward a feminist reconstruction of psychotherapy* (pp. 333–351). New York: Guilford.

Hanisch, C. (1970). Notes from the second year. In R. Morgan (Ed.), *Sisterhood is powerful: An anthology of writings from the Women's Liberation Movement.* Visalia, CA: Vintage.

Hill, M., & Ballou, M. (1998). Making therapy feminist: A practice survey. In M. Hill (Ed.), *Feminist therapy as a political act* (pp. 1–16). New York: Haworth Press.

Juntunen, C. L., Atkinson, D. R., Reyes, C., & Gutierrez, M. (1994). Feminist identity and feminist therapy behaviors of *women psychotherapists. Psychotherapy: Theory/Research/Practice/Training, 31,* 327–333.

Mareck, J., & Kravetz, D. (1998). Putting politics into practice: Feminist therapy as feminist praxis. *Women & Therapy,* 21, 17–36.

McLellan, B. (1999).The prostitution of psychotherapy: A feminist critique. *British Journal of Guidance and Counselling, 27*(3), 325–337.

Morgan, R. (1970). *Sisterhood is powerful: An anthology of writings from the women's liberation movement.* New York: Random House.

Morrow, S. L., & Hawxhurst, D. M. (1996). Feminist therapy: Integrating political analysis in counseling and psychology. In M. Hill (Ed.), *Feminist therapy as a political act* (pp. 37–50). New York: Haworth Press.

Rawlings, E. I., & Carter, D. K. (1977). *Psychotherapy for women: Treatment toward equality.* Springfield, IL: Charles C Thomas.

Rosewater, L. B. (1988). Feminist therapies with women. In M. Dutton-Douglas and L. E. A. Walker (Eds.), *Feminist psychotherapies: Integration of therapeutic and feminist systems* (pp. 137–153). Norwood, NJ: Ablex.

Sturdivant, S. (1980). *Therapy with women: A feminist philosophy of treatment.* New York: Springer.

Worell, J., & Remer, P. (2003). *Feminist perspectives in therapy: Empowering diverse women* (2nd ed.). Hoboken, NJ: John Wiley & Sons.

Wyche, K. F., & Rice, J. K. (1997). Feminist therapy: From dialogue to tents. In J. Worell & N. G. Johnson (Eds.), *Shaping the future of feminist psychology: Education, research, and practice* (pp. 57–71). Washington, DC: American Psychological Association.