

Introduction to **Feminist Therapy**

Strategies for Social and Individual Change

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*In keeping with the egalitarian stance of feminist therapy, all authors of this text equally contributed to the text.
The order of the authors' names was determined alphabetically.*



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Introduction to
Feminist Therapy

*This book is dedicated to
my parents, Ruppert and Marie Evans, who have supported me my entire life.
Kathy M. Evans*

*This book is dedicated to all the women and men who have
informed my life and believed in feminism as not just a philosophy but as a way of life.
Elizabeth Ann Kincade*

*This book is dedicated to all the women who came before me and all who will come after
me but in particular to my mother, Sally Seem, and to my daughter, Hannah. I also
dedicate this book to my father, Benjamin Seem. My parents were the first people to raise my
awareness about discrimination and oppression and modeled working for social change.
Susan Rachael Seem*

PREFACE

Although feminist therapy is often considered a newcomer to the spectrum of therapeutic modalities, it has a long history. From its inception, feminist therapy has incorporated psychology of women, developmental research, cognitive-behavioral techniques, multicultural awareness, and social action in a coherent, theoretical, and therapeutic package. Although originally conceived as a modality for women only, feminist therapy has evolved to include effective interventions for women, children, and men. In fact, in recent years, standard counseling and psychological theory texts (e.g., Corey, Corsini, & Sharf) have added feminist therapy as a critical theoretical orientation.

Most texts on feminist therapy focus on theoretical issues and on specific clinical issues encountered by women, for example, rape and sexual abuse. Information in these texts is mainly theoretical with skill sets and techniques tacked on at the end of chapters or as addenda. Thus, there is a definite void in the feminist therapy literature on skills and application. This text fills this gap by providing discussions of specific skills and techniques. Additionally, skills and techniques are illustrated in case examples and in critical case studies.

Becoming a feminist therapist is more than thinking about feminist concepts and gender equality while working with clients. It is more than using specific feminist strategies, like gender-role analysis, with clients. It is more than being a woman therapist who works solely with female clients. It is more than being supportive of gender-free behaviors for men and women. Feminist therapy is feminist theory in action in the helping professions. It is about working with our clients so that they can achieve their greatest possible potential as individuals and as members of a world society.

The more conventional counseling and therapy approaches focus primarily on the individual, rather than on the individual as a member of a particular culture at a particular time within a particular sociopolitical context. These conventional approaches rarely consider that the therapeutic enterprise is a part of the larger social-political context and tend to conceptualize

and treat clients as encapsulated individuals, separate from the society and its structures. As a result, when the social–political context is not considered, therapeutic approaches unconsciously replicate the dominant culture’s beliefs about the way the world should work and the ways in which men and women should be and behave. Feminist therapy seeks to avoid this error and the erroneous thoughts, actions, and feelings that can flow from it. Feminist therapists closely examine the belief systems of their cultures and ask how these deeply embedded beliefs may harm, as well as help, clients achieve what is best for them and their society.

More than any other therapeutic approach, feminist therapy requires us to question and challenge the dominant therapeutic paradigms, especially as they relate to gender and power. We recognize that this is not easy. These paradigms are deeply ingrained in our interactions both in and out of our counseling offices. For instance, most therapeutic modalities view the therapeutic enterprise as having an expert (therapist) and a non-expert (client). This is not just an assumption of the specific therapeutic work but is a belief embedded in Western culture. Mental health practitioners are the helpers, and clients are the helpees. Clients are in a one-down position from the therapist who is assumed to be more “whole.” Therapy often resembles a parental relationship with the client in the child role or as a teacher/learner relationship.

Feminist therapists question where and how this expert, or one-up/one-down model of therapeutic helping, became entrenched in our work. We question whether this and other unconscious oppressive beliefs are part of our own belief system and/or reflect dominant values and beliefs (e.g., definitions of mental health and pathology). We look at our own lives and beliefs as well as the lives and beliefs of our clients. The process of ongoing examination of self and of the dominant culture and its structures is an essential part of effective feminist therapy. Being or becoming a feminist therapist transforms your work with your clients and your life outside the office. Feminist therapy envisions different ways of being in the world and through this perspective envisions societal, as well as individual, transformation.

● BEING A FEMINIST THERAPIST

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.

Being a feminist therapist is about a way of being in the world, as well as a way of being a mental health practitioner. It is about holding a set of beliefs that helps you make the connections that are necessary 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 of your life. Learning to do feminist therapy and/or becoming a feminist therapist is a transformative experience for both the client *and* the mental health practitioner.

ABOUT THIS TEXT •

This text is a practical manual of feminist therapy. Theory is discussed and informs the techniques taught and presented, but feminist therapy skills are the main focus of the text. Most texts on feminist therapy describe theoretical dilemmas, discuss treatment of women's issues and feminist therapy, or recount therapists' and clients' experiences. This text is a "how-to approach" to feminist therapy. Counseling and psychology students and the participants in our workshops express an interest in feminist therapy but come to us without the knowledge of how to translate theory into practice. This text provides answers to the question, "Yes, but how do I do that?"

The first four chapters cover theory, history, basic tenets of feminist therapy, ethical issues in feminist therapy, and gender-role theory and research.

Chapter 1 covers the origins of feminist therapy starting from the grass-roots feminist movement and consciousness-raising groups to the current efforts for greater inclusion of women of color and other oppressed groups.

Chapter 2 presents the basic tenets of feminist therapy and the focus of feminist practice today. It explores the challenges of feminist therapy to mainstream psychology and counseling. It addresses the notion of what it means to be a feminist therapist as opposed to one who uses feminist techniques or gender-fair practices.

Chapter 3 reviews various ethical principles for the mental health professions and specific issues faced by feminist therapists. The Feminist Therapy Institute Code of Ethics is introduced and discussed. Several ethical dilemmas are included for review and discussion. This is a critical chapter in the book as it introduces some of the differences between the practice of feminist therapy and the practice of the more established therapeutic orientations. The concepts of societal good and individual good and the intersection between the two are introduced.

Chapter 4 examines the social construction of gender as a major force in human development. Gender roles are defined as sociocultural learned constructs. Research supporting this view is presented. An understanding of how we “do gender” and learn what it means to be female or male is essential to effective use of the feminist therapy skills identified in Chapters 5–9.

Beginning with Chapter 5, the text focuses on five essential skills that distinguish feminist therapy from other therapeutic modalities. These chapters include case examples, dialogues, and opportunities for readers to apply the skill through skill-specific exercises and case examples.

In Chapter 5, the skill of *mental health diagnosis from a feminist perspective* is presented. The use of the DSM-IV-TR and its predecessors, as well as the history of psychiatric diagnosis, are discussed with reference to gender bias and power. Assessment from a feminist perspective is illustrated. The gender/racial biases of common diagnostic systems are discussed. Information on how to use traditional methods of diagnosis and labeling with the least harm (i.e., abuse of power) to the client are discussed through case example and case studies.

In Chapter 6, readers are coached in the skill of feminist conceptualization. Statistics on women and psychological illness are put into societal perspective with regard to gender roles. Dialogues between client and counselor illustrating the skill are presented. Finally, a case study is included that illustrates the challenges one of the authors experienced in assessment with her client.

Chapter 7 introduces the skill of establishing and maintaining egalitarian relationships. The importance of establishing the relationship and its impact on the success of the clinical endeavor are presented. The specific steps necessary for defining and establishing egalitarian relationships with clients are given. The challenges to these types of relationships, including the inherent power of the therapist and racial and cultural issues that influence power, are presented. The chapter includes client–therapist interactions and how these interactions help or hinder the egalitarian relationship. The therapist’s view of challenges experienced in establishing an egalitarian relationship and how these are handled is presented.

Chapter 8 presents the dual skill set of gender-role analysis and power analysis. These two types of analyses are essential to the practice of feminist therapy. It is primarily these interventions that differentiate feminist therapy from other theoretical models. Examples of how mental health practitioners use these to expand client awareness of societal factors and beliefs about gender that hamper the development of mental health are presented and explored. Dialogues between client and counselor serve to illustrate the use of these skills in clinical settings.

Chapter 9 presents two related concepts that are powerful interventions for client change—*involvement in social action* and *client empowerment*. Advocating social action as a technique for increasing mental health and preventing future problems is discussed first. The chapter briefly explains the theoretical rationale behind social action as a therapeutic technique (*empowerment/self-efficacy*). Because social action and social justice are the focus of a new direction in counseling and psychology, we address how feminist therapy has led the way in the helping professions in these areas and meets the guidelines and criteria for a social justice approach to counseling and psychotherapy. Examples of how mental health professionals use this skill to promote and maintain increased client self-esteem/self-efficacy are given. Examples of dialogues between client and counselor illustrating the complementary nature of advocating for social change and client empowerment (*individual change*) are presented.

Chapters 10 and 11 seek to focus readers on their own practice of counseling and/or therapy. In Chapter 10, we recognize the common factors of theoretical models and discuss strategies for integration of feminist theory and techniques with other therapeutic models. The flexibility of feminist theory and therapy is discussed. The blending of feminist therapy techniques with other theoretical modalities and perspectives is presented (*variations of feminist therapy that are based in other perspectives: psychodynamic feminist work, family feminist therapy work, and so on*). Additionally, techniques from other modalities that are compatible with feminist therapy theory and practice are discussed. We offer guidelines for mental health practitioners to consider when they are considering combining feminist therapy with other therapies.

In Chapter 11, we present critical cases with clients with difficult issues and how the tenets and skills of feminist therapy were applied to these cases. In addition, this chapter provides readers with a series of vignettes and thought-provoking exercises and questions that will help them consolidate their knowledge of feminist therapy.

Overall, our goals in writing this book are to demystify the feminist therapeutic process and educate students and experienced counselors and therapists in the skills needed to become practitioners of feminist therapy.

Whether or not becoming a feminist therapist is your desire, it is our hope that you will find the information you glean from reading this book useful for your work with a wide diversity of clients regardless of gender.

Please note: In keeping with the egalitarian stance of feminist therapy, all authors equally contributed to the text. The order of authors' names was determined alphabetically.

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CONTENTS

Preface	ix
Acknowledgments	xv
Chapter 1. Feminist Therapy: Roots and Branches	1
Feminism and Feminist Philosophy	2
Women's Liberation and the Feminist Movement	3
Feminisms: A Diversity of Positions	4
Precursors of Feminist Therapy	6
Feminist Challenges to Traditional Counseling and Psychotherapy	7
Challenges to Feminist Therapy	9
Summary	11
References	11
Chapter 2. Feminist Therapy: A Social and Individual Change Model	13
Feminist Therapy as a Theoretical Orientation	14
Common Factors in Feminist Therapy	15
Feminist Therapy, Diversity, and Social Justice	20
Feminist Therapy, Power, and Culture	21
Being a Feminist Therapist: A Feminist Therapist's Perspective	21
Summary	22
Definitions Essential to Understanding Feminist Therapy	22
References	23
Chapter 3. Ethics and Values in Feminist Counseling and Psychotherapy	25
Ethics and the Mental Health Professions	26
Values and Feminist Ethics	29
A Feminist Ethical Stance: The Feminist Therapy Institute Code of Ethics	31
Social Justice Perspectives	43
Special Issues for Ethical Feminist Therapists	46
Feminist Therapy Ethical Decision-Making Models	48

Summary	52
For Further Discussion	52
Definitions	55
References	55
Chapter 4. The Importance of Gender Roles	57
Early Socialization of Gender Roles	58
Gender Roles and Career Decisions	60
Societal Expectations of the Genders	61
Gender Roles in U.S. Diverse Groups	62
Summary	64
References	64
Chapter 5. Mental Health and Diagnosis in the Context of Feminist Therapy	67
Mental Health and Pathology	67
The Origin of Psychological Distress	69
Mental Health Diagnosis	70
The Medical Model and Diagnosis	70
Potential for Counselor Bias	78
Summary	81
References	81
Chapter 6. Feminist Conceptualization	85
Feminist Conceptualization: Essential Elements	85
The Skills of Feminist Conceptualization	91
Major Assumptions of Feminist Conceptualization	91
Reframing Clients' Distress	95
Process	97
Three Sources of Client Distress	103
Summary	118
References	119
Chapter 7. Establishing and Maintaining the Egalitarian Relationship	121
The Importance of Power in the Therapeutic Relationship	122
Mental Health Professionals and Clients in Relationship	123
Purpose and Intent of the Egalitarian Relationship	124
Strategies for Establishing and Maintaining the Egalitarian Relationship	125
The Therapist's Perspective	130
Summary	134
For Further Discussion	134

Exercises and Examples	135
References	135
Chapter 8. Gender-Role and Power Analyses	137
Gender-Role Analysis	139
Power Analysis	139
How Gender-Role Analysis Helps	139
Summary: Gender-Role Analysis	151
Power Analysis	152
Definitions of Power	153
Summary	159
Additional Readings and Materials for Consultation	159
References	160
Chapter 9. Social Change and Empowerment	161
Feminist Therapy, Privilege, and Society	162
Feminist Therapy and Social Justice	165
Feminist Therapy and Empowerment	170
The Current Zeitgeist of Social Change and Feminist Therapy	172
Summary	177
References	177
Chapter 10. Feminist Therapy in Clinical Practice	179
Integrating Theories	181
Assimilative Integration	182
Theoretical Integration	185
The Case of Morgan	187
Summary	193
References	194
Chapter 11. Critical Case Studies	195
The Tenets of Feminist Therapy and Feminist Therapy Skills	195
Egalitarian Relationship	196
Empowerment	198
The Personal Is the Political	199
Valuing the Female Experience/Putting Female Experience in the Center	201
Critical Case Studies and Ethical Implications	202
Case Studies for Discussion	207
Your Own Case Study	210
Reference	211
Name Index	213
Subject Index	215
About the Authors	219

CHAPTER 1

FEMINIST THERAPY: ROOTS AND BRANCHES

Feminist therapy, like many movements and concerns focused on a revisioning of society, is grounded in history and theory. In the current therapeutic climate of empirically validated treatments and evidence-based practice, we believe it is necessary to understand the roots of feminist therapy theory and practice, the context in which these developed, and the manner in which they continue to flourish.

Contemporary feminist therapy grew out of the Women's Movement of the 1960s. This began as a grassroots movement—a social and political movement that grew out of the dissatisfaction of common women in everyday life. To this day, feminist therapy seeks to remain true to these roots and to be relevant to a wide spectrum of concerns and clients. It is also important to understand that the modern women's movement is well grounded in feminist theory, the philosophical belief system that underlies feminism. Feminist theory is a philosophical point of view with a history reaching back more than 150 years. Feminism as a political-activist movement developed from the experiences of women, in their daily lived experiences in love and work. We acknowledge that because of social, political, and economic factors, the feminist movement was initially based on the experiences of middle-class, majority-culture (e.g., White) women. This is an artifact of the dominant cultural paradigm. Women from lower socioeconomic backgrounds and from oppressed ethnic cultural backgrounds did not have the