

## ***PART 1***

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# ***FOUNDATIONS OF FEMINIST THERAPY***

The groundwork for becoming a feminist therapist extends far beyond a discussion of theory and technique. Working with women who seek help requires that you are aware of and understand the full context of their experiences and development across the lifespan. Readers may wonder why we have limited our focus to counseling and therapy with women, since many of the techniques and strategies of feminist therapy are applicable to both women and men. Excellent materials on the psychology of men and masculinity (e.g., Good & Sherrod, 2001; Levant, 2001), and on feminist family therapy for heterosexual couples (Silverstein & Goodrich, 2001) provide valuable sources for redefining the male self and patterns of relationship between women and the men that impact their lives. However, the extensive volume of recent theory and research as well as the scope of our own expertise led us to concentrate this book on issues that are relevant to the lives of girls and women.

New research on the importance of cultural diversity and pluralism on women's experiences made it critical that we integrate multicultural and feminist perspectives into a cohesive model for feminist practice. The task of integrating the experiences of inequality and oppression across the diversity of women with the goals and practices of feminist counseling and therapy is a challenging one. In this book, we attempt to meet this challenge with the full recognition that it offers not a recipe for practice, but a guidepost to helping you on your journey to becoming a competent multicultural feminist practitioner.

Part 1 provides the foundation for feminist therapy by offering a perspective in which to view the experiences of girls and women from the diverse context of their lives. The two introductory chapters set the stage for viewing the development of women's personal and social identities in contemporary society. First, we provide a rationale for recognizing the field of counseling and therapy with women as a separate specialty. In this framework, we explore concepts related to sex, gender, feminism and feminist psychology, multicultural diversity, and empowerment. We outline a feminist empowerment model of women's mental health that we apply to the process and outcomes of Empowerment Feminist Therapy (EFT) with women. This model offers a positive and enabling approach to intervention for the concerns that motivate women to seek help. Next, we

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review the changing roles for women and men in contemporary Western societies, and relate these changes to the issues that women bring to counseling. We consider the psychological worlds of developing women from a range of social identity locations, pointing to the complex interplay of variables such as gender, ethnicity, sexual and affectional orientation, age, socioeconomic class, culture, physical characteristics and abilities, national and regional origin, and religious commitment. We consider how these factors intersect to influence gendered socialization practices and other external forces that shape who we are as women and men. Finally, we explore the psychological advantages of egalitarian relationships.

The remaining two chapters of Part 1 expand the discussion of feminist therapy and explore its application to diagnosis, assessment, and theory transformation. First, we describe the worldview assumptions that underlie EFT. The four principles of EFT are presented and we provide specific goals and strategies for each principle. We then assist you in integrating your current theorizing about how to do counseling and therapy in an empowerment feminist format. Finally, we present a critique of mainstream assessment and diagnosis and offer alternative strategies that are more compatible with a feminist perspective.

Each chapter begins with a self-assessment and ends with experiential exercises and further readings. The self-assessments are designed to encourage you to be reflective about your attitudes, values, and beliefs about women and men from differing cultural and social standpoints. Many of the self-assessments involve stereotypes that are commonly held by members of Western cultures. Although you may believe that you are unbiased, we challenge you to complete these self-assessments conscientiously. Do any of your current attitudes reflect biased attitudes or stereotyped thinking? Are these stereotypes primarily negative or positive? It might be interesting to retake each self-assessment after you have read the chapter and compare your two sets of responses. The exercises, on the other hand, bring you into more personal contact with the material covered in the chapter by asking you to apply some of the concepts to your own experiences. The exercises may be completed alone, but you will find it more enjoyable and enlightening to share your responses with a colleague or friend. At the end of the book, a final assignment is to retake the “Self and World Views” assessment on page 331 and consider how your progress through this book has altered your overall views and attitudes about women and men in all their diversities, and about yourself.

## Chapter 1

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# ***FOUNDATIONS OF FEMINIST COUNSELING AND THERAPY***

### **SELF-ASSESSMENT: RELATIONSHIPS BETWEEN WOMEN AND MEN**

A series of statements concerning women and men and their relationships in contemporary society follow. Please indicate in the space to the left the degree to which you agree or disagree with each statement using the following scale:

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0 = Disagree strongly; 1 = Disagree somewhat; 2 = Disagree slightly;  
3 = Agree slightly; 4 = Agree somewhat; 5 = Agree strongly

- \_\_\_\_\_ 1. No matter how accomplished he is, a man is not truly complete as a person unless he has the love of a woman.
- \_\_\_\_\_ 2. Many women are actually seeking special favors, such as hiring policies that favor them over men, under the guise of asking for "equality."
- \_\_\_\_\_ 3. In a disaster, women ought not necessarily be rescued before men.
- \_\_\_\_\_ 4. Most women interpret innocent remarks or acts as being sexist.
- \_\_\_\_\_ 5. Women are too easily offended.
- \_\_\_\_\_ 6. People are often truly happy in life without being romantically involved with a member of the other sex.
- \_\_\_\_\_ 7. Feminists are not seeking for women to have more power than men.
- \_\_\_\_\_ 8. Many women have a quality of purity that few men possess.
- \_\_\_\_\_ 9. Women should be cherished and protected by men.
- \_\_\_\_\_ 10. Most women fail to appreciate fully all that men do for them.
- \_\_\_\_\_ 11. Women seek to gain power by getting control over men.
- \_\_\_\_\_ 12. Every man ought to have a woman whom he adores.
- \_\_\_\_\_ 13. Men are complete without women.

*(continued)*

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0 = Disagree strongly; 1 = Disagree somewhat; 2 = Disagree slightly;  
3 = Agree slightly; 4 = Agree somewhat; 5 = Agree strongly

- \_\_\_\_\_ 14. Women exaggerate problems they have at work.
- \_\_\_\_\_ 15. Once a woman gets a man to commit to her, she usually tries to put him on a tight leash.
- \_\_\_\_\_ 16. When women lose to men in a fair competition, they typically complain about being discriminated against.
- \_\_\_\_\_ 17. A good woman should be set on a pedestal by her man.
- \_\_\_\_\_ 18. There are actually very few women who get a kick out of teasing men by seeming sexually available and then refusing male advances.
- \_\_\_\_\_ 19. Women, compared to men, tend to have a superior moral sensibility.
- \_\_\_\_\_ 20. Men should be willing to sacrifice their own well-being to provide financially for the women in their lives.
- \_\_\_\_\_ 21. Feminists are making entirely reasonable demands of men.
- \_\_\_\_\_ 22. Women, as compared to men, tend to have a more refined sense of culture and good taste.

*Scoring:* Reverse score the following items (that is, 0 = 5, 1 = 4, 2 = 3, 4 = 1, 5 = 0) 3, 6, 7, 13, 18, 21. Then add the following H and B scales separately and compute an average score for each:

H = 2, 4, 5, 7, 10, 11, 14, 15, 16, 18, 21

B = 1, 3, 6, 8, 9, 12, 13, 17, 19, 20, 22

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*Source:* Peter Glick and Susan T. Fiske, 1996, "The Ambivalent Sexism Inventory: Differentiating hostile and benevolent sexism." *Journal of Personality and Social Psychology*, 70, 491–512. Reprinted with permission.

In reading these questions, you probably noticed that some of the items appear to reflect stereotyped attitudes about women. Some statements also appear more hostile (H) and some more benevolent (B) than others. These two attitudes are exactly what Glick and Fiske (1996) intended to measure. They constructed the Ambivalent Sexism Inventory to reflect two conflicting attitudes toward women: the negative response of prejudice, defined as "antipathy based upon a faulty and inflexible generalization" and benevolence, or "viewing women stereotypically and in restricted roles but that are subjectively positive . . . and typically categorized as prosocial" (p. 491). Now, review your responses to the statements on this scale and (a) determine if you can detect those that are hostile versus those that are benevolent and (b) reflect on your responses to these two sets of items in terms of how you believe you rate yourself on sexist attitudes toward women.

#### OVERVIEW

New approaches to women's psychological health have emerged in the wake of the revitalized Women's Movement. Since 1970, we have achieved public recognition of the separate forces that impact on women and men in Western societies. National and global organizations were formed to address the inequalities in the treatment of women's physical and

psychological problems and to lobby for change. New scholarship and research on the psychology of women introduced the “second sex” into the medical and psychological literature and brought the life span issues of women into sharper focus. The social construction of gender relocates women’s problems from individual and internal to societal and external. The feminist construction of gender redefines the nature of women’s and men’s relationships in terms of the expression and maintenance of power. The multicultural construction of gender identifies the intersects of gender, ethnicity, socioeconomic class (SES), and sexual orientation that shape our personal and social identities. The changes that have transpired in the past 30 years hold enormous implications for the ways in which psychological practice with women takes place.

Emergent client populations were “discovered” where problems were invisible and never believed to exist. The challenges of these new client populations stimulated the development of theories, research, and procedures to address their concerns. The combined efforts of women’s groups in both the lay and professional communities have resulted in new agendas for women’s mental health. The foundation for these agendas is rooted in the history and expression of feminism, which nurtures and promotes the goal of equality in all aspects of women’s and men’s lives, and among diverse groups of people.

This chapter presents an overview of these historic trends and provides an introduction to the remainder of the book. After reading Chapter 1, you will be able to:

- Discuss the rationale for a specialty in counseling and therapy with women.
- Explain the concepts of sex, gender, gender roles, and diversity.
- List the advantages and drawbacks of both alpha and beta bias in considering gender and diversity.
- Present at least three differing views of feminism.
- Apply these views of feminism to the principles of empowerment feminist therapy.
- Compare a symptom-reduction approach with the therapeutic goal of empowerment.

## **RATIONALE FOR A SPECIALTY IN COUNSELING AND THERAPY WITH WOMEN**

As emergent ideologies challenged traditional views, the field of psychology began to expand in new directions. The result of this expansion has been a wealth of new research and knowledge about women and men, revised theories to explain and account for psychological development, and a demand for creative applications to prevent and remediate human problems. The fledgling discipline of the Psychology of Women was established, providing the foundation for an applied science dedicated to counseling and therapy with women.

In the field of mental health, the consideration of sex, gender, and cultural diversity in the prevalence, etiology, diagnosis, and treatment of a range of human problems was conspicuously absent until recently. Two epidemiological surveys of community samples sponsored by the National Institute of Mental Health (NIMH) revealed that a high proportion of individuals with signs of depression, anxiety, panic, simple phobia, and agoraphobia are women, whereas men are overrepresented in the categories of substance abuse and antisocial behaviors. According to these surveys, in the United States, overall health and community mental health utilization rates are higher for women than for men. Women are prescribed a disproportionate share of psychoactive drugs, many of which

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have deleterious or unknown side effects (McBride, 1987; McGrath, Keita, Strickland, & Russo, 1990). Dissatisfaction with existing theories, knowledge base, and treatment approaches motivated a call for change.

In response to their growing awareness of personal dissatisfaction and unexplained malaise, groups of women began to congregate to discuss their life situations. In sharing experiences of restricted and stereotyped expectations for how they should conduct their lives, they discovered that their problems were voiced and mirrored by others. These discussions led to the awareness that the personal problems of individual women were rooted in their subordinate status in their families and society. The growing awareness of asymmetrical gender expectations and widespread discrimination and injustice for women resulted in the conclusion that “the personal is political.” Consciousness-raising groups were therapeutic for many (Brodsky, 1973; Kravetz, Marecek, & Finn, 1983) and were instrumental in the early call for change in the sexist and oppressive social structures that characterized a patriarchal, or male dominated, society.

### Dissatisfaction with Traditional Treatment

Consciousness-raising groups were directed toward accomplishing social change rather than healing personal wounds. The impetus for seeking alternative approaches to women’s well-being came from many directions, as researchers and clinicians voiced their concerns. Expression of these concerns covered a broad range of issues that addressed both the deficits in our psychological knowledge about women and the problems that existed with current intervention models and practices in the mental health field. As we shall discover, many of the issues that stimulated the formation of feminist perspectives remain problematic today. A sample of these early concerns follows:

1. Dissatisfaction with traditional theories of female and male development and behavior that depicted stereotyped male traits as the norm and females as deficient by comparison (Broverman, Broverman, Clarkson, Rosenkrantz, & Vogel, 1970; Gilbert, 1980).
2. Frustration with the continuing omission of women from the knowledge base of psychology (M. Crawford & Marecek, 1989; Grady, 1981; McHugh, Koeske, & Frieze, 1986).
3. Challenging gender stereotypes that defined traditional views of “femininity” for women and “masculinity” for men as the most desirable and psychologically healthy adjustments (Bem, 1974; Broverman et al., 1970; Constantinople, 1973).
4. Recognition that many of the reported sex differences in behavior, personality, and psychiatric diagnosis reflect inequalities in social status and interpersonal power between women and men, and between diverse groups of women (Henley, 1977; Unger, 1979).
5. Exposing evidence of gender bias and gender-role stereotyping in counseling and psychotherapy (American Psychological Association, 1975; Hare-Mustin, 1978; Schlossberg & Pietrofesa, 1978; J. A. Sherman, 1980).
6. Consideration of gender stereotyping and gender bias in psychiatric diagnoses (Franks, 1986; M. Kaplan, 1983; Lerman, 1996).
7. Determination that women’s “intrapsychic” problems frequently originate from sources external to themselves (G. W. Brown & Harris, 1978; Miles, 1988; Rawlings & Carter, 1977).

8. Concern about disregard by many mental health professionals for the validity of women's self-reported experiences (Hare-Mustin, 1983; Holroyd, 1978).
9. Challenging the practice of attributing blame and responsibility to women for their experiences of sexual and physical violence (Koss et al., 1994; Resick, 1983; Walker, 1979).
10. Rejection of "mother-blaming" in family functioning that pathologized women's interdependence and involvement (by labeling these as enmeshment and overinvolvement), and removed responsibility from men for their lack of involvement or abuse of power (Bograd, 1986; Caplan & Hall-McCorquodale, 1985).
11. Negating the assumption in family therapy of a normative family hierarchy that rank-ordered gender roles, based on father as economic provider and head of household and mother as responsible for the emotional functioning of family members (Hare-Mustin, 1978; Margolin, 1982).
12. Concern for the increasing medicalization of women's psychological problems, including issues of diagnosis and prescriptive drugs (McBride, 1987; Worell, 1986).
13. Unwillingness to tolerate the continuing neglect of women's mental health concerns in both research and practice (Brodsky & Hare-Mustin, 1980; Sobel & Russo, 1981).

At a later stage in the development of therapeutic interventions for women, previously silenced voices addressed additional concerns that reflected the following:

14. Disagreement with diagnostic categories that diagnosed alternative sexualities as pathological, and growing awareness of the diverse range of women's sexuality (Espin, 1984; B. Greene, 1994b; Wilkinson & Kitinger, 1993).
15. Neglect in the professional literature of the multiple sources of discrimination and exclusion in women's lives based on ethnicity and national origin, physical ability, sexual orientation, and other devalued minority group statuses (Comas-Diaz, 1991; B. Greene, 1986).

## CATALYSTS FOR CHANGE

In response to these concerns, new approaches to intervention with women were envisioned. The emergence of a specialty area in counseling and psychotherapy with women was predicated on four factors that supported its development (Comas-Diaz & Greene, 1994; Worell, 1980):

1. The Psychology of Women became a reality, providing a substantial body of theory and knowledge about the diverse biological, cultural, and psychological characteristics of women.
2. New client populations emerged whose needs for intervention and treatment were not addressed by current traditional approaches to therapy.
3. Revised models of women's mental health and well-being integrated new information about women and proposed innovative goals for women's empowerment.
4. Alternative counseling models were developed that addressed the unique characteristics and goals of underserved populations.

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In the wake of these developments, training programs in the specialty of counseling and psychotherapy with women were initiated and implemented. We discuss each of these factors further in terms of their contributions to the specialty of counseling and psychotherapy with women.

Throughout this book, we use the terms *counseling* and *psychotherapy* interchangeably. Counseling has been applied historically to interventions that assist clients in understanding and resolving ongoing problems in living. As such, counseling tends to focus on positive aspects of psychological health and well-being. Psychotherapy, in contrast, has been applied traditionally to medical or illness models that locate problems in persons and that aim to reduce or “cure” pathology in patients. Because we adhere to an empowerment model that addresses women’s pain and despair, but focuses its strategies and goals on supporting their strength and well-being, we use these terms interchangeably.

### THE PSYCHOLOGY OF WOMEN AND GENDER

The first requirement for the development of a specialty area is the accumulation of a body of knowledge that serves as a database for theory, research, and applications to practice. Four major outcomes of innovative research on women and gender include:

1. New information about women and the diversity of their lives in contemporary society.
2. Revised views of sex, gender, gender roles, and gender-related behavior.
3. Diversity and multicultural perspectives.
4. Feminist psychology, feminist theory, and implications for training and practice.

#### New Information about Women

Early research related to the psychology of women focused on a search for sex-related differences, or those that might be found between girls and boys, women and men. In exhaustive searches of the literature published between 1967 and 1982, Mary Roth Walsh (1985) found over 13,000 citations related to the psychology of women. Kay Deaux (1985) reported 18,000 citations that covered sex-related differences and sex roles. Since then, the psychological literature on women and gender has increased geometrically as the burgeoning research fills both old and new journals. In the early publications, attention centered on characteristics assumed to differentiate the sexes, such as self-esteem, intellectual abilities, achievement variables, career development, interpersonal relationships, aggression, dominance, and verbal and nonverbal behavior.

Initial reviews of this research by Eleanor Maccoby and Carol Jacklin (1974), and later meta-analyses reported by Janet Hyde and Marcia Linn (1986) concluded that sex-related differences in personality and cognitive abilities have been overemphasized, accounting for no more than 1% to 5% of the variance in female and male responses. Other authors pointed out that it may be more important to look at within-group than between-group variance on any characteristic, since the differences among women or among men exceed the discrepancies between them (Feingold, 1994; Hyde, 1994; Lorber, 1994). From this perspective, perhaps one day “sex differences” will reflect only basic reproductive variables such as female pregnancy and male ejaculation.



### *Situational Contexts*

Later research broadened the areas of interest and focused on situational, personality, and contextual correlates of sex-related behaviors on a variety of tasks. These studies looked at areas such as expectancies and attributions for success and failure; interpersonal interactions and group processes; leadership and power tactics; personality traits associated with masculinity, femininity, and androgyny; sex-related attitudes and stereotypes; and an increasing number of variables related to the intersects of gender with a diversity of group characteristics. In these areas, differences between female and male groups were found to vary with the ethnic and sexual identities of the samples, the nature and domain of the task (e.g., mathematics vs. English, sports vs. sociability), the sex and ethnicity of the experimenter or target persons, and relevant attitudes and stereotypes. Identification as female or male was seldom the sole determinant of behavior. Nevertheless, the search for differences between girls and boys, and women and men remains salient in the psychological literature and is increasingly visible in the popular press (e.g., *Men Are from Mars, Women Are from Venus*).

### *Women's Lives*

Feminist psychology encouraged moving research on women out of the laboratory to look at the meaningful contexts of their lives. This research brought us new information about women in relation to the roles they occupy in Western societies (e.g., daughter, wife, lover, partner, mother, worker), the discriminatory practices that restrict their opportunities in almost all societies (e.g., in education, employment, politics, public life), the victimization and violence they experience in most societies (e.g., incest, rape, sexual harassment, physical battering), the diverse groups with which they affiliate (e.g., women of color and differing subcultures, lesbians, older women, disabled), and their psychological processes (e.g., well-being, self-esteem, stress, anger, depression, anxiety). As women's experiences are explored in the context of their diverse lives, innovative research strategies and approaches have been developed to address the complex questions that were not previously considered. The illumination of women's lives in context also leads us to ask creatively about how the sum and interaction among these experiences frame our sense of personal and social identity (Deaux, 1996; Deaux & Stewart, 2001; T. L. Robinson, 1999).

## **Revised Views of Sex, Gender, Gender Roles, and Gender-Related Behavior**

Although the call for change rallied around the issues that faced contemporary women, it soon became clear that women's concerns could be reinterpreted in the broader context of gender. That is, researchers in the field hypothesized that behaviors and attitudes previously believed to be determined by sex (female or male) were socially and situationally created rather than intrinsic to the individual. Some research provided evidence that women's and men's behaviors could be understood in the context of the status inequalities between the two sexes (Eagly, 1987; Henley, 1977) as well as between members of dominant and subordinate subcultures in the United States (Healy, 1997). Thus, many of the obtained gender-related behaviors could be interpreted as evidence of unequal power relations between socially defined groups (M. Crawford & Marecek, 1989; Sherif, 1982). These insights with respect to gender lead us to redefine our constructs and revise our research strategies.

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### *Sex or Gender?*

*Sex* refers here to a descriptive and biologically based variable that is used to distinguish two categories of individuals: females or males. You may have been asked to respond to a questionnaire or form that said: “What is your sex?” and you checked one of the two choices, either female or male. In reality, there may be more than two sexes, based on the complex interplay of genetics, hormones, and reproductive structures (Unger & Crawford, 1993); however, most societies find it convenient to divide people into two groups. In the research literature, sex is frequently used as an independent variable to compare females and males on some characteristic. Aside from certain physical and reproductive capabilities, however, few, if any, characteristics can be explained by sex alone (Burn, 1996; C. F. Epstein, 1997). Sex has also been used in research as a stimulus variable (Unger, 1979) to structure and define what is observed by others. Such comparisons between females and males become reflections in the eye of the observer, usually in the form of stereotypes. “Stereotypes are sets of beliefs about a group of people . . . a mental list or picture of the traits, characteristics, and behaviors a particular social group is likely to possess [in this case, female or male]. While such beliefs exist in people’s minds, they originate in the culture of those individuals” (Gollwitzer & Moskowitz, 1996, p. 387).

You may wish to review the responses you made to the self-assessment exercise at the start of this chapter. Do any of your ratings reflect your own biases or stereotypes about women? If so, your evaluations are not based on sex but on your gender stereotypes about what you believe to be true of most women, leading us into a discussion about gender.

### *Gender*

We define *gender* as culturally constructed beliefs and attitudes about the traits and behaviors of females and males (Deaux, 1984; Lott, 1997). Since many of these beliefs conform to dominant culture norms about others, we may be unaware that they are not necessarily “true.” Gendered beliefs and practices vary across cultures, may change through historical time, and differ in terms of who makes the observations and judgments. According to many scholars, the language that we use to describe our experience of the world and that of others profoundly influences our “meaning-making” and understandings (M. Gergen, 2001). From this point of view, we construct our own meanings about reality and about gender that represent culturally shared agreements about what is “really” there. We take the position in this book that the personal characteristics typically attributed to gender are not “true” attributes of females and males, but are socially constructed categories that function to maintain female-male dichotomies and dominant group power structures (Hare-Mustin & Marecek, 1988; Lott, 1997; Unger, 1983, 1989).

Gender constructions also vary within and across socially identified groups in a society. For example, concepts of womanhood and femininity may be quite different for a Latina or an Asian woman in the United States, yet in each of these broad ethnic groups, separate subcultures may retain their own distinctive gender expectations (Peplau, Veniegas, Taylor, & DeBro, 1999). As we add more variables that intersect with gender, understanding the functions of gender becomes “both more and less important” (Unger, 1995, p. 416).

The social construction of gender, as it intersects with other social status identities, creates in each of us a self-image of who we are as females and males and how we should behave. Thus, our gender stereotypes are both descriptive and prescriptive (Fiske & Stevens, 1998; Lorber, 1994). The cognition that “I am a woman” functions to activate

my entire experience of femaleness in society, and serves as a general schema or cognitive framework that shapes my current and future activities (Frieze, Bailey, Mamula, & Noss, 1989). The cognition that “I am an African American (Asian, Latina, Native American, bicultural, immigrant) woman” creates alternative images as each individual constructs her personal and social identities from the complex matrix of her culture and personal experience.

Gender also structures the expectations and behaviors of those with whom we interact, resulting in self-fulfilling prophecies, or behavioral confirmation, that in turn shape our behavior to meet the expectations of important others (Rosenthal, 1994; Snyder & Dyamot, 2001; Townsen, Zanna, & MacDonald, 1989). In Chapter 2, we review research that demonstrates how the social construction of gender influences socialization practices with girls and boys, and frames the separate roles of women and men in differing cultures.

### *Gender Roles*

For many professionals in the field, gender becomes the major issue in working with women. “The social construction of gender plays a major role in the definition and diagnosis of illness, timing and expression of symptoms, treatment strategies, and theoretical explanations. Thus, mental illness is as much a social as a personal event” (Travis, 1988, p. 2).

For others, “gender and gender oppression are not the primary locus of identity or oppression for all women” (Greene & Sanchez-Hucles, 1997, p. 183). From this perspective, diversity takes primacy, with gender being only one site of women’s disadvantage and oppression, joined by those of race and ethnicity, poverty, social class status, sexual orientation, disability, and aging. Figure 1.1 is a model of gender role functioning that includes many of the factors that interact on individuals to produce the gendered female or male self. We say more about gender issues in later chapters.

## **Diversity and Multicultural Perspectives**

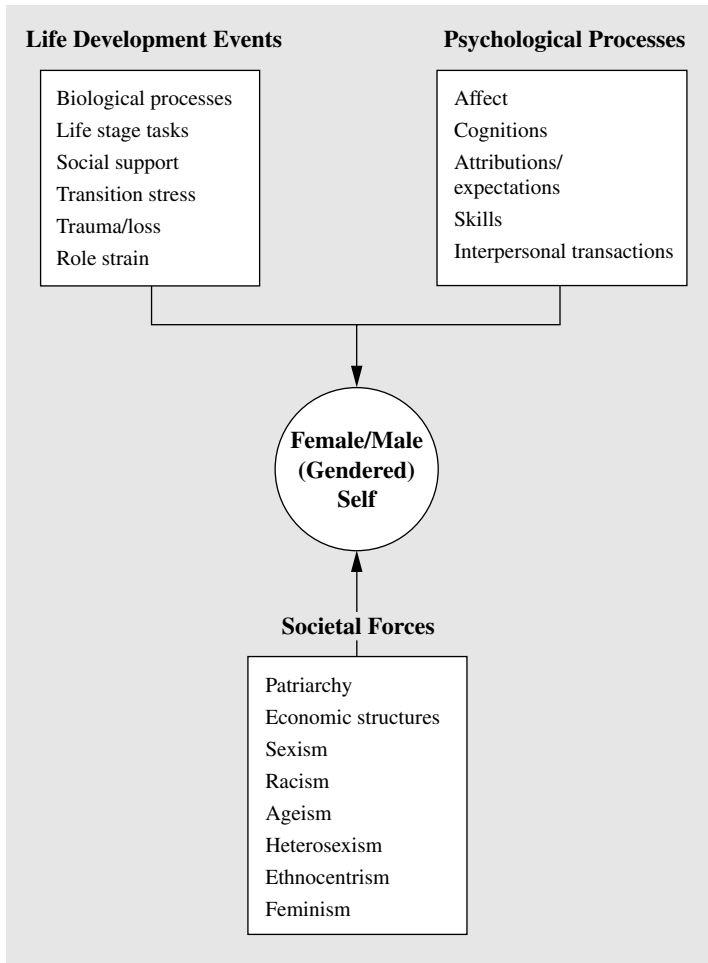
Discussions in the psychological literature about diversity and multiculturalism in counseling and psychotherapy have paralleled those about women and gender. Only recently have there been attempts to integrate these perspectives in counseling and therapy with women (e.g., L. Brown & Root, 1990; Comas-Diaz & Greene, 1994).

### *Diversity*

Although we tend to think of race or ethnicity when we speak of *diversity*, the concept embraces many other aspects of our personal or group identities. Diversity encompasses all aspects of a person’s social realities: gender, culture, ethnicity and national origin, immigration and acculturation status, sexual and affectional orientation, age, education, socioeconomic status (SES), physical characteristics and abilities, intellectual abilities, and religious affiliation. These variables are some of the major characteristics that connect us to others as well as distinguish us from one another. They form the basis of our personal identity (T. L. Robinson & Howard-Hamilton, 2000). The complex intersect of diverse social locations and identities for each of us creates both a personal self-concept and a group consciousness that frame our values and world views.

The consideration of diversity in counseling and therapy is important for two major reasons: First, it is critical for the therapist to understand and be responsive to the

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**Figure 1.1 Model of gender-role functioning.**

cultural context and personal meanings of the client's behavior and her current concerns. Second, the social locations by which she identifies herself and is identified by others provide opportunities for her to experience both pride and oppression. Clients may gain self-esteem and personal empowerment by identifying with groups they view as socially valued. But many of these socially identified groups are culturally stigmatized by negative attitudes, stereotyped beliefs, and active discrimination; these are the conditions that lead to oppression. We define *oppression* as a systematic denial of access to valued community resources to members of groups defined as inferior, undeserving, or different. Because oppression may be internalized as a reflected self-image, it creates a toxic

environment that often produces illness and decreased well-being. We say more about how oppression affects client well-being in subsequent chapters.

In considering the diversity of social locations by which we identify ourselves and are identified by others, we refer to ethnicity and nationality rather than to race. Although racism is a toxic element in most societies that creates stigma and oppression for individuals in socially identified groups, biologists and anthropologists tell us that “race” is also a socially constructed category (Pederson, 1997; Phinney, 1996). As such, it does not represent the reality of genetic difference but rather, reflects the power of dominant social groups to define who is “in” and who is “out.” Because the concept of race highlights presumed differences that are immutable, we prefer to speak of ethnicity, as inclusive of both “race” and the cultural and language frameworks that influence how people construct meanings and lifestyles. But because physical features and skin color also provide stimuli for inferring “race,” it is also important to speak of racism in terms of the ways in which dominant cultures stigmatize and discriminate against those whom it defines as racially different or “inferior.” Just as we define sexism in terms of negative attitudes, stereotypes, and discrimination against girls and women, we consider racism as a similar set of negative beliefs, attitudes, and behaviors toward certain ethnic groups.

### *Multiculturalism*

As women from non-White groups voiced their concern about their marginal status and invisibility in feminist psychology, increased attention was focused on the multiple identities that characterize us as women. A broad definition of multiculturalism presents it as “a philosophy that affords the development of flexibility and diversity of orientations to life and for the development of pluralistic identities” (Sparks & Park, 2000, p. 205). Hope Landrine (1995) proposed a multicultural feminist psychology that incorporates the contextual meanings of behavior for all cultures. By *culture*, we mean shared learned behaviors and values of a particular group that are transmitted across generations (Ridley, Li, & Hill, 1998). Culture includes external components such as institutions, language, and visible artifacts, social norms and social roles (rules and expectations for behavior), and internal components such as attitudes, values, world views, and ways of thinking about the self in relation to the collective. According to Helen Markus and her associates (1996), “Communities, societies, and cultural contexts provide the interpretive frameworks—including images, concepts, and narratives, as well as the means, practices, and patterns of behavior—by which people make sense (lend meaning, coherence, and structure to their ongoing experience) and organize their actions” (p. 858). We say more about these distinctions in Chapter 2 in discussing dimensions of identity.

Derald Sue and David Sue (1999) called for a multicultural counseling model that places cultural identity at the center. Their multicultural approach counteracts the racial and ethnic biases encountered by people of color. These biases tend to define people of color as the “problem,” identifying their differences as due to genetic deficiency (they are intellectually inferior), cultural deficiency (they are culturally deprived), and pathology (they are abnormal or deviant). Instead of problematizing minority groups, the multicultural model is based on the assumption of difference rather than deviance, viewing cultural and ethnic experiences as strengths that are valuable to both the person and society.

In a broader view of multicultural counseling, Leroy Baruth and Lee Manning (1999) include differences in culture, world views, and the nature of reality as well as the variables of gender, sexual orientation, and life stage. Concepts of diversity and multiculturalism vary, depending on the perspectives of the authors. We use the term *diversity*

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rather than *multicultural* in this book to emphasize both the similarities and the differences among us. Throughout, we take an integrative and inclusive approach that recognizes, respects, and values the diverse factors that impact the lives of women while also identifying our commonalities. For any individual, these factors may include, among others, ethnocultural identity, gender, culture, nationality, language, religion, sexual orientation, physical characteristics and abilities, and socioeconomic class. We say more about diversity and identity in Chapter 2.

### *The Meaning of Difference*

In addition to the consideration of diversity, it is important to consider two major approaches to gender-related characteristics, those that exaggerate the differences between females and males within and across diverse groups, and those that ignore them. Rachel Hare-Mustin and Jeanne Marecek (1990) refer to these two stances as *alpha bias* and *beta bias*. They maintain that bias toward either approach to gender is problematic for women. We apply this concept as well to other aspects of diversity.

Alpha bias assumes an “essentialist” position, that there are real and enduring differences between the orientations, abilities, and values of women and men, as well as between women and men from diverse groups. This position tends to dichotomize women and men, to support different roles based on their presumed natural dispositions, and to encourage separatism. Examples of alpha bias that heighten the valuing of women include beliefs about women’s special “ways of knowing” (Belenky, Clinchey, Goldberger, & Tarule, 1986); and views of woman as more intrinsically relational, caring, and connected than men (Chodorow, 1978; Gilligan, 1982; Jordan, Kaplan, Miller, Stiver, & Surrey, 1991).

Examples of alpha bias that are used to devalue women are found in sociobiology and endocrinology. Here, obtained gender differences are attributed to evolutionary processes such as reproductive strategies (Buss, 1996; Kendrick & Trost, 1993) or to the presumed effects of androgens (male hormones) on brain functioning. In the former case, men’s “promiscuity” and social dominance are regarded as natural and rooted in the outcomes of successful mate selection over the centuries. The stronger and more dominant males were able to win many desirable females through successful combat and thus reproduced themselves in greater numbers. In the latter case, sex differences in performance, such as in spatial relations, are attributed to the selective effects of male androgens on the right cerebral hemisphere (brain lateralization). In both examples, gendered patterns of behavior are assumed to result from endogenous or biological variables that reflect “true” sex differences. Based on her examination of extensive data, Ruth Bleier, a biologist, concluded that there is no firm evidence for a biological basis of behavioral differences between females and males (Bleier, 1984, 1988).

Alpha bias has also been used to the disadvantage of the African American woman. By picturing her as “matriarchal” and dominant in her family, she is seen as contributing to the problems encountered by African American men in Western society. In this case, the assumption of difference blames these women for the external barriers of discrimination and exclusion that impede their men (Lott, 1997).

Alpha bias becomes useful, however, in asking new questions about women’s experience and in looking at the particular circumstances of their lives apart from those of men. We see in Chapter 10 that a feminist approach to research suggests that specific questions about the lives of women may be generated as a result of considering their unique psychological environments. Alpha bias also allows us to assert that gender as

female-male distinction is not the only locus of difference that affects women's lives. The multicultural view of gender affirms the distinctive perspectives of women from diverse social identities. However, to the extent that these perspectives, such as the assumption of female nurturance, are seen as exclusive or "essential" to the identity of all women in diverse social groups, alpha bias may fall into the same problematic space as other essentialist views.

Beta bias ignores or minimizes differences between women and men. Traditional psychological research has erred in the direction of beta bias by (a) ignoring questions related to the diverse lives of women, and (b) assuming that findings based on male samples could be generalized to explain all women's experience and behavior. Minimizing gender and diversity differences frequently leads to disadvantaging many women, for example, assuming that they have equal access to resources and equal opportunities in relationships, employment, and leadership positions. Ignoring questions about women's lives has created a void in the psychological literature about half of the human population. Hare-Mustin and Marecek (1990) caution the helping profession in particular that alpha or beta bias in the context of counseling can be either facilitative or disadvantageous to the client.

Because sex-related attributions and expectations are so heavily dominated by gender conceptions, we may never be able to extricate the "true" effects of sex from those of gender; that is, the direct influence of gender begins well before birth, as expectant parents impose their own gender stereotypes on the unborn child, thus confounding the two variables (Karraker, Vogel, & Lake, 1995). In Chapter 2, we discuss the influence of culturally framed gender expectations on the development of girls and boys.

### *Gender Roles*

The concept of gender roles refers to patterns of culturally approved behaviors that are regarded as more desirable for either females or males in a particular culture. The social construction of gender in any culture will function to determine broad expectations for female and male social roles that are consistent with attitudes and world views in that culture. Thus, gender conceptions define what we believe is appropriate behavior in various situations for ourselves as well as for other women or men.

Gender roles in any society are influenced by a large number of variables and will vary within different subcultures and across historical time. We conceptualize the individual's gender-role functioning as multidetermined by both positive and negative societal forces, by life development events, and by the person's own psychological processes (see Figure 1.1). Consistent with our discussion of gender, we assume that being female or male influences the expression and experience of each variable in the model, with the complex intersect of these variables producing the gendered self. For many feminist psychologists, one goal of psychological development is to challenge the primacy of a gendered self, so that culturally prescribed gender roles become more flexible and optional, if not obsolete. With a transcendence beyond assigned gender roles, both women and men would perceive themselves and others as humans with equal options for alternative behaviors (Bem, 1985, 1993; Lott, 1985a, 1997; Worell, 1981).

In Chapter 2, we discuss traditional and emerging flexible gender roles, and possibilities of a gender-flexible individual. One of the aims of a feminist approach to counseling is to assist individuals in freeing themselves from the constrictions of rigid role prescriptions. There is some evidence that traditional gender roles have become more relaxed both in the United States and in other countries over the past 30 years (Sidhu,

2000). The ideal of a gender-flexible self for women, however, is far from realized in any society in which gender and other social status variables determine many of their life-course events.

## Feminist Psychology

Research and scholarship in the psychology of women is not necessarily feminist (Worell, 2000). There is a great deal of overlap and the major scholarly journal, the *Psychology of Women Quarterly*, is feminist in its goals, procedures, and content (Worell, 1990, 1994). In this section, we define feminism and provide examples of feminist orientations to personal and social issues and applications to clinical practice. Feminist research is covered in Chapter 10. Feminist assessment, counseling, and psychotherapy are explored in greater detail in Chapters 3, 4, and 5.

### *Defining Feminism*

The range of belief systems attached to the term *feminist* is broad. Over 20 years ago, *Webster's New World Dictionary* (1978) defined feminism as (a) "The principle that women should have political, economic, and social rights equal to those of men," and (b) "the movement to win such rights for women" (p. 514). Thus, the dictionary definition included an appeal to social justice and advocacy for social change. We expand this definition to include "equality among women" as well as between women and men, to acknowledge the status and power inequities that may exist across women of differing social locations. With these seemingly benign definitions, it is curious why the statement "I am a feminist" so often elicits a negative reaction. Is it because some people believe that women should not have rights equal to those of men? Or to each other?

Those who identify themselves as feminists express both common and diverse themes. For example, in an interview study with 77 feminist professors of psychology, Faye Crosby and I (JW) asked this question: When you say, "I am a feminist," what do you mean? For our sample of academic women, four common themes expressed their feminist identity: (1) a social construction view of gender, (2) concern with societal power structures that disadvantage women and other subordinate groups, (3) valuing the experience of all women, and (4) willingness to advocate for social change. The most strongly committed in this group ("I always call myself a feminist"), were the most active in the service of social change (Worell, 1996).

From a broader theoretical perspective, feminist theories have addressed the question of how to explain the inequality between women and men in almost all cultures and across all historical times, and how this injustice should be remedied (Enns, 1997). We briefly summarize five major positions in feminist theory: liberal, cultural, radical, women of color, and lesbian (Table 1.1).

The *Liberal* feminist viewpoint targets inequalities in legal, political, and educational arrangements and promotes laws to redress inequities in opportunity for education and employment. In contrast, the *Cultural* feminist addresses the male-dominated culture that devalues women's relational qualities and seeks to empower women by celebrating the unique qualities of women, viewing them as caring, intimate, cooperative, and connected to others. These qualities are valued and become the major source of power and liberation. From a *Radical* feminist approach, however, women's oppression is rooted in patriarchy, or the unequal allocation of power in society to men. The source of women's oppression lies



**Table 1.1** Who is the “real” feminist?

Feminist Theory	Sample Attitudes
Liberal	“I want social, economic, and political rights equal to those of men.”
Cultural	“If women ran things, the ethic of caring and cooperation would rule.”
Radical	“The real issues for women are the systems of patriarchy and unequal power.”
Women of color	“We are oppressed by poverty, racism, and the ethnocentrism of White privilege.”
Lesbian	“We are oppressed by sexism, heterosexism, and homophobia.”

in institutional male dominance and control of all aspects of women’s lives. The identification of patriarchy as a system of male privilege leads to solutions that go beyond “equal pay for equal work,” and leads logically to requirements for activism to achieve social and institutional change.

*Women of Color* feminism identifies institutional racism as the major source of women’s oppression. Thus, patriarchy, a system of male domination, is not the only source of oppression; both White women and men of color can be oppressors as well as being the oppressed (Comas-Diaz & Greene, 1994). Social change must come through acknowledging and reducing White privilege, honoring the values and culture of oppressed minority groups, and eliminating both institutional racism and sexism. Finally, *Lesbian* feminism identifies both patriarchy and heterosexism as bases for the oppression of women. The assumption that heterosexuality is “normal” frames alternate sexualities and lifestyles as deviant and undesirable, leading to discrimination, exclusion from public life, and restricted civil rights of women who love and live with other women. One proposed solution to challenging heterosexism, albeit not the only one, has been to advocate legislative action toward equality for sexual minorities under the law. As another solution, the promotion of “gay pride” has empowered many in this community to reject social bias and discrimination and to affirm their self-esteem.

The range of definitions and theories about feminism leads us to conclude that feminism, as a social and political movement, is broad and multifaceted. It is clear that many differing attitudes and values are associated with being a feminist, but all roads lead to a simple conclusion: Equality of opportunity, respect, and fair treatment for all persons is essential.

### *Defining Feminist Psychology*

The applications of the diverse views of feminism have resulted in conflicting definitions in the professional field. Since we take a constructionist view of gender, we shall also do so for feminism: That is, by agreement, we select feminist principles that are most reflective of the values and beliefs to which we subscribe. We are indebted to Barbara Wallston (1986) for her cogent articulation of a similar set of feminist values, and we expand on these to embrace more diverse populations. At the base of these views is the conviction that women’s problems cannot be solved in isolation from the institutionalized politics of the larger social structure.

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For our purposes, feminist psychology embraces eight tenets:

1. *We advocate inclusiveness.* We acknowledge that the social impact of gender is experienced unequally and unfairly for women with diverse personal and social identities, including ethnicity and culture, sexual and affectional orientation, socioeconomic status, nationality, age, and physical characteristics.
2. *We advocate equality.* We recognize that the politics of gender are reflected in lower social status and unequal access to valued resources for a majority of women in most societies.
3. *We seek new knowledge.* We value and advocate increased understanding about the diversity of women's experience as it is framed by multiple personal and social identities.
4. *We attend to context.* Women's lives are embedded in the social, economic, and political contexts of their lives and should not be studied in isolation.
5. *We acknowledge values.* Personal and social values enter into all human enterprises; education, science, practice, and social advocacy are never value-free.
6. *We advocate change.* We are committed to action to accomplish social, economic, and political change toward establishing equal justice for all persons.
7. *We attend to process.* Decision-making processes that affect personal and group outcomes should be consensual and consistent with feminist principles of mutual respect and honoring all voices.
8. *We expand psychological practice.* We recognize that feminist principles can be applied to all professional activities in which we engage: theory building, prevention, counseling and therapy, assessment, pedagogy, curriculum development, research, supervision, leadership, and professional training.

You may see more than the bare outlines of Webster's Dictionary definition of feminism in these eight principles. We emphasize inclusiveness first and the diversity of oppressed groups, because the politics of racism, ageism, ablism, homophobia, and poverty deprive individuals of their human dignity and liberties. A feminist lens encourages us to look at the uses of power and how status hierarchies deprive women from all social locations of their respect, freedom, and equality. In valuing women's experiences, we legitimize the study of women in all their diversities as an important scientific enterprise, and we encourage innovative methods of research to explore these experiences. We reject the notion of totally objective science or practice related to behavior and call on educators, researchers, and practitioners to acknowledge their values and biases.

We believe that few individual women can achieve equity alone and that the commitment to feminism requires both individual and collective action for social, institutional, and political change. We recognize that we may have to accomplish change through the mechanisms of current power structures, but we endeavor to promote decision-making processes that are consistent with feminist principles. Finally, we extend our concepts of feminist practice to all the professional activities in which we engage (see Worell & Johnson, 1997). Overall, our feminist psychological practice approach seeks a dual outcome: assisting women toward empowerment in their own lives and seeking change in whatever social power structures form the basis of many of their problems. Although you may subscribe to many or all of the eight principles, you may not have thought of

yourself as a feminist. In Chapter 11, we discuss further your personal decision to identify as a feminist or a feminist therapist.

### *Implications for Training and Practice*

The advances of the Psychology of Women in terms of theory and knowledge provide exciting implications for training programs in counseling and psychotherapy. In Chapter 12, we offer a model of training that incorporates this knowledge and uses it in the service of educating and sensitizing prospective practitioners. As a student, we want you to be aware of the diverse gender and cultural stereotypes you may hold, your attitudes toward nontraditional or gender-flexible roles for women and men, and your understanding of the politics of gender as it intersects with other social identities. In particular, you will want to understand the social impact of violating traditional gender roles in the context of multicultural constraints and the price that women (and men) from differing social locations may pay for doing so.

An effective program for training counselors for women incorporates a research component that avoids gender and multicultural bias in method and content, and that explores the diverse lives of both women and men. The program also includes a feminist analysis of client issues and careful supervision to provide constructive feedback to the therapist. We believe that without such awareness, you are likely to impose your stereotypes on your clients. In doing so, you may unwittingly support them in “adjusting” to the status quo and in remaining in subordinate life positions. As you read this book, please complete all the self-assessment and awareness activities. These activities are designed to assist you in evaluating and changing, if necessary, your social constructions of sex, gender, and diversity. The goal of these activities is to promote the effective and ethical treatment of women.

## **EMERGENT CLIENT POPULATIONS**

The second requirement for a specialty in counseling and therapy with women is a client population whose needs and goals are not being met by traditional practices and procedures. How does the population of women clients differ from those of the past? What are their special needs that require advanced knowledge, skills, and specialized training?

### **Family Role Shifts**

Dramatic changes in the formation and maintenance of family roles in the past 20 years have led to a shift in many women’s lifestyles, in the situations they face, and in the problems with which they cope. In particular, women are remaining single more frequently and for longer periods of time, finding partners or marrying later, having fewer children, entering the paid labor force at an unprecedented rate, developing new career paths, separating and divorcing more often, coping with single parenting and stepparenting, reentering higher education at later ages, experiencing interrupted careers and employment paths, and repartnering or remarrying. They are growing older and living longer, and may find themselves “sandwiched” between growing children and elderly parents, or living alone. New definitions of “family” have encouraged marginalized groups such as lesbian and bisexual women to confront their relationship needs more

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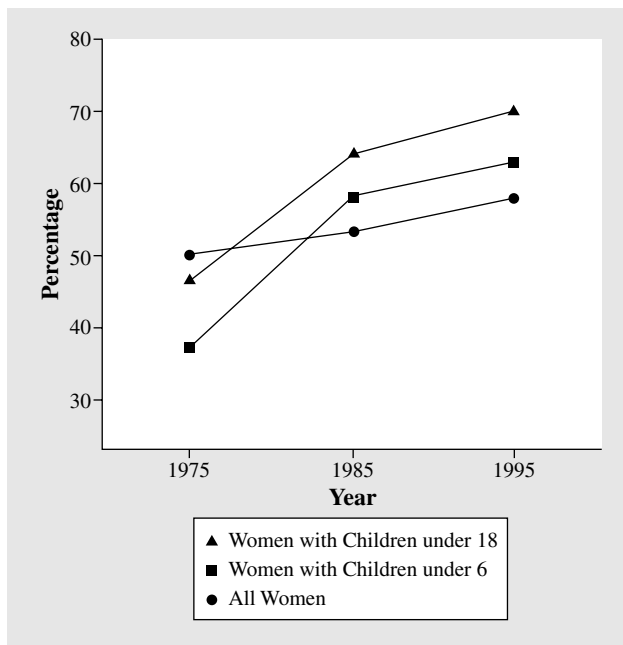
openly. Each of these life events may present situational coping problems and issues for which women seek help.

The increase of women in the paid labor force confronts them with a host of new issues: managing multiple roles, negotiating dual-career and egalitarian relationships, coping with role conflict (work-family balance) and role strain (work-family stress), nontraditional career development and change, employment discrimination, pay equity, professional isolation, sexual harassment, management and leadership training, assertiveness concerns, workforce reentry, and retirement. Figure 1.2 displays the dramatic increase in women's labor force participation from 1975 through 1995.

The prevalence of singleness and high divorce rates opens up issues of finding new relationships, establishing sexual satisfaction, developing social support networks, divorce counseling, child custody and maintenance decisions, managing stepchildren and reconstituted families, and coping with financial stress and loneliness. Chapters 6 and 7 consider clients who seek counseling because of family and work-related conflicts.

### Women and Violence

The exposure of violence and sexual assault to public scrutiny in the past 20 years has had two positive effects on client populations. First, more women are seeking assistance following violent experiences such as rape or physical and emotional abuse. Second,



**Figure 1.2** Percentage of women in the labor force in the United States. *Source:* U.S. Office of Labor Statistics.

women who have been abused through incest or sexual assault as children are coming to terms with the long-term impact of their early victimization. The establishment of crisis centers for sexual assault and woman-battering has encouraged many women who formerly would have suffered in silence to seek assistance. The “normalization” of this violence may appear frightening when we look at prevalence rates: Depending on the particular survey, one in four adult women have been sexually assaulted at some time in their lives (Koss et al., 1994), and 20% to 35% of women report being or having been in an abusive or battering relationship (McHugh, Frieze, & Browne, 1993). Public attention to violence has had the salutary effect of encouraging women to confront their abuse by saying, “No more secrets.” Chapters 8 and 9 deal with clients who were physically and sexually abused.

### **Women and Body**

Certain syndromes have increased in reported frequency as society places continuing demands on women to conform to gender-role standards, and as women are becoming concerned with the care and maintenance of their bodies. There is a rising prevalence of girls and women concerned with body image and weight control, as evidenced by eating disturbances such as anorexia, bulimia, and obesity (Striegel-Moore & Cachelin, 1997). Women also seek psychological help in dealing with medical and physical concerns: AIDS, mastectomy, menstrual-related distress, reproductive issues including pregnancy, unplanned pregnancy and infertility, and problems concerning the abuse of addictive substances such as alcohol and prescription drugs.

### **Women with Diverse Identities**

Finally, we are increasingly aware of higher risk for women with diverse group identities. Women in high-risk groups are those with issues that are compounded by exclusion and discrimination as a result of experiences of racism, ageism, homophobia, immigration, and poverty (see Figure 1.1). Women from high-risk groups have been reluctant to seek help from the mental health community, partly because they anticipate and frequently experience a reenactment of societal discrimination in psychotherapy. As new multicultural approaches to counseling and therapy are developed and practiced, more of these women are encouraged to seek help in dealing with their particular concerns.

The emergence of multiple and complex lifespan issues for women in contemporary Western societies provides a sufficient rationale for the development of new approaches for addressing these issues. The implications of diverse client populations for both research and practice are evident.

## **A FEMINIST RESEARCH AGENDA**

The third requirement for a specialty in counseling and psychotherapy with women is a firm foundation of research related to their mental health concerns. There is a pressing need for increased research to broaden the knowledge base about women’s mental health concerns. More information is required to gain a firm understanding of the multiple factors that contribute to stress and distress in all groups of women, as well as to their strengths and resilience.

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Alternative and creative methods of research become important to gain new knowledge, enabling a fuller exploration of women's lives in context (M. C. Crawford & Kimmel, 1999; S. Reinhardz, 1992; Riger, 1992). The application of feminist principles to the conduct and content of research has brought about a transformation in how we go about our research activities (Grossman et al., 1997; Worell & Etaugh, 1994). During the past 30 years, a plethora of scholarly journals that focus on women's lives have been established. The most visible include *Psychology of Women Quarterly*, *Sex Roles*, *Violence and Victims*, *Women and Therapy*, *Journal of Interpersonal Violence*, *Feminism and Psychology*, *Women and Health*, and the *Journal of Feminist Family Therapy*. Many other research journals in counseling psychology and related areas have begun to include articles related to women's health and well-being. The research base on women's lives is dynamic, alive, and expanding. We discuss issues in feminist research in Chapter 10.

### NEW MODELS AND EMERGENT PROCEDURES

It has been evident to many of us in the professional arena that traditional approaches to prevention and intervention for women were inadequate. Methods of treatment entrenched in the medical model tend to label the woman as disordered and to locate the problem in her biology, personality, or deficient skills; we regard these as insufficient to address the multiple forces that impact on women's well-being. New information on cultural norms suggests that the expression of distress and pain may be evaluated differently across cultural groups; what is normal for one culture may appear very deviant to another (S. R. Lopez & Guarnaccia, 2000). We take the position here that "fixing" the woman to return to her former status and adjustment is unsatisfactory and unacceptable. The psychiatric concept of *remission* as a definition of a positive outcome for psychotherapy exemplifies this traditional approach. Models of counseling and psychotherapy that aim to remove pathology are frequently inappropriate for women (and especially for some in minority groups), by targeting inappropriate or limited aspects of their lives. Innovative approaches and strategies are clearly required. Chapters 3, 4, and 5 present a framework for reconstructing an alternative view of the counseling and therapy process for women that focuses on building strengths, empowerment, and resilience.

The final step in developing a specialty in feminist psychological practice leads us to introduce innovative models and procedures. Dissatisfactions with and perceived limitations of traditional therapies paved the way for major changes in the treatment of women. The development of feminist approaches to intervention with women signaled a dramatic break from previous therapies in many aspects of values and procedures. In addition to the general principles of feminist therapies, specialized interventions that target the unique issues and concerns of underserved or inappropriately served client groups have been formulated. In recognition of an essential component of any practice, ethical principles in counseling and therapy with women have been developed by feminist groups.

### Feminist Psychological Practice

The development of feminist principles and procedures in counseling stretches from the early beginnings of consciousness-raising groups (Brodsky, 1973; Kravetz, 1980) to the 1982 establishment of the Feminist Therapy Institute for advanced psychotherapists (Rosewater & Walker, 1985). Following these two developments, many talented

practitioners and scholars have contributed creatively to the growing literature in this field. The 1993 First National Conference on Feminist Practice brought together more than 90 scholars and practitioners to develop an agenda for the future of feminist practice. This group expanded the concept of practice by including 10 separate but interconnected areas: Theory, Assessment, Therapy, Research, Curriculum, Teaching, Diversity, Supervision, Postdoctoral Training, and Student Voices (Worell & Johnson, 1997). We add two important areas of feminist practice to this model: Prevention and Leadership. The principles developed through consensus at this important conference are discussed throughout this book.

New horizons in feminist practice have gradually evolved. The Feminist Academy (L. Brown, 1996) was established to provide continuing education for new and seasoned practitioners. A specialty in Feminist Psychological Practice was developed for submission to the American Psychology Association for inclusion in the accreditation procedures (Remer, Enns, Fisher, Nutt, & Worell, 2001). Revised Guidelines for Counseling Women were drafted to replace the earlier ones (Enns, Nutt, & Rice, 2002). We credit our thinking about feminist practice to the accumulated writings, dialogue, and practical experiences of innumerable colleagues.

### *Principles of Feminist Practice*

From the diverse theories and aggregate wisdom discussed, we adopt an integrative perspective based on four essential principles of feminist practice:

1. *Attention to the diversity of women's personal and social identities.* The intersects of women's multiple identities, whether consciously experienced or unaware, are explored and examined for their influences on client expectations and behaviors, and on their experiences of privilege or oppression.
2. *A consciousness-raising approach.* Clients are helped to differentiate between the politics of the sexist, racist, or homophobic societal structures that influence their lives and those problems over which they have realistic control. Intrapsychic causation for problems in living is supplanted by exploration of gender-role messages mediated by their culture, societal expectations, and institutionalized sexism, racism, or homophobia.
3. *An egalitarian relationship between client and therapist.* The client is encouraged to set personal goals and trust her own experience and judgment. Power differentials between client and therapist are minimized.
4. *A woman-valuing and self-validating process.* Communal qualities of interdependence, concern for others, emotional expression, and cooperation are valued and honored. Women are encouraged to identify their strengths, to value and nurture themselves, and to bond with other women. Language forms that devalue women are reframed from weakness to strengths (e.g., terms such as *enmeshed* and *fused* may be reframed as *caring*, *concerned*, and *nurturing*).

### **An Empowerment Model**

We present an empowerment model of counseling that incorporates and expands on the theoretical perspectives and principles described earlier. Empowerment is a broad goal of feminist intervention that enables individuals, families, and communities to exert

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influence over the personal, interpersonal, and institutional factors that impact their health and well-being (Worell, 2001; Wyche & Rice, 1997). The overall goals of personal and social empowerment emphasize client strengths and resilience in coping with past, current, and future trauma and stress.

### *Why Empowerment?*

Does it appear that we suggest a focus on clients' empowerment rather than on symptom reduction or a return to their baseline functioning prior to entering therapy? Of course we want clients to feel better after they terminate therapy than before they sought services. We believe that empowerment encompasses both goals. To understand the importance of an empowerment frame, we need to consider briefly four critical concepts: power, oppression, empowerment, and resilience.

*Power* has been defined in many ways and is a term that communicates both positive and negative meanings. Power hierarchies can exist at many levels: individual, interpersonal, organizational, and societal (Ragins & Sundstrom, 1989). In practice, these categories probably overlap. In the typical therapy dyad, power is reflected in "the amount of unshared control possessed by one member of a dyad over the other member . . ." (Georgeson & Harris, 2000, p. 1239). At a more societal level, Carolyn Sherif (1982) described power as control over social institutions and their various resources, enabling the power holder to establish rules, initiate action, make decisions, and impose rewards and punishments on others. Although power is typically associated with gender, males holding more than females in most societies, power also interacts with other socially defined groups. Thus, there are dominant (more powerful) groups in all societies that have control over many of the resources available to subordinate (less powerful) groups. The use of their legitimized power by dominant social groups leads to oppression, or the exclusion of less powerful groups from valued resources.

*Oppression* is also defined in many ways. We define oppression as ownership or access to valued resources by members of dominant social groups while denying or limiting access to these resources for members of subordinate groups. For the dominant group, oppression can be justified by defining subordinate groups as different or inferior, and thus they can be seen as less in need or less deserving of these resources. Oppression creates a toxic environment for subordinate groups that may result in illness and alienation. We do not imply that the process of oppression is necessarily conscious or intentional; it may vary from benign to hostile, and from covert to overt. For example, by constructing the "true" nature of women as passive, nurturant, indecisive, and emotional, they become clearly more suited than men for household duties, child care, and other care, and less suited for business or organizational leadership. Since both women and ethnocultural minority groups are subordinate in Western societies, empowerment may enable them to reclaim the asymmetry in access to valued resources.

Empowerment is conceptualized in two ways in the context of therapy. First, clients are empowered in dealing with their life situations through achieving skills and flexibility in problem solution, and developing a full range of interpersonal and life skills. They learn to identify and cherish their personal strengths and assets as well as recognize their responsibility for change. Cultural and personal identities are explored for their contributions to client concerns and for their relevance in strengthening personal and cultural pride. Second, empowerment encourages women to identify and challenge the external conditions of their lives that devalue and subordinate them as women or as members of minority groups, and that deny them equality of opportunity and access to



valued social, economic, and institutional resources—those sources of reward, sustenance, support, or opportunity that are identified as important and meaningful by each group or individual.

Feminist approaches to empowerment thus incorporate both internal and external contributions to personal distress and well-being, and assist women to discriminate between them. This discrimination functions to free them from feelings of being different, deficient, “crazy,” or out of control; it replaces their sense of powerlessness with strength and pride in their ability to cope with current and future challenges. These new feelings and skills lead to increasing resilience in coping with stress and adversity.

Resilience and thriving are new ways to look at the mental health outcomes of feminist therapy (Worell, 2001; Worell & Johnson, 2001). Empowerment is assumed to lead to resilience through supporting the knowledge and skills that facilitate effective coping with future situational inequities, discrimination, exclusion, and interpersonal stress. The resilient person is able to respond to increased stress and negative life events with effective coping skills that enable her to maintain her sense of well-being and effective functioning. These may be skills and attitudes that are learned early in life, capabilities acquired through survival following aversive events, or skills developed through an affirmative and empowering therapy experience. We think of empowerment and resilience as more than the absence of pathology. There is also evidence that some individuals move beyond resilience to thriving, or positive growth, following the resolution of trauma and stress (Tedeschi & Calhoun, 1995). That is, they may find new meanings and a new sense of purpose in life. More research is needed to understand how clients move from empowerment to resilience to thriving. Chapter 3 describes the empowerment model in the context of the four principles of Empowerment Feminist Therapy and provides multiple goals and specific strategies that represent each principle.

### *Measuring Empowerment*

To conceptualize empowerment as a testable model, it is first necessary to identify its components and then to develop measures to assess them. The Empowerment Model of Women’s Well-Being (Worell, 1993b, 2001) provides 10 variables that contribute to empowerment and resilience (see Table 1.2). The model offers a theoretical conceptualization that can guide therapy goals, interventions, and the evaluation of therapy outcomes. The utility of this model in assessing therapeutic effectiveness is discussed further in Chapter 10.

The ten hypothesized outcomes of the Empowerment Model are supported by the literature on women’s health and well-being. The healthy woman in a healthy environment is envisioned as having positive self-evaluation and self-esteem, a favorable comfort-distress balance (more positive than negative affect), gender-role and cultural identity awareness, a sense of personal control and self-efficacy, self-nurturance and self-care, effective problem-solving skills, competent use of assertiveness skills, effective access to facilitative social, economic, and community resources, gender and cultural flexibility in behavior, and socially constructive activism. In brief, she is confident, strong, connected to a supportive community, and resilient.

To measure empowerment as an outcome in feminist practice, the Personal Progress Scale (PPS) was developed to measure each of the ten hypothesized outcomes of feminist empowerment therapy (Worell, Chandler, Johnson, & Blount, in press). In Chapters 2 and 3, we introduce the PPS; and in Chapter 10, we present the outcomes of feminist

**Table 1.2 Empowerment model of women's well-being**

Outcome	Description
Self-evaluation	Improved self-esteem, self-affirmation.
Comfort-distress ratio	Less distress and more comfort.
Gender- and culture-role awareness	Behaviors informed by gender- and culture-role and power analysis of continuing life situations.
Personal control/self-efficacy	Improved perception of personal control and self-efficacy.
Self-nurturance	Increase in self-nurturing behaviors and avoidance of self-abusing behaviors.
Problem-solving skills	Improved problem-solving skills.
Assertiveness	Increased use of respectful assertiveness skills.
Resource access	Increased access to social, economic, and community support.
Gender and cultural flexibility	Flexibility and choice in beliefs and behaviors informed by gender and cultural identity.
Social activism	Involvement in social activism, institutional change.

*Source:* J. Worell, (1993, November). *What Do We Really Know about Feminist Therapists. Approaches to Research on Process and Outcome.* Invited presentation to the Texas Psychological Association, Austin, Texas.

therapy using the PPS as well as several other measures of feminist therapy process and outcome.

### *Feminist Strategies*

As we have seen, the tenets of feminist counseling and therapy cut across diverse theories and specific techniques. Feminist therapists endorse a range of theoretical views and employ many different kinds of strategies and specific interventions. We are personally committed to two different, but not incompatible, theoretical views: cognitive-behavioral, and psychodrama. Each of us has adapted a basic theoretical orientation and techniques to render it compatible with EFT principles and procedures. In Chapter 4 we provide a method for transforming a theory of counseling to render it more consistent with feminist views. Some theories may be more conducive to this transformation process than others, depending on the extent to which they endorse gender-biased or ethnocentric concepts or procedures. Ethnocentric concepts assume that the language and constructs that apply to one group are universal across all groups.

Across various theories, however, some techniques are used commonly by most feminist therapists. Strategies that may be common to most feminist approaches include gender-role analysis, power analysis, and demystifying methods. In gender-role analysis, clients are helped to identify how societal structures and expectations related to traditional gender arrangements have influenced their lives. Power analysis explores the power differential between women and men (and/or between oppressed and dominant groups) in Western societies and assists clients in understanding both the destructive

and effective uses of personal and institutional power. In demystification, clients are provided with information about therapeutic procedures and the process of change, and with the tools for evaluating and monitoring their own progress. While demystification is not unique to feminist approaches, it is used strategically as a means of reducing the power differential between client and therapist and thus empowering the client.

More recently, multicultural perspectives have emphasized the importance of a cultural analysis, recognizing that psychological intervention always occurs in a cultural context. Clients are encouraged to explore their personal and social identities, and how their assimilation of the dominant or external culture matches or conflicts with their internally generated cultural messages and values. In the context of therapy, cultural differences across the three-way interaction among client, therapist, and the intervention setting may produce tensions and misunderstandings (Ridley et al., 1998). The use of each of these strategies requires the development of specialized competencies that include relevant sensitivity, knowledge, attitudes, and skills. We describe these strategies and competencies more fully in Chapter 3.

### **Ethical Principles**

The development of ethical principles specifically designed for intervention with women represents another area in which approaches to interventions with women have been advanced (Rave & Larson, 1995). Following a major survey in which gender-biased practices of psychotherapists were uncovered (American Psychological Association, 1975), several groups in the American Psychological Association formulated ethical principles in practice with women. These principles are further described and explained in Chapter 11. One indicator of the legitimacy of a discipline or field is the presence of an ethical code. We believe that the adoption of ethical procedures should become routine for all the helping professions, working not only with women but also with minority or oppressed groups.

### **DIRECTIONS FOR CHANGE**

Feminist views of intervention with women incorporate a mandate for public action and social change. It is insufficient to “fix” the woman for functioning in a dysfunctional society. Our model of intervention for empowerment includes an outreach component with action on three levels: community involvement, consumer enlightenment, and social policy.

At the community level, we involve ourselves with agencies and local groups that work on behalf of women’s issues. The consumer enlightenment level encourages us to disseminate information about women to relevant groups, so that this information can be integrated toward modifying prevailing attitudes, beliefs, and practices. Relevant groups might include professional organizations, law enforcement, parents, teachers, schools, and the public media.

Action on social policy goes further to influence legislation, funding, and public policies that will eliminate gender-based and racial/ethnic stereotypes, prevailing power differentials, and support of discriminatory practices. As professional practice, consumer enlightenment, and social policy work together to effect social change, we will see new visions of what we are and what we can become.

## SUMMARY

In this chapter, we presented the outlines for developing and implementing a specialty in feminist practice with women. The requirements for this specialty include a field of knowledge about the psychology of women, a population of clients whose needs are not being met by current approaches, a research agenda that provides a blueprint for future research needs, and a therapeutic approach that is tailored to the population of clients being served. The outlines for this specialty require new training programs to implement the guidelines for change and an outreach plan that effects changes in policies across educational, government, and political structures.

## ACTIVITIES

**A.** As a woman—look back at your life as a woman. Consider the challenges you faced, and assess your strengths as you met and survived these challenges. Appreciate and take pride in your strengths. Share your thoughts with a partner or friend.

**B.** As a man—think about the important women in your life. Select one or several and consider the challenges they faced as women. Assess their strengths as they met these challenges. Appreciate and take pride in their strengths. Share your ideas with a partner or friend.

## FURTHER READINGS

- Hare-Mustin, R. T., & Marecek, J. (1990). *Making a difference: Psychology and the construction of gender*. New Haven, CT: Yale University Press.
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- Silverstein, L. B., & Goodrich, T. J. (2001). Feminist family therapy. In J. Worell (Ed.), *Encyclopedia of women and gender: Sex similarities and differences and the impact of society on gender* (Vol. 1, pp. 447–456). San Diego, CA: Academic Press.
- Worell, J., & Johnson, N. G. (Eds.). (1997). *Shaping the future of feminist psychology: Education, research, and practice*. Washington, DC: American Psychological Association.