FEMINIST THERAPY

WHERE DO WE NEED IT THE MOST?

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Abstract

Feminist therapy emerged from a collective effort by female therapists who believed that gender, power, and social status were the main reason for understanding their client's distress. Feminist therapists have focused on women and their specific problems and issues, such as body image, abusive relationships, eating disorders, incest, and other forms of sexual abuse. The therapy is ideology driven and therapists utilizes techniques from other approaches, mixed with own methods. Feminist therapy has been criticized for its lack of scientific support, although it can be argued that if research outside of feminist therapy is taken into account, a wide body of empirical literature supports central tenets of feminist therapy. In this paper, principles of feminist therapy are reviewed along with its theoretical basis. It is examined which clients would benefit the most from utilizing feminist therapy and strengths and weaknesses of the approach is addressed.

Introduction

Most individuals who seek psychotherapy counseling are women. The majority of therapists in psychotherapy counseling are also women. Yet almost all theories and treatment methods, practiced in the field are created by white males from Western cultures. Feminist therapy is different from other approaches to the extent that there is no single author of the theory. The method emerged from a collective effort by women who believed that social, cultural, and political context contributed to a person's problems (Corey, 2017).

Feminist therapy is an integrative model in which the therapist's philosophy strongly affects the treatment process. Feminist therapists believe that gender, power, and social status are the main reason for understanding the distress that trouble people who seek treatment. Understanding and admitting that psychological oppression has a negative effect on physical and mental health is therefore a central idea in feminist therapy (Brown & Bryan, 2007).

According to feminist theory all individuals use coping strategies to solve their problems and survive. Some coping strategies are healthy, others are not. Overwork, high levels of exercise, and moderate amounts of plastic surgery are all socially acceptable coping strategies. However, overuse of alcohol, use of illegal drugs, or self-harm are unacceptable and the society classifies the behavior as an illness (Brown & Bryan, 2007).

Principles of Feminist Therapy

The most important principle of feminist therapy is viewing problems in a sociopolitical and cultural context rather than on an individual basis. The world is built on sexism and understanding and acknowledging oppression is central in feminist therapy.

The six principles in feminist therapy are: 1) The personal is political and critical

consciousness; 2) Commitment to social change; 3) Women's and girls' voices and ways of knowing, as well as the voices of others who have experienced marginalization and oppression, are valued and their experiences are honored; 4) The counseling relationship is egalitarian; 5) A focus on strengths and a reformulated definition of psychological distress; 6) All types of oppression are recognized along with the connections among them (Corey, 2017).

Feminist therapy has several key goals that can be found in most treatment approaches but the assumption that victimization is damaging to emotional health is central to feminist theory (Golding, 1999). In feminist therapy the term power is defined in relationship to self. One of the most important goals of feminist therapy is empowerment of the client and to promote changes in the client's life – instead of teaching the client to adapt to expected gender role behavior (Brown & Bryan, 2007).

Feminist therapy is value-driven, rather than technically driven and uses techniques from other approaches to therapy (Negy & McKinney, 2006). Goals of feminist therapy other than empowerment, include valuing and affirming diversity, striving for change rather than adjustment, equality, balancing independence and interdependence, social change, and self-nurturance. According to feminist therapy, women's interpersonal qualities are seen as strengths and as pathways for healthy growth and development, instead of being identified as weaknesses or defects (Corey, 2017).

The famous feminist phrase *the politics of the personal* refers to the experiences of power and powerlessness in people's lives, that interact with the body and biology, to create distress, resilience, dysfunction, and competence (Brown, 2006). Feminist therapy deals with the political reality of their clients and feminist therapists have integrated social justice into their approach in therapy – and into their lives. Social activism is therefore important in feminist therapy. The therapists' actions and beliefs in personal and professional lives are in harmony.

In the past, feminist therapy has been criticized for focusing on the experiences of white middle-class women. Nevertheless, multiculturalism is essential part of modern feminist therapy. In the feminist view, therapy aims to empower clients through affirming diverse identities and attending to social inequalities and stigmatization (Conlin, 2017). The emphasis is on wellness, instead of disease, resilience instead of shortage, and diverse strengths instead of a dominant culture (Corey, 2017).

Diagnosing Oppression

It has been known for a long time that sexual abuse is associated with an increased risk of a diagnosis of multiple psychiatric disorders. Several systematic reviews have summarized data from various studies and reported an association between sexual abuse and depression, posttraumatic stress disorder (PTSD), eating disorders, and suicide attempts. One of these reviews was conducted by Golding (1999) over two decades ago, who reviewed literature on the prevalence of mental health problems among women with a history of intimate partner violence. According to her findings, existing research is consistent with the hypothesis that intimate partner violence increases risk for mental health problems (Golding, 1999). The feminist theorists believe that *the personal is political*, or that unhealthy environmental factors such as oppression and violence create distress, is based on scientific research.

Clen et al. (2010) conducted a comprehensive systematic review and meta-analysis to evaluate the available evidence for an association between sexual abuse and psychiatric disorders. The objective of the study was to systematically assess and summarize the best available evidence of the association between a history of sexual abuse and a lifetime diagnosis of psychiatric disorders. The research contained 37 eligible studies, 17 case-control and 20 cohort, with 3,162,318 participants. The findings showed a statistically significant association

between sexual abuse and a lifetime diagnosis of anxiety disorder, depression, eating disorders, posttraumatic stress disorder, sleep disorders and suicide attempts. There was no statistically significant association between sexual abuse and a diagnosis of schizophrenia or somatoform disorders (Chen et al., 2010).

Meyer (2003) reviewed evidence on the prevalence of mental disorders in lesbians, gay men, and bisexuals by using meta-analyses. His findings proved that this group has a higher prevalence of mental disorders than heterosexuals. Meyer explained that stigma, prejudice, and discrimination created a hostile and stressful environment that causes mental health problems. Meyer also offered a conceptual framework, the minority stress model, for understanding this excess in prevalence of disorder in terms of minority stress. The model focuses on individuals who are exposed to unique minority stressors (e.g., discrimination), which increased risk for development of mental health concerns (Meyer, 2003).

Feminist therapists have challenged male-oriented ideas of what constitutes a mentally healthy individual and traditional ways of assessing the mental health of women and other oppressed groups. They have been especially critical of the DSM classification system and argue that research show that gender, culture, and race can influence assessment of clients' symptoms. According to feminist therapy, diagnoses are based on what the dominant (male) culture consider to be normal and therefore overlooks the complexity of cultural differences. Feminist therapists consider external factors to be as important as internal factors in identifying the client's presenting problems. In this view many symptoms can be seen as coping or survival strategies rather than as indication of pathology. Symptoms are results of coping skills to fight oppression. The client is trying to survive (Corey, 2017).

According to Brown (2006) feminist diagnostic thinking is complex and requires that therapists conceptualize clients' distress. Brown argued that feminist therapists must "think

diagnostically about a range of factors that include the parameters of distress and dysfunction as currently subjectively experienced by our clients" (Brown, 2006, p. 19). However, unlike the DSM, feminist therapists do not stop there:

> After you describe the current distress, then you have got to stop and think about what informs that distress, what are the developmental factors informing the distress and accompanying coping strategies, what are the current and past issues of powerlessness and disempowerment, the current and past factors of social location, the possible biological vulnerabilities, and the strengths and competencies and talents that this person is bringing to the table. We diagnose the distress and dysfunction of the context in which this person lives — is s/he surrounded by violence, oppression, silencing? (Brown, 2006, p. 19).

Rather than assuming that pathology resides within the individual, feminist therapists recognizes that many of the mental health disparities arise as a result of outside factors, such as violence and oppression, which are known to have harmful effects on well-being (Ellis et al., 2020). Because feminist therapy locates pathology outside of the individual, and not within, the concept of psychopathology and diagnosing is generally avoided. Instead, feminist therapy describes symptoms of distress and dysfunction. The behavior is seen as "resistance to experiences of oppression" as an attempt to solve the problem of powerlessness (Brown & Bryan, 2007).

The Therapy Relationship

The main goal of the therapeutic relationship is empowering the client, enhance the client's power, authority, and autonomy. The client is the expert in his own life and knows what is best (Brown & Bryan, 2007).

Feminist therapists view the therapy process as a collaboration between two equals. They consider the therapeutic relationship to be a nonhierarchical, person-to-person partnership and value being emotionally present for their clients. This approach includes being willing to disclose their experience, participate in social activism, and being committed to their own ideology. An important part of feminist therapy is to recognize that clients are experts on their own lives. Informed consent and transparency are therefore crucial for the therapeutic process. But despite this perspective, feminist therapists admit that there is an inherent power imbalance in the therapeutic relationship, and they are aware of the risk of abusing their power. The solution is to include the client as much as possible in the therapy process. According to feminist therapists power abuse is for example: unnecessarily or inadequate diagnoses, interpreting or giving advice, playing the "expert" role, or by discounting the impact the power imbalance between therapist and client has on the relationship (Corey, 2017).

Rader & Gilbert (2005) conducted a quantitative study of 42 female therapists to explore how they use power in the therapeutic relationship. The study showed that egalitarianism is a central feature of practice with feminist therapists and participants who identified as such were more likely to report engaging in power-sharing behaviors when compared to participating therapists who did not. Additionally, clients of feminist therapists were more likely to report that their therapists engaged in power-sharing behaviors (Rader & Gilbert, 2005).

How therapists and their clients deal with power is the most important variable in feminist ideology. An egalitarian relationship is achieved when the therapist: a) views the client as his/her own expert, b) informs the client of the therapy process and his/her role and rights in that process, c) uses strategies that promotes the client's autonomy and power, d) encourages the expression of anger, and e) models' appropriate behaviors for the client (Rader & Gilbert, 2005).

Empirical research

It can be difficult to assess whether feminist therapy is supported by scientific evidence. Direct evidence-based research on the efficacy of feminist therapy is lacking and in addition, no credentialing organization confers official status as a qualified feminist therapist (Corey, 2017).

According to Brown (2006), feminist therapy is supported by evidence and diagnostic strategy, "[t]hey are different sorts of evidence, and radically different ways of conceptualizing pain and dysfunction, but they are not absent" (Brown, 2006, p. 17).

> Feminist therapists value data from randomized controlled clinical trials, but also value evidence arising from qualitative studies, from clinical case examples and single-participant designs, and importantly, from the consumers of our services, more than a few of whom have had opportunities to compare and contrast feminist and non-feminist practice during their forays into psychotherapy. (Brown, 2006, p. 18).

According to Brown (2006) there is a great value in feminist practice because feminist therapy has the framework that allows the therapist to show empathy. Brown mentions other methods of feminist practice that are supported by scientific evidence, such as tailoring treatment to the client, collaborating on goals of therapy, and the creation of a strong working alliance. Those methods have all been empirically linked to the outcomes of therapy (Brown, 2006).

Feminist therapists utilizes techniques from other approaches and if research outside of feminist therapy is taken into account, a wide body of empirical literature supports central tenets of feminist therapy. Ellis et al. (2020) conducted a systematic review of the literature using PsycINFO, PubMed, and Web of Science and included research that was published from 2009 – 2019. The review focused on empathy, alliance, genuineness, positive regard, and

countertransference. The results showed that positive regard was associated with positive experiences, strong therapeutic alliances and the “real” relationship (e.g., genuineness) predicted psychological well-being. Both alliance and genuineness were related to strengthen the therapeutic progress (Ellis et al., 2020).

Where do we need feminist therapy the most?

Sexual assault affects a significant portion of women in the world. The prevalence of sexual assault among women is approximately 1 in 3 (Pemberton & Loeb, 2020). Women who have been attacked have an increased risk of numerous mental health symptoms and disorders, including depression, anxiety, posttraumatic stress disorder, substance use disorder, low self-esteem, eating disorder, suicide attempts and more. Feminist therapists have focused on women and their specific problems and issues, such as body image, abusive relationships, eating disorders, incest, and other forms of sexual abuse.

The feminist approach to eating disorder does not reject psychological or biological factors, but feminist therapists assumes that sociocultural dynamics, especially gender ideologies, are primary factors. Holmes et al (2017) evaluated a 10-week closed group intervention based on feminist approaches to eating disorders at a residential eating disorder clinic in the East of England. The results of the study were mixed and complex but suggested that the participants found the approach helpful in enabling them to place their problem within a broader social/cultural and group context (Holmes et al., 2017). Another study, conducted by Maier (2015) reviewed a case example were feminist informed emotionally focused couples therapy was used as treatment for eating disorders. In this case the female partner had an eating disorder, and the approach gave the opportunity to address with the couple, the fear, shame, and secrecy often associated with eating disorders (Maier, 2015).

Another group who could benefit from feminist therapist are LGBTQ individuals who face higher rates of stigmatization and violence, childhood sexual abuse, homelessness, discrimination, unemployment, and poverty as compared to cisgender and/or heterosexual individuals (Ellis et al., 2020). Negy & McKinney (2006) presented a case study were feminist therapy was used as a means to validate, strengthen, and promote resiliency among the family members of a lesbian couple who had entered treatment (Negy & McKinney, 2006).

Seponski (2016) provided an example of the integration of emotionally focused and solution-focused therapies through a feminist family therapy lens. This approach can be used to strengthen traditional family therapy models by addressing gender, ethnic, racial, and social inequities in the family and therapeutic relationships. Seponski's example is not evidence supported, however it provides a starting point for integrating models with a feminist ideology (Seponski, 2016).

SAMSHA's principles of empowerment, voice and choice have similarities with the basic tenets of feminist theory. According to Pemberton & Loeb (2020) therapists can better conceptualize the impact of trauma and the healing journey for survivors by utilizing SAMSHA's trauma-informed framework and feminist perspective. They described the physical, sexual, and mental health impact of traumas for women and the parallels between feminist theory and SAMSHA's six principles for trauma-informed care: 1) Safety; 2) Trustworthiness and Transparency; 3) Peer Support; 4) Collaboration and Mutuality; 5) Empowerment, Voice and Choice; and 6) Cultural, Historical, and Gender Issues (Pemberton & Loeb, 2020).

Feminist therapy is for diverse groups, both men and women but, like every other theory, it is not suitable for everyone. It can cause problems when working with individuals who do not share feminist worldview. Feminist therapists must understand and respect the cultural values of clients from diverse groups. To minimize the risk of forcing feminist values on a client, it is

essential for therapists to understand that their own cultural perspectives can impact their work. Feminist therapy's primary tenet, *the personal is political*, is embraced by the multicultural and social justice perspectives, and feminist therapy has been used with individuals belonging to minorities (Corey, 2017).

Conclusions

One of the greatest gifts of feminist therapy to the counseling field was to provide gender-sensitive practice and awareness of the impact of oppression. Feminist therapists caught our attention to the amount of child abuse, incest, rape, sexual harassment, and domestic violence. They showed us the consequences of physical, sexual, and psychological abuse. Feminist therapist drew our attention to the fact that therapy should address oppressive factors in society rather than expecting individuals to adapt to distorted reality (Corey, 2017).

Therapeutic relationship variables, for example thoughts, feelings, and attitudes, have been shown to predict significant variance in treatment outcome for a range of disorders or problems. Positive regard, strong therapeutic alliances, genuineness, and empathy were all associated with improvements in treatment engagement and treatment outcome (Ellis et al., 2020).

The world is not a safe place. Many of the values associated with feminist therapy can be applied to clients who have experienced historical or ongoing oppression. Feminist practice affirms client's reality and demands therapists to acknowledge what it is like to live with the consequences of violence.

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