Still Subversive After All These Years: The Relevance of Feminist Therapy in the Age of Evidence-Based Practice
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STILL SUBVERSIVE AFTER ALL THESE YEARS:  
THE RELEVANCE OF FEMINIST THERAPY  
IN THE AGE OF EVIDENCE-BASED PRACTICE

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In this article, based on my Carolyn Wood Sherif Memorial Award Address, I address questions of the viability of feminist practice in the current zeitgeist. Using the framework of responding to questions raised by doctoral students about feminist therapy, I address how feminist practice aligns with the evidence-based practice movement, particularly those aspects focusing on empirically supported therapy relationships. I propose that feminist diagnostic strategies enhance cultural competence for therapists, thus better preparing practitioners for the clients of the twenty-first century. Finally, I discuss the question of who is a feminist therapist, addressing issues of gender that have long challenged the universality of feminist therapy’s applications.

I have struggled for almost a year to find what to say in this article, which may surprise my readers, given my known propensity for spilling out words on paper. The gravity of this award has been daunting. I have also made a career shift in the past 4 years, out of full-time practice and into academia. As such, some of the nature of my concerns and passions have shifted with the location and the relationships brought into my life by that transition. This article arose from a course in feminist therapy that I and 22 doctoral students in the clinical psychology program at Argosy University Seattle co-created in the spring of 2005.

What I mean by “co-created” is that I wrote a syllabus (available at www.drlaurabrown.com/resources.php) in which I proposed a structure, topics, and gave some introductory lectures. The students then took that syllabus and shaped it to their interests and expertise, each of them becoming an essential component of the instruction of the class, myself included. My students taught me many things this spring, not least of which was how much more of a challenge it is for me to be genuinely egalitarian and open-minded in a teaching role compared to as a therapist.

Laura S. Brown, Argosy University Seattle, WA.

This article is based on the Carolyn Wood Sherif Memorial Award Address given at the 113th Convention of the American Psychological Association.

I would first like to acknowledge Dr. Sherif’s influence on my life. Although I had been active in feminist psychology via the Association for Women in Psychology since early in graduate school, as a lesbian and a clinically oriented student, I had felt alienated from Division 35, which was then, as it is beginning finally not to be now, dominated by women who were neither and not always friendly to clinical issues. Carolyn Wood Sherif was the person who brought me into engagement with the Division when, after I had just received my Ph.D., she asked me to organize a new program, called the Open Symposium, for the Division’s program at the APA. Carolyn wanted to be sure that good work that was not done in time to be submitted for that year’s convention or for which there was not enough room on the program, was not left out of the Division’s offerings. The Open Symposium was strategy typical of Carolyn, as I came to learn—it was an opportunity that she created for as many feminist voices to be heard as possible. I am grateful to have known Carolyn, but sad to have known her for only a brief time before her death. I am honored to add my voice to our discourse in her memory.

I also want to thank my mentors, Florence Denmark, Nancy Felipe Russo, Hannah Lerman, Lenore Walker, and the late Adrienne Smith, who were all central to my development into the feminist psychologist that I have become. My family of choice, my sisters, Beverly Greene, Lillian Comas-Diaz, Melba Vasquez, Gwendolyn Keita, Maria Root, Linda Garnets, Ellen Cole, Lynne Bravo Rosewater, and my brother, Ken Pope, all own some of this honor. Lillian and Melba also gave me extremely helpful comments on this revised version of my speech. Other valued friends and colleagues who wrote letters on my behalf for this award, Natalie Porter and Kathryn Norsworthy, are due thanks as well for commending me to the awards committee. There are so many others who have helped co-create my career in feminist psychology and to all of them I am grateful.

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One of the things that I asked these junior colleagues to do as part of their co-creation of the course was to each submit an article or articles of their choice, from any source, that spoke to their answer to the question “What is the future of feminist practice?” This is a question that I, along with Annette Brodsky (Brown & Brodsky, 1992), initially addressed more than a decade ago as part of the celebration of the American Psychological Association’s (APA) centennial year. It is one that I have continued to ponder as I lost my status as the younger sister among feminist therapists and became one of the adults-a-crone, being past the age of 50. It is now a question that is deeply salient to these students and to those from other schools who have e-mailed me for support and mentorship over the years. The complete bibliography of these articles and the name of the person who chose each one are available on my Web site, www.drlaurabrown.com, for anyone who is interested to see these representatives of our next generation about what they think will shape the future of our discipline.

I will also be quoting, with permission, from journals that these students kept during the term in which I asked them to respond to the following assignment:

Each week please write about experiences that you have in which you become aware of the themes of gender, power, and social location in daily life, and then discuss how these social/environmental phenomena might affect you as a therapist, and might affect clients who you will be treating (or, if you’re currently in a practice setting, the ones you treat now).

Our next generation questions; I am going to try to answer them in the remainder of this article. The youngest among us (i.e., my students) ask questions. The experienced feminist therapist (i.e., me) attempts to answer those questions. In so doing, the goal is to co-create a coherent narrative of empowerment and liberation.

What are my students’ questions? They want to know if there is a future for feminist practice. These students live in an era when psychotherapy’s horizons appear to be shrinking, not expanding, when the mantra in the agencies where they have practicum is evidence-based and empirically supported treatments, and when the norm is to temporarily leave the room? They also wondered how they would declare victory and lay down the struggle? Several of the students who have suffered through all of their basic skills classes with me asked at various points early in the term whether everything they had learned from me previously in those classes was in fact feminist therapy. That was a tough question. How can I teach active listening skills as if my feminist self, who knows how to listen deeply, has temporarily left the room? They also wondered how they would know what business-as-usual in therapy looked like.

Quoting Carolyn Coyle, finishing her second year in the program, who commented on watching my most recent feminist therapy videos from the APA video series,

Part of the problem in identifying what makes therapy feminist therapy is the ol’ “I am the fish in water, so how do I know I’m in water?” My education at Argosy thus far has emphasized client context, cultural sensitivity, gender awareness, etc. This has been in almost every class—and when it’s not there, I notice it! This may be part of the reason that as I initially watched the first video, I was unable to decipher what made it FT. Then I saw discussion of power. Instead of pathologizing the client’s fear, her fear was flagged as a good thing that aided in survival. I had my ah-ha moment! With the second client, I didn’t think that FT would be able to reach him. He talked so rapidly and for so long that I thought Laura would never be able to say anything. Then I realized that she was providing the space to make him feel safe. I don’t think that much came of one session, but I do think that he felt he would not be judged. I contend that he would come to trust a feminist therapist and truly understand how his behaviors have served him.

Returning to my students’ questions, one concern is embodied by the presence of the three men in this class. Is there a place yet in feminist practice for men? Finally, and perhaps most important of all, is feminist therapy still worth...
doing, and still subversive after all these years here on the front end of the twenty-first century?

**STILL SUBVERSIVE? WHERE IS THE EVIDENCE?**

Is feminist practice still subversive? Is this practice still viable as an approach to psychotherapy after all these years? Not only in my opinion are the answers to both of these questions in the affirmative, but I would also like to argue that what feminist practice brings to the table has become more salient and increasingly necessary for the soul of psychological practice in the twenty-first century. Let us discuss, beginning with the hoary old feminist cliché about the personal being political, why and how I see that maxim applying to the evidence of the power of feminist therapy.

Feminist therapy continues to be one of the few approaches to practice that owns and names the politics of the realities affecting us all, client and therapist, student and teacher, researcher and participant, and makes that political analysis central to theory. Other postmodern therapies such as Narrative and Constructivist models join feminist practice in disowning the notions of objective truth claims and diagnostic labels. Feminist practice also converges with person-centered therapies around the importance of meeting clients where they are and valuing the client’s voice in the therapeutic discourse. Feminist practice, however, continues to be one of only a handful of therapy domains in which therapists are called upon to acknowledge as central the politics of practice and the impact on practice of the politics of gender, power, and social location on the lives and work of all of us. Feminist practice is joined by liberation psychology (Almeida, 2003; Aron & Corne, 1984), which has been brilliantly synthesized with feminist insights by Comas-Diaz (2000). Yet in the textbooks on systems of psychotherapy studied by our beginning students (Corey, 2004; Prochaska & Norcross, 2003) when liberatory perspectives are included at all, feminist practice stands alone representing the call to acknowledgment of political realities in the psychotherapy office.

When feminist therapists speak of the politics of the personal, we speak of the experiences of power and powerlessness in people’s lives, experiences that interact with the bodies and biologies we bring into the world to create distress, resilience, dysfunction, and competence. Foregrounding power and its absence as a central issue in the efficacy of psychotherapy seems particularly necessary today, speaking as I did in Washington, DC not far from places where people with the power to do so are attempting to legislate away from me rights that, as a lesbian citizen of the United States, I have not yet attained. I write this revision a week after Hurricane Katrina came to the Gulf Coast, exemplifying that powerlessness is the defining element in the terrible trauma affecting the poor, the people of color, the old, and the very young who were left behind as waters rose.

Foregrounding the corrosive effects of powerlessness, as feminist therapy has always done by focusing on how to bring “power to the powerless,” and as Adrienne Smith and Ruth Siegel described two decades ago in their chapter in The Handbook of Feminist Therapy (Smith & Siegel, 1985), seems to gain new urgency at a moment in U.S. history when the hope of empowerment seems to be drifting ever further out of reach for most ordinary people. Feminist therapy, speaking out loud about power, disrupts the trance of despair that has become so common in today’s culture. Feminist therapy requires its practitioners to think in a complex and nuanced manner about how power and powerlessness are roots of distress. Failing to do so, feminist practice ceases to fulfill its mission and loses its subversive potentials.

This insistence on the personal being political, and the political being deeply and intimately personal, is especially meaningful when we look at what we are teaching our next generations about the nature of the work of psychologists. Students in training to become practitioners are learning that their tasks are to offer empirically supported treatments for disorders that are in turn defined by the DSM. Clinicians are to do this because: (a) it is the wave of the future in health care—everyone (meaning physicians) is doing evidence-based practice and so should we, particularly given our heritage of being based in the science of psychology (Task Force, 1995) and (b) managed care requires these treatments of psychotherapists, thus providing empirically supported treatments is required to make a living. Resistance is futile; we are being assimilated and should stop injuring ourselves by fighting back.

This discourse of constraints on practice, our powerlessness to resist these trends, and the anxieties that these constraints create in our next generation permeated some of the questions that my students raised with their peers and me. How can they call themselves feminist therapists when we still have such a small base of randomized clinical trials supporting feminist practice as efficacious? If feminist therapists are critical of, and generally rejecting of DSM diagnostic categories, how can they bill for their services (or more salient and immediate in their lives, how will they pass their clinical competency exams if feminists do not give DSM diagnoses)? In addition, what managed care company will pay for feminist therapy (an important question for someone who is graduating from school with over $100,000 in student loan debt)?

Feminist practice and theory steps in at this juncture to be subversive to the dominant discourse and I hope a little reassuring to our next generation. We have both evidence and a diagnostic strategy, both of which give feminist therapists powerful tools. They are different sorts of evidence, and radically different ways of conceptualizing pain and dysfunction, but they are not absent.
I could probably give an entire lecture on the topic of the politics of research funding, the politics of the Division of Clinical Psychology's list of empirically supported treatments, and the politics of science in general—or maybe a whole lecture on each one of these. But that is not my topic today. I want to focus on the politics of how we define evidence of efficacy of a psychotherapeutic practice. One of the terribly subversive things that feminist practice has always done, as Mary Ballou pointed out more than a decade ago (Ballou, 1990), is to privilege multiple forms of evidence and knowledge claims. 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 nonfeminist practice during their forays into psychotherapy. What data we do have from quantitative research, much of it generated by colleagues such as Judy Worell and Redona Chandler, and most recently by innovative research being done in Toronto by Niva Piran and her colleagues (Niva Piran, personal communication, July 17, 2005), tells us that feminist practice in which the empowerment of the client is a primary focus of the work is indeed both effective and efficacious. When we expand the definition of evidence and efficacy, our data base becomes even larger. As Ron Levant and Louise Silverstein argue in their section on gender in the recently published volume on evidence-based practices in psychology (Levant & Silverstein, 2005), edited by John Norcross, Larry Beutler, and Ron Levant (2005), no practice, however grounded in quantitative empiricism, is going to be sufficient if it fails to address issues of gender and gender role strain in the lives of the distressed people with whom we work. My own section in that book (Brown, 2005), in addition to those by Stan Sue and Nolan Zane (2005) and Rhoda Olkin and Greg Taliaferro (2005), argues similarly: that what is missing in many of the empirically supported treatments is cultural competence, the capacity to think diagnostically about the current and historical personal social locations of our clients, to consider sexual orientation, ethnicity, or disability, and the ways in which those experiences inform both distress and resilience for the client.

The subversive element that feminist therapy theory brings to the practice of psychology rears its head again. The feminist practitioner using cognitive-behavioral therapy, systemic desensitization, prolonged exposure, Eye Movement Desensitization and Reprocessing (EMDR), or any other type of treatment from the official list of empirically supported treatments is going to be adding something to what she or he does in feminist practice. That something is commitment to seeing and integrating into the therapeutic process the ways in which the larger social realm informs the transactions of treatment and of life for ourselves and our clients outside of the office (see Brown, 2002 for a discussion of EMDR as feminist practice). Feminist practice requires cultural competence as broadly defined. And culturally competent practice is evidence-based practice because the evidence from multiple sources over time is clear that in the absence of cultural competence, therapeutic alliances are not made and people drop out of treatment. Feminist practice reasserts what feminist therapists empirically know about the power and primacy of the relationship in psychotherapy.

To provide reassurance for my students and their peers, I will discuss evidence of the value of feminist practice. According to the empirical research on experienced empathy recently meta-analyzed by Barry Farber and the late Jodie Lane (2002), there is some value in feminist practice. When our clients feel seen, heard, known, and resonated with, when they experience empathy from us because we have the framework that allows us to be deeply empathic, which is, in the end, what feminist visions offer to feminist therapists, clients will feel more satisfied. If clients are more satisfied, they are more likely to stick around and do the work of therapy (and pay for it). Feminist therapists are also more likely, based on our code of ethics, to be willing to negotiate a fee with a client who has difficulties paying. It is not unusual in my experience for clients who began at a low fee to become able to pay a higher fee as therapy progresses, partly as a result of their work in therapy. Similarly, as noted in Norcross (2002), other variables that derive directly from the egalitarian methodology of feminist practice such as tailoring treatment to the client, collaborating on goals of therapy, and the creation of a strong working alliance have been definitively and empirically linked to the outcomes of therapy. Finally, as Bruce Wampold (2005) argues, evidence of the therapist's effectiveness needs to be taken into account in assessing the value of a treatment approach. I would argue that the application of a feminist model enhances effectiveness.

All of this is a long answer to the question of whether feminist practice is evidence-based. Evidence pertaining to what kinds of relational interactions make therapy work, cultural competence, and the value of empowering powerless people (i.e., learning optimism) supports feminist practice. This evidence validates the value of feminist therapy mainly because evidence suggests that the therapeutic relationship is most important to therapy outcomes (Norcross & Lambert, 2005). Feminists have spent three decades thinking about how to make the therapeutic relationship more egalitarian, more empowering, and how to give the client more of a voice in therapy, factors that are now considered important to empirically supported treatments (Bohart, 2005). The active, engaged, empowered client contributes a substantial part of the variance to the outcome of therapy. I see all of what feminist therapy has placed at the very core of its theoretical constructs being mirrored, echoed, and affirmed in the research on empirically supported relationship variables of both client and therapist. Feminist practice
takes those empirically supported relationship variables and amplifies and centers on them.

MAD, BAD, OR DISEMPOWERED?
I will now switch gears to this issue of diagnosis, one of my all-time favorite topics. Although the diagnosis wars over the DSM-III-R took place 20 years ago, feminist practitioners are still engaging in critiques of the politics of diagnosis. In the second book that Mary Ballou and I co-edited on this topic (Ballou & Brown, 2002), we and our authors revisited the question of how distress and disorder are magically reified and transformed into “real” entities in the ever-larger iterations of the DSM. The disordering of distress and dysfunction is taken for granted in almost all undergraduate and graduate coursework in abnormal psychology or psychopathology. I would submit that feminist critiques of the diagnostic process exemplified by the DSM remain fresh and will be even more necessary in the future as increasing numbers of people receive one of these labels during the course of their lives. What does it mean that almost half of the U.S. population qualifies for a formal diagnosis, according to recent news reports? Feminist critique demands a complex analysis and synthesis of the emerging data about the biology of various forms of distress, on the one hand calling into question assumptions about the hard-wired, evolutionarily immutable nature of some phenomena, and on the other calling attention to the profound changes made to neuro-anatomy by exposure to traumatic stress. Feminist theory requires that we conceptualize our clients’ distress, and as I have argued in Subversive Dialogues (Brown, 1994) and elsewhere, that we must “think diagnostically” about a range of factors that include the parameters of distress and dysfunction as currently subjectively experienced by our clients. However, unlike the DSM, we do not stop there.

As feminists we must continue to insist that distress and dysfunction, each of which is observable and embodied, do not become automatically isomorphic with psychopathology, the trend currently dominant in mental health disciplines. Rather than becoming fully assimilated into the Borg ship of psychiatric diagnosis, feminist therapy, along with our old nemesis and strange bedfellow psychoanalysis, to find myself nodding in agreement with Nancy McWilliams’s (2005) stunning lead article in the Summer 2005 issue of Psychotherapy: Theory Research Practice Training, and perhaps even more odd to have her citing Subversive Dialogues as a voice urging the value of the continued subversive nature of the therapeutic enterprise.)

If one does feminist practice, then formal DSM diagnosis, which must be performed on command for insurance companies or for professors whose minds are still being gently teased open, is a snap. If you can do feminist diagnostic thinking, then your first step handles that requirement. The feminist practitioner is like any other cultural outsider who, to be competent, must know the norms and rules of the dominant culture even better than the dominant culture’s members. Now for more of the subversive part, the part that eventually leads one to ask questions about power and powerlessness in the larger social context.

Feminist diagnostic thinking is complex. 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? Is the trauma of the victims of Hurricane Katrina different because it was accompanied for many by racism, classism, and betrayal?

The feminist therapist must also ask, “How am I affecting, distorting, amplifying, or obscuring the expression of any of these important issues by who I am and how I am with this person? Am I including and integrating multicultural analysis, awareness, and competencies in addition to attending to gender?” Feminist diagnostic thinking is a recipe with many ingredients, all of which must remain sufficiently distinct yet all of which must be blended in our conceptualization. Frequently, the recipe is not what one would expect. The DSM diagnosis is simply one ingredient, and perhaps a toxic one. A flourless chocolate cake is not very interesting if the only ingredient one puts in the mixing bowl is unsweetened cocoa powder. When diagnosis is made in the absence of the multiple layers of meaning created by the interpersonal and political environments, then it is nothing more than an exercise in checking symptoms off a list. Feminist therapy subverts that sort of unmindful strategy in favor of a detailed encounter with the client’s strengths and capacities as well as her or his misery.

Thus, you cannot, as a feminist practitioner, simply say to yourself, “Okay, I’ve got a major depression single episode, treat with cognitive behavioral therapy (CBT) for depression and all will be well.” You might end up at CBT for depression once you have asked yourself the entire list of feminist questions, however, you might not end up there, because the client who has got those necessary five out of nine criteria for Major Depressive Disorder (MDD) for at least 2 weeks with decrement of function could, when situated in the midst of feminist diagnostic questions, turn out not to be MDD single episode. She or he could turn out to be a queer person terrified by the current political climate, living in Central Florida where that climate has turned, as my friends Kathryn Norworthy and Deena Flamm described to me on a visit in April 2005, so hostile that hate of queer people is trumping Southern norms of politeness. For that person, thinking “people hate me and I am
worthless” is not a distorted cognition for one moment. I would suggest that it is most likely to be a feminist therapist who is generally going to be adequately prepared to respond to this person’s distress, to be able to acknowledge that she or he is being endangered, deeply disempowered, and may be feeling something that is acting as an important red flag to be listened to, not a disorder to be chased away with 20 sessions of CBT. (This is not, by the way, to suggest that there are not times when 20 sessions of feminist-informed CBT for MDD are not precisely what is needed.)

If this queer person is African American with roots in a Holiness Church, I am really going to need feminist analysis to have a framework that allows me to affirm the equal value and challenging intersections of this person’s multiple identities, because one of the horrors of the recent and ongoing culture war on lesbian, gay, bisexual, and transgendered people is that the African American church, spiritual and political home for many Americans of African descent, is being used as the point person in that war, with some of the worst casualties located in the lives of queer people of color who feel torn limb from emotional limb. Much of what therapists do generally (which I would argue to be delusional), assumes a reasonably rational and safe world. Feminist practice, subversively in the feel-good zeitgeist of the United States today, does not hold that delusion. It affirms the reality that for most people recent events have made the world decreasingly safe, not that it ever was especially safe in the first place.

Feminist therapy remains one of the only approaches that I am aware of whose code of ethics requires its practitioners to act as if the “cigar” of the external world (to draw upon Freud’s apocryphal statement) really is not only an actual cigar but an exploding cigar at that, not simply something inanimate which is activating the “real” intrapsychic issue (although, again feminist therapy also notes that there may be and frequently will be an equally explosive intrapsychic issue, what we refer to as internalized oppression and domination, that is being ignited by the exploding cigar of hate politics). Feminist practice requires us to give equal time, attention, and diagnostic meaning to what it is like to live under the shadow of evil in one’s life as to the symptoms of sleeplessness or anxiety plaguing our clients. Feminist practice has an ethic requiring us to do what it takes, as therapists, to deeply comprehend this sort of complexity in our clients lives, to educate our minds, hearts, and spirits sufficiently that we do not try to break this client down into little boxes of identity, each not relating to the others.

This complexity, I would submit to you, is still subversive of the dominant paradigm of psychotherapy practice, of personality theories, and of models of psychopathology. When a feminist thinks about identity development you get Maria Root’s (2003) brilliant multifocal ecological model in which she uses the experiences of the “other,” in this case people of mixed racial heritage, as an explanatory launch pad for helping us see how we all are multiple in our identities and meanings.

What I am describing here is no more and no less than the intrinsic value of consciousness raising, the epistemic core of feminist practice, to the project of healing human misery. In an era when evolutionary psychologists pronounce that everything about humans, including everything gendered, was settled in the Pleistocene era, I think that it is increasingly necessary to disrupt the false discourse of objective science and authoritative knowing about the alleged nature of human beings. Our discipline of psychology increasingly operates at its corporate levels in such a way as to blunt awareness. As Nancy McWilliams (2005) pointed out, psychology is becoming more and more a part of the American capitalist enterprise with its emphasis on measurable results and outcomes, and less a place where we can ask dangerous questions about the meaning of life and the value of the status quo.

Consciousness-raising wakens us to our participation in the problem of oppression. To quote Monica Warkentin, now starting her third year in our program, on the topic of the value of a raised consciousness,

By me believing that the oppression did not apply to me, I became unaware of the ways in which I am oppressed, but more importantly, and probably the most scary for me, I became unaware of the ways in which I oppress others by seeing those of a minority group, be it through race, gender, sexual orientation, etc., as “others.”

MEN WELCOME HERE?

Now I will move on to a slightly different topic, but an important one for our next generations. The careful reader will have noticed that I casually referred to the feminist therapists in the examples above as she or he, which takes me to the next question that my students asked me: Can men be feminist therapists? What I wrote about 10 years ago in Subversive Dialogues no longer represents my thinking on this topic. It has taken me a while to see that my construction of the feminist therapist as only a woman was essentialist and problematic. I was simultaneously saying that feminist therapy is about how the therapist thinks and that gender is a social construct, and also that only women could be feminist therapists. That is an inherent contradiction and defies logic; if one can think as a feminist, think about gender, power, and social location, and if gender is socially constructed, then neither the biology nor the gender of the person thinking like a feminist in the therapist position ought to matter.

I was wrong. For some of this reversal of position I have colleagues of all sexes to thank, including and probably particularly my transgendered friends, colleagues, and students whose lives have demonstrated to me in undeniable fashion how nonessential gender is. The female-to-male feminist
psychologists whom I first encountered as young, butch lesbians are no less feminists today than they were before they transitioned. They are different feminists, with an understanding of gender informed by a particular life experience, one that is so deeply threatening to essentialist constructions of gender that their experience remains labeled a disorder in the DSM. The men with Y chromosomes in my life who think and act as feminists and who make feminism central to their understandings of human behavior are no less feminists for the accident of having been born with apparently one less X chromosome than I. The work of such colleagues as Gary Brooks, Glenn Good (2001), and Ron Levant, among others, tells us that we need men to be feminist therapists just as much as men need feminist therapy if they are to survive the scars and dangers invested in male roles by patriarchal systems. The standpoints that these men bring to our vision of feminist practice, like all of the standpoints that have come before, enlarge and inform our vision of how to engage with and empower the recipients of our services.

There have been good and developmentally legitimate reasons until now to make feminist therapy an all-female team, and there are developmentally good and legitimate reasons why that time is passing. In 1972 women were so used to privileging anything said in a man’s voice that there was a need to remove those voices from the discourse for a bit so that women could become accustomed to hearing their own voices. As Rachel Hare-Mustin once noted cogently in a discussion of feminist therapy theory, we have had to get down off the shoulders of famous men and ground ourselves in our own realities (Rachel Hare-Mustin, personal communication, July 2003). Having done so, it is time to listen to what feminists who are men have to say. To quote Nathan Corduan, finishing his second year in our program:

I can’t help but feel a sense of pride that I am having an impact on the future of feminist therapy and this as a male. I do believe that it is important to include all in this therapy, and to be more aware of the implications of abuse of power for everyone. I can not tell you how good it feels to think that the male role may finally be redefined and that we will not feel so displaced in our society.

WHAT’S IN A NAME?

So why do I still want to call this practice feminist? My students have often asked me this question this year, women and men alike. Many of my students are working-class folks who are the first in their families to graduate from college, much less attend graduate school, and they have been raised in cultural contexts in which “feminist” is equated with man-hating, hippy, weirdo, and lesbian (I will admit to the last two, although definitely not the first). Being feminist leaves them alien in their families and cultures of origin. Melanie Mitchell, another student completing her second year, writes:

I label myself as a feminist, which is easy, I have suffered many times over in my life to people of power, adults when I was a child, parents when I was a child, church leaders throughout my life, older siblings, bosses at many different types of jobs, doctors, etc. It seems that there is an exhaustive list of those people who are in a position of power greater than me; even my faculty professors are included. But what does that really mean? The term feminist has so many meanings to so many different people.

To my brothers it means something cold and calculated meant to harm their position of power in the world. Both of my brothers cringe at the mention of the word feminist. They both believe that women are meant to marry men, have their children, clean their homes, and warm their beds. While my oldest brother is outwardly hostile toward women with any strength or resiliency toward this patriarchal society, my middle brother truly loves women yet sees them only as red-panty-wearing, thin-aspiring, love machines. My oldest brother uses his mathematical and logical skills in order to sterilize every situation and ensure his superiority above emotions that are “weak” and therefore left only to emotional women to deal with. He is above these weaknesses and therefore superior. My middle brother’s comments about women’s bodies, their weight, and their sexual-only use, speaks of another kind of power superiority that to this day really bothers me no matter how much love I have for him personally. I worry about his soon-to-be-teenage daughter and how she will interpret his continuous comments. I worry that he will never find love for himself because his views of women are too narrow to attract someone to him regardless of his warm and loving heart. And how can my brothers not know what damage these two types of denigration of women have on me? Sometimes I do not know what to say, I get tired of fighting them all the time and want to have just a normal conversation with them from start to finish without strain.

Others of my students feel, not without reason, that the word excludes men and that a man would be unwelcome in a feminist therapy course and disdained in the professional world if he took on this title. Thomas Roe, starting his third year, commented in his first week in the class,

I am worried about a few things pertaining to this class. The first is individuals attacking or generalizing males as bad . . . Secondly, I do not represent the male race. Just like you would not ask a Black person how Black people feel about this topic, you would not ask a male how males feel about it. Today in class, someone already asked how the males felt in class. Maybe I am...
still uncomfortable with some of this, but I did not like how she asked the question. I feel like I have to represent males and have an opinion on everything.

Feminism has been a movement for, about, and almost entirely by women, and like the old “woman doctor” usage, we still imply “woman feminist” by dint of having to still say “feminist man.” Some people are indeed put off by the word feminist because of the negative associations they have learned to make with it. Division 35 revisited this issue in the past few years, and renamed itself Society for the Psychology of Women, not Society for Feminist Psychology, in part because of concerns raised within our own ranks about how this word would play in the world. Not all people I would identify as feminist by their ideologies and actions would embrace that word, especially many colleagues of color who may prefer the term “womanist,” or who accurately experience feminism as insufficiently inclusive of or responsive to their most vital concerns which occur at the intersections of culture, race, and gender.

So why do I assert today that our future includes the continued use of the word “feminist?” Because as has been the case for many words and terms that we have reclaimed in the last 30 years, it is past time for us to reclaim and deconstruct the term feminist and empower ourselves to ground this definition for others, rather than have antagonists or even allies tell us what we are. In this effort I am informed by the words of the late Barbara Wallston, one of the founding mothers of this field and another departed spirit who stands by my shoulder when I write and speak. Almost 30 years ago, Barbara gave a provocative address at an Association for Women in Psychology conference where she called on us to abandon the concept of “psychology of women” and embrace the paradigm of “feminist psychology.” A feminist psychologist, said Barbara, is a person who analyzes the power politics of gender and uses that analysis to fight for equality of all human beings in all spheres. I would argue, taking this a few steps further, that a feminist psychologist can also freely acknowledge differences in the biologies of people with two and other than two X chromosomes without constructing those differences as essential, immovable, hardwired, or, if developed through evolutionary pressures, immutable and resistant to any cultural and social factors.

A feminist psychologist can, and must, think about how those differences written in our bodies’ DNA have been infused with meaning and power or powerlessness, over times and places, in the various cultures of humanity, in ways that form the sense of self, realities, and behaviors of human beings, with themselves and in interaction with others. A feminist psychologist conducts her or his work—therapy, assessment, teaching, research, consultation, or feeding hungry Survivor contestants candy bars when they are voted off the island (as was the case for me in the fall of 2000, when I brought feminist practice to the Australian Outback)—with all of those factors in the forefront of her or his consciousness.

Feminism is just that: the capacity to think critically about the politics of power in personal life as filtered through the lenses of gender and other facets of social location. It is not about men and women except that women and men are both living locations of the politics of power. It is not about hating men. It is about knowing and calling by name the dangers of hierarchical systems of dominance and submission. To quote Melanie Mitchell once again:

For me feminism is truly liberation. I put the label on almost like a suit or a uniform. I feel compelled by generations before me who have worked so hard for me to be able to achieve what I have already achieved to never forget their sacrifice and struggle. I also feel driven to make those same struggles mine, albeit new ones in this day and time in order for my nieces and possibly my own daughter to dream whatever dream she wants to in her life. The word feminist for me holds a position of power, a label of power, not victimization, which gives me strength. It is with this knowledge of strength and power that feminism is truly meaningful.

If I tell the truth, I must agree with our antagonists on one point. Feminism is about the end of civilization as we have known it. The one truth in what the adversaries of feminism say is that we are out to undermine the current social order. Yes, we are. Yes, I am. As a feminist I want more for myself, my students, my nieces and nephew, my clients, all of my relations of biology and choice, than my “fair share” of a culture that is dangerous to all life. Feminism demands something different. This is a vision shared by many of our next generation. To quote Tasmyn Bowes, a student beginning her fourth year in our doctoral program:

I would argue that feminism must have as its goal the acquisition of a different “freedom” than the one it has found. Or that the “freedom” it has found needs a new home. “Freedom” as defined and confined by the society we live in today is narrow and constricted and embedded in the culture it grew out of. We have accomplished some form of equality but we have been naïve in calling what we have accomplished, “freedom.”

As a psychologist committed to social justice who has found feminism to be her best path toward that goal (Brown, 1997), I can tell you unequivocally that the most subversive thing that feminist practice still brings to the table after all these years is a belief that the civilization we know as racist, sexist, heterosexist, classist, neglectful, colonizing, occupying, and violent is the problem, for which feminist activism in and outside of the therapy office, the classroom, and the lab, is one solution. Feminist activism is a strategy for changing our consciousness of ourselves so that our capacity to be
healers and teachers and thinkers who ask the important, unanswered research questions is strengthened.

Lillian Comas-Diaz, in an extremely helpful and thoughtful commentary on this article, asked me to be specific about what feminist practitioners must be doing to remain culturally competent and continue to be subversive. I would like to suggest that to realize our visions we must never forget that feminist practice is an outsider stance. Becoming comfortably ensconced in the ranks of mainstream theories has terrible risks for feminist practice; if we seek acceptance we also risk assimilation, something I know too well from the narrative of my Jewish culture of origin as we became comfortably assimilated in North America and nearly lost ourselves.

Feminists must therefore continuously observe ourselves for signs of complacency, for trends toward excluding radical and disruptive voices from our own discourses. Those of us who have been placed in positions of leadership in this allegedly leaderless world must be willing to take the greatest risks, to parlay the privileges stemming from our visibility into advocacy for feminist methods in research, practice, and pedagogy in each context where we function. If I learned nothing else from my students it was that I was too comfortable in the role of expert on feminist practice, and that I needed to be confronted, challenged, and shaken up to be reminded of the inherent narrowness of any one person’s vision, even, or perhaps especially, when that vision has been honored as mine have been.

Concretely, how might future feminist practice look? Feminist practitioners need to consider how we can continue to define the boundaries of our practice as unique. We have slid away to date from claiming that, aside from consciousness raising, there are specifically feminist methodologies in therapy. Even specific methodologies are not unique to feminist practice; they are also a component of liberation psychologies (Aron, 1992; Aron & Corne, 1994). One of my hopes for the next generation is that they will uncover and name these methods, further distinguishing feminist from other forms of practice in manifest, as well as epistemic ways. I am acutely aware that I cobbled together my own feminist practice out of the bits and pieces of extant approaches, and that I have made virtue of that necessity by defining feminist practice as a technically integrative approach. Now it is time for therapists who have never not known feminist therapy theory to grow their own methodologies from the seeds that my generation and the one before mine have planted. Feminist practitioners have not yet developed our own tools for psychological assessment; we have continued to rely on feminist interpretations of existing instruments. To continue to grow and subvert dominant discourses we must also develop subversive assessment instruments. Somewhere in our next generation is a test construction geek who will create the instruments that reliably and validly measure our constructs of resistance, of empowerment, of regaining voice.

Also in the future of feminist practice is a more direct and more effective reconciliation between feminists of color who define themselves as “womanist” and other feminist psychologists, both European American and otherwise, who do not embrace that identity. Womanism, as initially defined by Alice Walker (1983), is a conscious integration of the worldviews of feminism and multiculturalism, with a focus not on the individual but on the collective identities of people living in non-European American communities. Although feminist psychological practice has embraced the integration of multiculturalism in the past two decades, I do not believe that we have yet effectively theorized how our practice would look in a more intentionally womanist manner. Kathryn Norsworthy’s work with Thai feminist collaborators creating feminist practice in communities of Burmese refugee women living in Thailand (Norsworthy & Khunkaew, in press), which is derived directly from the Buddhist spiritual values of those women, may give us a hint of what that work will look like.

For if we say clearly that “feminist” is a word that means committed to social justice, starting with gender equality and not stopping there until we have transformed the world, how can we not go forward into the future calling ourselves feminist? If we insist that by feminist we mean critical and still hopeful about the capacities of humans to continue to evolve spiritually, politically, and emotionally, how can we not go forward into the future calling ourselves by this name? And how can we not see that the future requires of us the invention of new ways of seeing, of knowing, of empowering that go beyond the visions and wisdom available to us now? Let me end with the thought that the future of feminist therapy requires feminism as I have defined it here. As we continue to develop the realities to manifest our visions, the evidence is that this feminism continues to be, and will be, subversive of the dominant paradigm, even after all these years.

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REFERENCES


