A Feminist Approach to Psychotherapy

by Shirley Addison, Shelley Glazer, and Eimear O'Neill

Les auteures présentent un modèle de thérapie qui établit une corrélation entre théories féministes, relationnelles et psychodynamiques. Ce modèle est collaboratif, centraliste, éducatif et il implique une participation active des participantes. Cette approche met l'emphase sur les questions de pouvoir, d'éthique et de limites personnelles.

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We want to describe a model of therapy which developed over the five years the three of us worked together doing short-term psychotherapy with women. We have used the model in our private practices, in longer-term work, and in a training program for non-medical psychotherapists. This model has been considered effective by us, and more importantly, by our clients.

We all are white, western, middle-class women well-trained as professionals in traditional therapy. Between us, we have over fifty years of therapy experience. In addition, our years of working in community services and political activism changed the way we work in therapy. These experiences, in combination with the growing literature from other feminist practitioners in the Canada and the U.S., inform our practice.

Understanding how power works

The issue of power is a key element in defining the differences between traditional and feminist models of psychotherapy. Traditional models are based on the medical model. The therapist is seen as the expert who evaluates the emotional state of a patient within a rigid disease model resulting in a diagnosis. This diagnosis not only determines the treatment provided by the expert but also how the therapist approaches and thinks about the patient. Putting all the power in the hands of the therapist serves to make the patient "other" and sets up a "power over" relationship. Those with power in "power over" relationships, (mostly white male physicians), base the definition of normal on themselves and the definition of deficiency or illness on those who differ (Penfold).

In contrast, in a feminist/mental health model, the therapist's stance is best described as "power with" or mutual empowerment (Jordan). An important aspect of our model is identifying the axes of social power which inform our understanding of women's experiences in our society. These axes include, among others, racism, sexism, heterosexism, ageism, anti-semitism, classism.

For the purposes of our model, power is defined as:

- the capacity for self-definition;
- access to resources including support, nurturance, education, a healthy environment, jobs, mobility, legal protection as well as financial stability;
- the capacity to participate in decisions affecting daily living (Lynn and O'Neill 274-275).

Defining feminism

Most definitions of feminism contain the principle of equality including access to economic resources, jobs, education, and political power. These definitions include an analysis and understanding of the issues women deal with in their daily lives—issues such as violence, racism, childcare, and reproductive health—which need to be addressed by society as a whole. Finally, and most importantly, feminism takes into account and learns from the diverse experiences of all women—lesbians, women with disabilities, women of colour, Native women, immigrant women, refugee women, young and old women.

Using a feminist approach means having an awareness of power issues, of the importance of understanding power in relationships, and of the effects of abuse of power. It means recognizing gender differences in life experiences, interpersonal dynamics, expectations, and wishes (Kaschak). Feminism also brings to therapy an awareness of culturally assigned roles and their effects on the development of sense of self, for example, overvaluing what is masculine and internalizing misogyny (Ballou and Gabalac).

An important element in feminist therapy is providing a sense of safety within which trust can develop while at the same time recognizing that, in reality, there is no safety for women in our society. Developing a shared understanding, awareness, and language with clients contributes to the establishment of trust and heightens a client's ability to move into core issues quickly.

Feminism provides a framework for understanding a client's life experiences as a woman in this society. In exploring a woman's early experiences within her family, therapist and client examine attitudes held towards women, intergenerational patterns involving women, the expectations of the client as a woman, and whether or not these expectations were different from those of the male members of her family. What were her experi-

ences with other women outside her family, especially peers? It is important for many women to see their own experiences in the context of internalized misogyny, misogyny internalized from the culture, and then to establish mutually supportive connections with other women.

Providing information and resources developed by and available to women about issues such as reproductive and self-care, as well as violence against women and the effects of various forms of abuse is essential in feminist therapy. This knowledge empowers the client, allowing her to make informed choices. As trust develops, women may, for example, start speaking about their feelings of shame or self-blame, their difficulties feeling pleasure in sexual relationships, and their response of numbing or freezing up in coercive or abusive situations. When given information about the effects of abuse, e.g. that responsibility lies with the perpetrator, most women experience relief and can then begin the process of healing and self-empowerment.

Mutual empowerment involves acknowledging experienced power differences, working with a client's position in the relationship, educating the client about the therapy process, and not having hidden agendas.

The importance of relationships

Using a relational approach means recognizing that people are born into a network of relationships and have a basic need for connection. The quality of an individual's connections affects her need, her ability to connect, and her belief in the possibility of connection.

This element of our model is based largely on the work of Jean Baker Miller and others at the Stone Centre (Jordan *et al*). The relational model of human psychological development is not the traditional one of moving towards separateness and independence but rather one of increasing differentiation of self within a network of increasingly complex relationships. It includes looking at what happens when connections are disrupted, for example, by abuse, violation, or loss.

Applying the relational model to therapy means seeing therapy as a "corrective relational experience" (Jordan *et al.* 30) and then, hopefully, as a model for clients to use in changing present relationships and in developing new ones. As described by the Stone Centre, the conditions in therapy which allow a full, cohesive, integrated self to develop in connection with others are: active engagement, mutual empathy and empowerment, and the capacity to be authentic in the relationship.

Mutual empathy involves being heard and understood, being helped by having a shared process and experiences as women. Therapists encourage self-empathy as well as respect for the perspective of the other. They remove blame or guilt by not judging but instead validating and depathologizing a client's feelings and experiences.

Actively engaged therapists interact with their clients as resources to facilitate the client's own process of healing instead of simply offering interpretations. They share their understanding of the therapy process with the client and are active in the process without being directive.

Mutual empowerment means the therapist is not the expert and acknowledges the client as the expert about her own life. Mutual empowerment involves acknowledging experienced power differences, working with a client's position in the relationship, educating the client about the therapy process, and not having hidden agendas or using diagnostic labeling.

Creating the capacity to be authentic in relationships means using the therapy to raise awareness about what may be silencing or blocking expression, such as, the effects of early abuse, cultural prohibitions on women using anger as a resource on their own behalf, and the fear of loss of connection. It is important, also, to look at traditional concepts such as "resistance" not as part of the client's "pathology" but as an indication of problems in safety or of disconnection in past relationships as well as the therapy relationship. The use of creative expression, like art or movement, metaphors and non-verbal experiences as well as the development of a shared language in therapy all contribute to the capacity of the client to represent her internal experience in the immediate therapy relationship.

Working relationally with clients is an important part of the therapy. Our clients, many of whom have been in traditional therapy, describe the feminist relational approach to therapy as more productive because there is a dialogue, a sense of sharing a task together and a mutual feeling of accomplishment. Many clients comment on the experience of being heard and understood, of having their feelings acknowledged and validated, of not being judged or blamed, and of working with the therapist rather than feeling "treated."

The psychodynamic elements

The psychodynamic element of a feminist model is an ongoing process of understanding the present in the context of one's earlier experiences and relationships. This can offer a way of developing self-awareness, self-empathy, and the possibility of choice. This model looks at a client's early events through the eyes of the child who experienced them and examines the effects these experiences have had on the client's life. The client begins to see patterns in her life which eventually increases her options.

It is important to look at the interrelatedness of patterns and the ways the client might be replaying what is familiar from the past. In this process therapist and client discover which patterns are intergenerational. What

has the client internalized of her early experiences? How does it affect her sense of self? What did she learn in her family about relationships, gender roles, responsibility, the expression of feelings?

Most clients report that understanding their early experiences and relationships and their effects on subsequent experiences and relationships has been a significant element in their therapy. It has allowed them to use a new framework of understanding to evaluate their present circumstances with a broader perspective. The clients can then make choices they might not have been aware were available before. For example, for some women, early experiences may have resulted in believing that other people's needs are more important than their own, that they don't deserve to get what they need. As a result, they feel that sacrifice of their needs for those of others is reasonable, perhaps even desirable. Different feelings might surface as the client looks at these experiences and begins to attach those feelings and beliefs to the events and people that generated them. The client can then become aware of how those beliefs have affected the pattern of her relationships and become part of her current sense of self.

Working collaboratively

Working collaboratively, recognizing the mutuality of relationships, those with clients as well as co-workers, is essential to a feminist model. It involves working towards recognizing, acknowledging, and shifting power differences in the client's relationships both with the therapist and with others. In working collaboratively, it is important to recognize multiple perspectives as valid, and to continually question whether the therapist's own assumptions are rooted in a white, western, middle-class perspective (Brown).

The collaborative process in the therapy relationship starts at first contact in a very practical way by accepting self-referrals and by doing a mutual assessment with the prospective client in which the question to be addressed by both therapist and client is: is this therapy/therapist/program the right one for the client to accomplish her therapy goals? If a mutual decision is made to begin therapy the therapist and client decide together the number, frequency and, if appropriate, the fee for therapy sessions. There is no diagnostic labeling but rather a shared understanding of what brought the client to therapy and what issues she wishes to work on.

The client sets the goals for therapy, the pace of the work, and what she wants to discuss in each session. There are regular, joint evaluations of the goals, the process, and the progress made during the therapy. Making the therapy inclusive is an essential part of the process. This means addressing bodily, spiritual, and economic health in addition to emotional, psychological, and social issues. Also important is developing or co-constructing a shared language and the use of images or metaphors with each client.

Therapists share their knowledge and experience in the therapy with full respect for the client's knowledge of her own experience and of her right to "not know," to come to awareness when she is ready. Therapists recognize that differences in race, class, ethnic or cultural background, or sexual identities often mean that a client's issues are not the same as the therapist's. Both therapist and client are capable of increased awareness and growth through the therapeutic process.

We use peer supervision to incorporate information, ideas, and feedback from other therapists, to learn from each other's clients and work and to provide safety for the client. Sharing information from these discussions with clients gives them a feeling of being heard, taken seriously and validated. It also provides them with the sense of being part of a larger support network in doing their therapeutic work.

Time-limited therapy

Making a contract to work on specific goals for a specified number of sessions or period of time (which can possibly be renegotiated) is different from crisis work and is only one of a variety of options available to clients at particular stages in their journey of healing. Working this way in therapy is not suited to all clients and therapists. That is why the mutual assessment is so important.

This approach is very focused and evokes intense feelings during therapy. It's important therefore to work with clients at the beginning of therapy around issues of containment and support with the expectation of ongoing functioning between sessions. For example, the therapist might discuss with the client the possibility of keeping a journal during the course of therapy, or talk about how to contain feelings when it might not be appropriate to express them, or contract around specific issues such as self-harm or substance abuse, or developing a good support system.

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Ethics and boundaries

The question of what constitutes unethical behaviour in a therapy relationship and what ethical principles should guide feminist therapists has been an important and sometimes difficult discussion among therapists and clients. This has been partly due to the increasing awareness and re-

porting of sexual abuse, primarily by male therapists. Many professional organizations, therefore, have been developing ethical codes and appropriate discipline for offenders. More specifically, among feminist therapists, there has been a need to struggle between developing mutual, empowering relationships with clients and behaving ethically in those relationships (Heyward).

In the past, the consequences of not having clear guidelines around ethical issues has resulted in harm, including sexual abuse, being done to women. The process of developing an ethical code which prevents harm but allows for the corrective relational experience that good therapy should be is ongoing and requires continuous discussion and thought. Working ethically as a feminist therapist also involves struggling with issues of race, class, ethnicity, and disability, both personally and when relevant and appropriate, in the therapy.

Therapists need to appreciate the cultural differences between themselves and their clients, and practice in a way that does not discriminate on the basis of those differences.

The concepts of boundaries and boundary violations are important elements of an ethical code. Brown describes a continuum of boundary violations which range from low level (e.g., using clients to educate therapists on their culture) through mid level (e.g., gossiping about a client even with peers) to high level violations (e.g., having a sexual relationship with a client). It is important to acknowledge that all of us as therapists have been guilty of at least low level violations. Being aware of this will hopefully prevent further or more serious violations. As part of the education about therapy, during the first session, the therapist clarifies the nature of the therapy relationship, the rationale for boundaries, and the reasons clients may have difficulty with those boundaries.

During the therapy, therapist and client try to understand the various forms of boundary violations in the client's life from her own perspective. The therapist cannot assume a hierarchy of violations or discount the client's personal context. The therapist helps the client develop her own sense of boundaries and validates her right to them. It is also important to have ethical guidelines about confidentiality for clients and to have a process in place for client complaints.

Doing therapy ethically means being responsible by using peer supervision, using your own therapy to work on personal issues, developing awareness of your own issues, biases and needs, practicing self-care, getting support, and doing your own work around racism, homophobia, sexism, etc. Therapists need to appreciate the cultural differences between themselves and their clients, practice in a way that does not discriminate on the basis of those differences, and work at removing systemic barriers to access for particular groups. A good therapy relationship is a container in which the client can safely explore painful or traumatic feelings. It is the therapist's responsibility to contain and deal with her own feelings without denial as she moves from one client to another, from one task to another, and from her work to her personal life.

Education and research

A feminist model of psychotherapy can be seen as a work in progress which builds on the clients' strengths. As the therapist works with more clients, their experiences and feedback are integrated into the therapist's approach. It is important to build into the process an ongoing evaluation and development that is based in the realities of the work, and not just theories. The therapist's own education comes from peer supervision which provides a forum for learning from co-workers and getting input which can then be shared with the clients in a way that might be helpful.

Asking clients to review and evaluate the therapy is part of the ongoing evaluation of a feminist model. Making presentations, participating in workshops and writing articles is another way of welcoming critiques and encouraging further development. We, as therapists using this model of therapy, want to become more involved in developing research tools and methods that tap changes in women's lives and sense of self.

Conclusion

What we've presented here is a feminist relational approach to psychodynamic psychotherapy which can be used in either open-ended or time-limited therapy. This model is a "work in progress;" one continually being developed. Our work with each other as well as with our clients is an important part of that development. This model of therapy, like any other model, isn't suitable or doesn't fit for everyone and for this reason, it's really important for the client to use a consumer approach when choosing a therapist and a particular therapy approach or model (see sidebar).

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Pointers for Finding a Therapist

• Get names from people you trust: family doctor, friends, organizations and agencies you trust.

• Look up agencies and government funded programs in local community services directors such as the *Blue Book Directory of Community Services of Metropolitan Toronto* available at some libraries. Some agencies such as the Women's Counseling, Referral and Education Centre can help you find resources.

• Write down questions you have for a potential therapist.

• List what's important to you in a therapist: gender, flexibility, life experience, level of feedback, etc.

• List how you want to work: what approach or type of therapy, individual, group, family or couples therapy, insight oriented, solution focused, cognitive therapy, behaviour therapy, time-limited or long-term. There are books describing the various forms of therapy available.

• List your goals of therapy, that is, what behaviours and attitudes do you hope will change as a result of therapy.

• Remember that the assessment is a two-way process. You're looking for a good fit, a good working relationship, between you and the therapist.

• With private therapists, negotiate around fees as many have sliding scales. Only medical doctors are covered by government health plans. Registered clinical psychologists are covered by some extended health insurance plans. Employee Assistance Programs are paid for by employers. Ask the personnel department if your employer has purchased such services for its employees.

• Trust your our intuition about whether or not a particular therapist is suitable for you. Lack of fit between you and a therapist does not mean there is anything wrong with either the client or the therapist.