

Psychotherapy Guidebook

FEMINIST THERAPY

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DEFINITION

Feminist Therapy, or sisterhood therapy, had its beginnings in the Consciousness-Raising (C-R) groups of the women's movement. It should be added that to some feminists, any practice of therapy is demeaning. "No sister should commit therapy on another sister," wrote Tennov, one of psychotherapy's most radical critics.

HISTORY

C-R groups often succeeded in helping women surmount their difficulties after years of conventional therapy had failed. This phenomenon was so striking and widespread that women involved in both feminism and the mental health professions could not fail to analyze it and make use of it. There already existed in the professional literature several thoughtful and articulate criticisms of psychotherapy in general. Its political uses were being exposed. Women intellectuals were therefore ready to combine a general skepticism about the value of psychotherapy with a growing awareness of sexism. In this context the blossoming of C-R groups came as a rebirth of

hope. “The heart and soul of the women’s movement,” Gornick called them, and many politically active feminists agreed, especially when their action groups bogged down in what seemed irrelevant, personal talk. But that need to talk had to be taken seriously. C-R groups turned out to be the primary education of the women’s movement. Once a woman had learned in a group how sexism infected her everyday behavior and how she could combat it with the group’s guidance and support, then she might be ready for political action.

TECHNIQUE

Brodsky (1973) has published a clear and comprehensive analysis of how and why C-R groups served as effective therapy. Her article serves as an excellent single reference, or beginning to a more detailed study. Many other women have also written well on the topic, and Ms. magazine published and sold reprints of a guideline for the formation of C-R groups. Maslin (1971) compared C-R groups with what various textbook authorities said about the operation of successful counseling groups and found many similarities. To summarize most of the agreed-upon elements:

1. The group must be relatively small — no less than five nor more than fifteen. Many participants reported that eight to ten worked well.
2. The group must meet often enough and long enough to satisfy the needs of each member for self-expression and response from

other members. Once a week for two to three hours was usually successful.

3. Participation by each member has to be encouraged and protected. Leadership or domination by one member or a small clique of members has to be avoided. To this end no formal leader is appointed. The members typically meet in each others' homes on a rotating basis, or in some neutral place. Hostessing tasks are minimized.
4. Each member when speaking has to receive the respectful attention of all other members. What she says has to be accepted without criticism, although expressing disagreement and skepticism will be expected and allowed. Rules of communication, whether spoken or unspoken, have to foster full and free disclosure. No member is under pressure to say or do anything, but all have to have a chance. Under these circumstances many women discovered for the first time that they had almost never been allowed to speak freely and confidently before a respectful audience. It was a joyous and heady experience, transforming many shy women.
5. Once members of a group begin to know and care about one another, regular attendance is expected. Opinion varies on whether open or closed groups serve C-R purposes better; in practice, groups tended to close and expect a high level of commitment.
6. Members are expected to keep confidential what is said in group. To this end it is convenient not to know each other on the

outside, but outside friendships are not forbidden.

7. Usually a topic of discussion is introduced to organize and clarify the overall topic of the group; namely, how being raised female has restricted and distorted the personal experience of the various members. A sampling of popular topics: earliest memories of sex differences, school experiences, childhood fantasies of what adulthood would mean, courtship, marriage, childbearing and rearing, prostitution, feelings about one's body, menstruation, aging and sexuality, fashions and cosmetics, women's magazines.

Maslin points out that the attractiveness of a group, its perceived power and prestige, is believed to be a vital therapeutic element. She notes how often C-R participants reported themselves as previously hostile to all-female groups. In their complete antipathy to the "ladies' auxiliary" concept, C-R groups offered relief, security, and acceptance to women who had formerly felt alienated from other women and inevitably, themselves. Love and admiration for one's own sex grew along with self-love. Women found themselves talking and caring less about male opinion. They sought out female counselors of all sorts: physicians, lawyers, accountants. They wanted to read novels by women and see paintings by women. In a rush of belated appreciation they reappraised mothers, aunts, teachers. They paid homage to all the neglected heroines in both their personal and collective histories.

APPLICATIONS

Having learned in a powerful way that the personal is political, women asked themselves: what place remains for “therapy”? Professional feminist counselors must now struggle with this important question. The relevance of C-R for political action is clear enough. But what has it to do with changing one’s own behavior? Some women have turned to assertiveness training, an old technique borrowed from the behaviorist tradition. Others look to body awareness exercises, biofeedback training, Gestalt groups. Whether or not there is a Feminist Therapy is hotly debated. Graduate schools and practicing therapists have in some instances tried to purge themselves of sexist prejudice. But, as we C-R veterans discovered, that is not such an easy thing to do.

A possible way out of the professional therapist’s dilemma may be found in the contributions of Grinder and Bandler. They analyze and teach only the process of communication and change, and they advocate a “content-less” therapy. They claim they can teach a person ways of solving her own problems without her even telling another person what they are. In so doing she exploits her own resources, her own past experiences of mastery and success. The strategy is to access (find) the positive feelings, stabilize them, and transfer them to the problem situation. They advocate learning skill in moving from one state of consciousness to another, and their techniques have much in common with hypnosis and the use of eidetic images. If therapists succeed with these techniques, then the ideal of an apolitical, nonsexist

therapy may be realized.