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Introduction: Feminist Therapy—Not for Cisgender Women Only

Feminist therapy came into existence toward the end of the 1960s. Its appearance coincides with the second wave of feminism in the United States and initially reflected the concerns raised by that movement. Its early adherents were psychotherapists, primarily women, who transformed their protests against sexism in the mental health professions into the development of a viable alternative for women seeking psychotherapy, one in which clients would not encounter the sexism, misogyny, and stereotyping that were ubiquitous in the mental health field until then. Feminist therapy is a theory that derives its inspiration and wisdom from an in-depth interrogation of standpoints that are unavailable to the dominant culture simply because they have been relegated to the margins—the standpoints of European American women; people of color; lesbian, gay, and bisexual people; gender-variant people, such as transgender and gender-queer people; poor people; displaced workers; people with

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disabilities; and immigrants and refugees. Feminist practice is psychology derived from the realities that lie outside, beneath, and at variance from the visions of the dominant patriarchal mainstream. It is a theory that not only listens to but privileges the voices and experiences of those who have been defined as "other" by dominant cultures. It is an integrative and competency-based paradigm that perceives human beings as responsive to the problems of their lives, capable of solving those problems, and desirous of change. It is also a politically informed model that observes human experience within the framework of societal and cultural realities and through the dynamics of power informing those realities.

Feminist therapy does not simply study the "other" to offer a neutral perspective on that experience. Rather, what is inherent in feminist therapy is the radical notion that silenced voices of marginalized people are potentially the sources of the greatest wisdom. This is a liberatory shifting of the value of knowledge claims from those of culturally appointed experts to the expertise of the oppressed. This perspective, when made central to analysis and practice, is potentially transformative of everything about therapy as generally practiced. In feminist practice, the margins become a new center epistemically and conceptually.

In the 5 decades since therapists began to use the term to describe their work, feminist therapy has evolved significantly from its roots as a psychotherapy for women that functioned primarily as a corrective against the sexist treatment approaches of the era (Rawlings & Carter, 1977; Rosewater & Walker, 1985). It has developed into a sophisticated postmodern, liberatory, technically integrative model of practice that uses the analysis of gender, social location, and power as a primary strategy for comprehending human difficulties (Brown, 2006b, 2016). It has become a practice that encompasses work with people of all genders (Baird, Szymanski, & Ruebelt, 2007; Levant & Silverstein, 2005; MacKinnon, Bhatia, Sunderani, Affleck, & Smith, 2011; Szymanski & Hilton, 2013), children, families of every sort (Silverstein & Goodrich, 2003), and larger systems, standing in continuous challenge to all newly emerging disempowering dynamics in the culture of psychotherapy and in the larger society.

Feminist therapists, who were once exclusively women, now include people of all genders among their ranks (Brown, 2006b; Levant &

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Silverstein, 2005; Singh & Burnes, 2011). Feminist constructs of what constitutes good psychotherapy practice, such as the use of written informed consent to treatment that outlines the rights of the client (Hare-Mustin, Marecek, Kaplan, & Liss-Levinson, 1979), are no longer seen as radical challenges to therapist authority but rather as foundational to ethical practice for all psychotherapists. Many feminist innovations have become integrated into mainstream models of client rights and psychotherapist responsibilities (Ballou, Hill, & West, 2008), although more often than not, feminist therapy's role in instituting a phenomenon is taken for granted today, just as the radical roots of a signed consent to psychotherapy have be-come invisible.

Because of its name, feminist therapy is often misunderstood as being only about cisgender women. This is due to unfounded stereotypes, assumptions, and implicit biases about feminists and feminism arising from reactions in the popular culture that are present in both professionals and laypeople against progressive social change agents and critical discourse about gender. It is not uncommon for professionals not to think of themselves as feminist therapists because of their uninformed negative associations with the concept of feminism, only to discover that their core values about how to practice psychotherapy are best defined by feminist therapy (Swing, 2007)—and to have their beliefs about feminism and feminists changed in the process.

Feminist therapy has gone through a number of significant transformations and developments on its way to its current incarnations. However, what remains as true today about feminist practice as at its inception in the midst of the social movements of the 1960s is its central focus on and attention to dynamics of interpersonal and personal power both in and outside the therapy office. What has also remained a constant in feminist therapy is that it situates the psychotherapy experience within the broad social and political contexts informing constructions of gender, power, and powerlessness. Therapy is construed as happening not solely during the session or in the consulting room but is linked to the events of daily life and to the politics of power, privilege, and disempowerment that are inherent, overtly and subtly, in all of the cultures in which feminist therapists practice.

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Feminist therapy first emerged from the consciousness-raising (CR) groups of the second wave women's movement as a commentary on women's experiences in therapy and the implications of sexism for women's psychological well-being. CR has the same place in feminist therapy that the concept of the unconscious has in psychodynamic formulations—that is, as the core construct from which all practice has grown, and around which practice continues to center.

Today, feminist therapy continues to be founded theoretically in a close and careful analysis of the meanings and contributions of gender and other aspects of intersectional identity such as culture, phenotype, social class, sexual orientation, national origin, and age, both to normative identity development and life trajectories as well as to the etiologies of distress and dysfunction. Consciousness continues to be raised by feminist practice, although the strategies for doing so in the therapeutic context may little resemble those of the CR groups of the 1960s, just as psychodynamic practitioners are not likely to use abreaction as the road to uncovering of unconscious material as Freud did in his first years of developing psychoanalysis. However, as a theory, the most important change that has occurred in nearly 5 decades is that feminist therapy has moved from a sole focus on women and gender to become a more inclusive multicultural model of practice for work with all people that starts its analyses of power and powerlessness at the location of discourses of gender (Brown, 2013).

Feminist therapy can be defined as follows:

> The practice of therapy informed by feminist political philosophies and analysis, grounded in multicultural feminist scholarship on the psychology of women and gender, which leads both therapist and client toward strategies and solutions advancing feminist resistance, transformation and social change in daily personal life, and in relationships with the social, emotional and political environments. (Brown, 1994, pp. 21–22)

Each part of this definition is important. The insistence on the use of culturally competent knowledge claims, the centering of feminist therapy and theory in feminist politics, the attention to the transformative effects of the therapeutic process both on clients and on therapists, and the shared

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and separate contexts for those parties—each is a necessary component of engaging in a psychotherapy that is feminist. The project of feminist therapy is one of subversion as a strategy for effecting growth and healing for people in distress (Brown, 1994, 2004, 2006b, 2007, 2008). Subversion is a concept that broadly represents the psychotherapeutic strategies by which therapist and client, working together collaboratively, use the tools of psychotherapy to undermine the internalized and external patriarchal realities that serve as a source of distress and as a brake on growth and personal power for all humans. In the feminist lens, psychotherapy is itself construed as a potential component of systems of oppression. Therapy as usual operating in the absence of an analysis of gender and power, practiced in ways that can actively or inadvertently uphold problematic status quos and reinforce hierarchies of value inherent in dominant cultures can enable systemic forms of oppression. Feminist analysis teaches that one is either part of the problem or part of the solution, never an allegedly neutral bystander to systemic oppression. Consequently, in feminist therapy, almost every taken-for-granted aspect of business as usual for a therapist, from where the office is located to how diagnosis is done to how therapist and client relate both within and outside of the office and the therapy session, is analyzed, questioned, and challenged with the tools of feminist theory, with the goal of making psychotherapy not only nonoppressive but actively liberatory.

Patriarchies are the near-universal hierarchical social systems in which attributes culturally associated with maleness are privileged and those associated with female experience are denigrated (Lerner, 1993), no matter the sex of the individual in whom these qualities are found. Systemic patriarchy is identified by feminist therapy and theory as the primary source of human distress, including those kinds of distress that are organized into diagnostic categories and labeled psychopathology by the mental health disciplines. The actual distress or behavioral challenges about which an individual initiates therapy is thus seen not as pathological per se, no matter how much it impairs a person's functioning, but most likely a response to being immersed in toxic patriarchal realities. Such toxic social hierarchies of value are construed as inherently inimical to personal power and healthy functioning for all people, even those apparently

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privileged by patriarchal norms of dominance and hierarchy. Feminist therapy, while viewing all psychotherapies as inherently political due to their participation in sustaining such oppressive norms (even via passive disengagement from an analysis of those norms), actively positions itself as having a political impact in the direction of social change at the location of the individual or system presenting for therapy.

By this, feminist therapy means that its practitioners actively seek first to understand and then to undermine the intrapsychic representations of patriarchal systems in human consciousness that act as in-dwelling agents of oppression in most people. People self-objectify and self-oppress because they have been psychologically colonized by patriarchal norms and beliefs. Feminist therapists accomplish this overarching goal of psychotherapy as a tool for liberatory social change at the individual level by analyzing gender, power, and social locations or intersectional identities as strategies for comprehending how and why a person feels distress or behaves in ineffective or dangerous ways. This analysis of the emotionally colonizing effects of patriarchy is also integrated into understanding the psychotherapeutic process itself, so that every component of therapy potentially challenges patriarchal norms.

Feminist therapy's theoretical origins can be found in several political movements that are all subsumed under the rubric of feminism. It situates philosophically within the larger rubric of critical psychology (Fox & Prilleltensky, 1997; Morrow & Malcoe, 2017), which includes a group of theories, such as liberation psychology (Duran, Duran, Brave Heart, & Yellow Horse-Davis, 1998; Martín-Baró, 1986, 1994; Comas-Díaz, 2012), multicultural psychology (Comas-Díaz, 2000, 2006b, 2008, 2012; Comas-Díaz & Greene, 2013), and narrative therapy (White & Epston, 1990). All of these theories are located epistemologically and methodologically at the margins of logical positivist empiricism in psychology. They share a critique of those professional cultures' assumptions about health, distress, normalcy, and the nature of the therapist–client relationship. The scientific scholarship of feminist psychology, which has developed in tandem with the creation of feminist practice, has, over time, become an important source of information informing feminist theory and practice. That science is itself a challenge to normative assumptions about the creation of

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knowledge claims, relying on multiple methodologies in which the voices and experiences of participants as knowers of experience are privileged through participatory methodologies (Ballou, 1990; Weiss & Fine, 2004). Feminist practice also draws on knowledge sources not always valued in the world of psychology, including autobiography, literature, the arts (Comas-Díaz, 2012), and social sciences such as anthropology and critical historical theory concerned with understanding cultural and historical roots of patriarchy. Feminist psychotherapy practice is interdisciplinary, encompassing the work of people of all genders from all of the disciplines delivering care for people's psychological well-being. It continues to be influenced by emerging developments in the social justice movements for women's and human rights from which it originally sprang, as well as by changes in the overtness and toxicity of patriarchal realities in the psychosocial environment.

Because the word *feminist* is assumed by many people to apply only to women, professionals and laypeople alike frequently think of feminist therapy to be both by and for women only, or even for feminist women only. In its original incarnation, this would have been an accurate appraisal; almost every initial adherent to this model was a woman, and the early years of feminist therapy are marked entirely by an attention to women's special needs in psychotherapy (Greenspan, 1983; Rawlings & Carter, 1977; Rosewater & Walker, 1985). This is no longer the case: Feminist therapy is practiced by people of all genders, with every possible type and configuration of client (Ballou, Hill, & West, 2008; Brown, 2006b; Enns, 2004; Levant & Silverstein, 2005).

Feminist therapy, unlike many other theories of therapy, does not have an identifiable founding parent or parents who created it. It is a paradigm developed from the grassroots by many feminists practicing psychotherapy in all of the various mental health disciplines, and its beginnings occurred in the context of many people's experiences and interactions in personal, political, and professional settings. Because there has never been a central authority, accrediting body, or founder, those who identify as its practitioners do not always agree on the boundaries of what constitutes feminist therapy. However, in recent years, some core theoretical precepts appear to have gained consensus support, even as feminist therapies that

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reflect different flavors of understanding of those precepts and integration with a number of other strains of psychotherapeutic thought continue to emerge. Feminist therapy is an immensely diverse field, with its different iterations and strands reflecting the multiplicity of trajectories through which each feminist therapist and feminist therapy theorist has arrived at her or his version of the theory.

This volume represents an attempt to synthesize feminist therapy's heritage and roots, theory, and modes of practice as they stand in the early 21st century. As a psychologist trained in a traditional Boulder model program during the early 1970s, my standpoint on feminist therapy is largely from within my own discipline and my own time frame, and this volume will likely not adequately represent the work of feminist therapists who are social workers, psychiatrists, nurses, and counselors, even though members of each of these professions have contributed to the discourse on feminist therapy practice and to my own understanding of that practice. My training as a clinical psychologist also affects my standpoint, which is different from that of those trained in other disciplines of psychological practice. Because it is being addressed in a separate volume in this series, this book does not include an in-depth discussion of a particular school of feminist practice, relational–cultural therapy (Jordan, 1997, 2010, 2018), which has developed separately from and in parallel with other major streams of feminist therapy thought and practice. The model of feminist therapy described here is strongly influenced by multicultural and global feminism and by the politics of the social justice movements of feminism, multiculturalism, and other similar movements working to transform society.