

*Still Subversive After All These Years: The Relevance of Feminist Therapy in Age of
Evidence-Based Practice*

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It is a signal honor to be standing here today. I've had the odd good fortune of being recognized many times for the work that I've done, yet all of those kudos pale next to having won this award which is the ultimate honor bestowed in feminist psychology. Although I had been active in feminist psychology via the Association for Women in Psychology since my second month in graduate school, I had, as a lesbian and a clinically oriented student, felt alienated from Division 35 which was then, as it is beginning finally to not 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 she asked me, a Ph.D. so new that the ink had likely not yet dried on my diploma, to organize something new for the Division's program at APA, something called the Open Symposium. Carolyn wanted to be sure that good work that hadn't gotten done in time to be submitted for that year's convention, or for which there hadn't been room on the program, didn't get left out of the Division's offerings. The Open Symposium was strategy typical of Carolyn, as I came to learn; an opportunity that she created for as many feminist voices to be heard here as possible, as well as a chance to snag a worker bee for the Society for the Psychology of Women. I was sad to have

known her for such a short time before her death and I'm honored to add my voice to our discourse in her memory.

I also want to thank the people who got me here. My mentors, Florence Denmark, Nancy Felipe Russo, Hannah Lerman, Lenore Walker, and the late Adrienne Smith were all central to my development into the particular 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 a chunk of this honor. 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 telling the awards committee that I belonged here today. There are so many others who have helped co-create my career in feminist psychology that I'm sure I've left names out, for which I apologize. I have lived the feminist value that our work grows out of an interpersonal context; in my relationships with these people, and many others, I have had the privilege of having my ideas nourished well so that they could grow.

I have struggled for almost a year to find what to say today- this may surprise my listeners and readers, given my propensity for spilling out words on paper and into the air. But what to say when it matters so much? And equally, what to say at a place where my career has taken a turn, out of fulltime practice and into academia? My concerns and passions have shifted with the location and the relationships brought into my life in the past four years by my career change. So I can now come to the final group of people I need to thank, because they have given me the vision of what I needed to address today. These are my students in the PsyD program at the Washington School of Professional

Psychology at Argosy University in Seattle, 22 of whom, together with me, created a course in feminist therapy this spring term.

When I say that we created the course together, what I mean is that I wrote a syllabus in which I proposed a structure and topics and gave some introductory lectures. Then my students 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 when in the teaching role than it was for me to do this as a therapist!

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, initially addressed more than a decade ago as part of the celebration of APA’s Centennial year, and 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, even, now that I am past the age of fifty. It is now a question that is deeply salient to these students and to those from other schools who have emailed 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 website, www.drlaurabrown.com, for anyone who’s interested in availing themselves of this rich fund of knowledge and insight from these representative 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 has questions, and in the rest of my time I’m going to try to answer them. The remainder of this paper is in a form that draws on the Passover Seder. The youngest among us-in this case, my students- ask questions. The “grownups”- in this case, me, the experienced feminist therapist, attempts to answer those questions and in so doing create a coherent narrative of empowerment and liberation.

What are my students’ questions? They want very much to know if there IS a future for feminist practice. They live in an era where psychotherapy’s horizons appear to be shrinking, not expanding, where the mantra in the agencies where they do practicum is evidence-based and empirically supported treatments, and where the norm is to find the most pathological *DSM* diagnosis possible so that services for a particular client will be funded. They encounter many suggestions and some outright warnings that feminist therapy may be a dangerous path to pursue if they wish a financially viable career as practicing clinical psychologists. They wonder about our name- is “feminist” a word that still works, still accurately describes that which we do and intend? Does feminism as a concept feel off, or wrong? Quoting Sierra Swing, then in her second year in the program, writing in the first weeks of the class

“So what does Feminism mean to me? Right now, I honestly don’t know what it means to me. Right now it feels like this threatening, unknown thing that is lurking around me and making me feel uncomfortable. I feel like I have so many misconceptions about what Feminism really is and I am blinded to the truth because of that.”

Another set of questions that were raised by these students, and that I have heard raised repeatedly in my work as a teacher and trainer revolved around whether there is anything distinctive about this thing we call feminist practice. I began to wonder myself. Have the revolutionary insights of early feminist therapists become so thoroughly integrated into the norms of “good practice” that it’s time for us to 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’d learned from me previously in those classes was in fact feminist therapy. That was a tough question, since 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 would they 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 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- the one embodied by the presence of the three men in this class-is there a place in feminist practice yet for men? And 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 21st Century?

Is feminist practice still subversive –and 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 21st Century. Let's talk about why, beginning with the hoary old feminist cliché about the personal being political and how I see that maxim applying to the evidence of the power of feminist therapy.

Feminist therapy continues to be THE approach to practice that owns and names the politics of the realities affecting us all, client and therapist, student and teacher, researcher and participant. While other post-modern therapies such as Narrative and Constructivist models join feminist practice at the place of disowning the notions of objective truth claims and diagnostic labels, while we converge with person-centered therapies about the importance of meeting clients where they are and valuing the client's

voice, feminist practice continues to be the one location in the universe of therapy at 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.

When we 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 do in Washington D.C. not far from places where people with the power to do so are attempting to legislate away from me rights that I have not yet attained. Foregrounding the corrosive effects of powerlessness, as feminist therapy has always done, focusing on how to bring "power to the powerless", 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 the reach of most ordinary people. Feminist therapy, speaking out loud about power, disrupts the trance of despair that has become so common in today's culture.

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. Practice students are learning that their tasks are to offer empirically supported treatments for disorders that are in turn defined by the *DSM*. They are to do this because 1. It's 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 and 2. Mangled (oops, I mean managed) care requires this of psychotherapists, thus this is required in order 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 this generates in our next generation permeated some of the questions that my students raised with me and their peers. 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 don't do *DSM* diagnosis? And what managed care company will pay for feminist therapy-an important question for someone who is graduating from school with over 100,000.00 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 evidence, and we have 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 I only have an hour, of which I'm sure I'm running out quickly, so 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 is, as Mary Ballou pointed out more than a decade ago (Ballou, 1990), privilege a multiplicity of forms of evidence and knowledge claims. Feminist therapists value data from randomized controlled clinical trials- and we also value evidence arising from qualitative studies, from clinical case examples, and from the consumers of our services, more than a few of whom have had opportunities to compare and contrast feminist and other-than-feminist 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, 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, however, our data base becomes even larger. As Ron Levant and Louise Silverstein argue in their section on gender in the just-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), argue similarly; that what is missing in many of the "EST's" is cultural competence, the capacity to think diagnostically about the current and historical personal social locations

of our clients, and the ways in which those experiences inform both distress and resilience for them.

The subversive element that feminist therapy theory brings to the practice of psychology rears its head again. The feminist practitioner using CBT or systemic desensitization or prolonged exposure or EMDR or fill-in-the-blank from that official list is going to be adding something to what she or he does- the something being that 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 reaffirms what we empirically know about the power and primacy of the relationship in psychotherapy.

And here's a little bit of reassurance for my students and their peers, evidence of the value of feminist practice. Forget about mangled care. 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-then they will feel more satisfied, according to the empirical research on experienced empathy recently meta-analyzed by Barry Farber and the late Jodie Lane (2002). If clients are more satisfied they are more likely to stick around and do the work of therapy (and oh by the way pay for it, helpful in turn for paying back that enormous student loan).

All of this is a long answer to the question of whether feminist practice is evidence-based. Evidence, about what kinds of relational interactions makes therapy work, about cultural competence, about the value of empowering powerless people (aka learning optimism) supports feminist practice, and validates its value because the evidence is that it's the relationship that carries the therapy, no matter what else the therapist is up to. Feminists have spent three decades thinking about how to make that relationship more egalitarian, more empowering, more run by the client's voice. When I review the literature that emerged from the Division of Psychotherapy task force on empirically supported relationships in psychotherapy, created by John Norcross when he was President of that group, or look at the insights from the long Vanderbilt study of psychotherapy process, I see all of what feminist therapy has placed at the very core of our theoretical constructs being mirrored, echoed and affirmed. What feminist practice does is take those empirically supported relationship variables, amplify, and center on them.

Switching gears now to about diagnosis, one of my all-time favorite topics. Although the diagnosis wars over the *DSM-III-R* took place twenty years ago, feminist practitioners are still engaging in critiques of the politics of diagnosis. In the second book that Mary Ballou and I recently 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, on the other calling attention to the profound changes made to neuroanatomy by exposure to traumatic stress. Feminist theory requires that we do conceptualize our clients' distress- that we, as I have argued in *Subversive dialogues* (Brown, 1994) and elsewhere, must "think diagnostically" about a range of factors that include the parameters of distress and dysfunction as currently subjectively experienced by our clients, but do not, as does the *DSM* 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 the mental health disciplines. Rather than becoming fully assimilated into the Borg ship of psychiatric diagnosis, feminist therapy –along with our old nemesis and strange bedsister psychoanalysis, as well as our narrative and constructivist friends- resists. (An aside- it is odd, given the history of feminist therapy, to find myself nodding in huge agreement with Nancy McWilliams's (2005) stunning lead article in the most recent issue of *Psychotherapy*- and perhaps even odder 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 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 its own 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- because after you describe the current distress, then you've 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, 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?

And the feminist therapist must ask, how am I, the therapist, affecting, distorting, amplifying, or obscuring the expression of any or all of this 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? Now fold that all in, bake at 350 degrees...oops, not a recipe for my "subvert the dominant paradigm zucchini almond muffins" but you get the point. Feminist diagnostic thinking is a recipe with a lot of ingredients, all of which must remain sufficiently distinct yet all of which must be blended in our conceptualization- and frequently the recipe is not what one would expect. The *DSM* diagnosis is simply one ingredient, and perhaps a toxic one- not a very interesting flourless chocolate cake 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's nothing more than an exercise in checking off a list. Feminist therapy subverts that sort of un-mindful strategy in favor of a detailed encounter with the client's strengths and capacities as well as her/his misery.

Thus you can't, as a feminist practitioner, simply say to yourself, "okay, I've got a major depression single episode, treat with Cognitive Behavioral Therapy for depression and all will be well." You might end up at CBT for depression once you've asked yourself the entire list of feminist questions- but then again you might not end up there, because the client who's got those necessary five out of nine criteria for Major Depressive Disorder for at least two weeks with decrement of function could, when situated in the midst of feminist diagnostic questions, turn out not to be MDD single episode. S/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 Norsworthy and Deena Flamm described it to me on a recent visit, so mean that hate of queer people is trumping southern norms of politeness. For that person, thinking "people hate me and think I'm worthless" isn't a distorted cognition for one moment- and I would suggest that it's 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 s/he is being endangered, deeply disempowered, and may be feeling something that's acting as an important red flag to be listened to, not a disorder to be chased away with twenty sessions of CBT (and this is not, by the way, to suggest that there aren't times when twenty sessions of feminist-informed CBT for MDD aren't precisely what is

needed). If this queer person is African American with roots in a Holiness Church then I'm 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, since one of the horrors of the recent war on queers is that the African American church 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. Much of what therapists do generally, and I would suggest, delusionally, assumes a reasonably rational and safe world; feminist practice, subversively, does not, and 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 the only approach that I'm aware of still that ethically requires its practitioners to act as if the "cigar" of the external world (to draw upon Freud's apochryphal statement) really is not only an actual cigar but an exploding cigar at that, not simply something immaterial 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's like to live under the shadow of evil in one's life. And 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, 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 multi-focal 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'm 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's 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 Williams (2005) pointed out in her lead article in the most recent issue of *Psychotherapy*, 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 wakes us up to our participation in the problem that is 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."

Now a slightly different topic-but an important one for our next generations. The careful listener will notice that I casually referred to the feminist therapist 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? I'm here today to tell you that what I wrote 10 years ago in *Subversive dialogues* no longer represents my thinking on this topic. It's taken me a while to see how essentialist and problematic was my construction of the feminist therapist as only a woman. But there you have it- 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 non-essential any of this is. The FTM feminist psychologists who I first encountered as young butch lesbians are no less feminists today than they were before they transitioned. The bio-men 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 was. The work of our colleagues Gary Brooks 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 our own voices. 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.”

So why do I still want to call this practice feminist? My students have asked me this question a lot this year, women and men alike. Many of my students are working-class folks who are the first in their families to graduate college, much less attend grad school, and they've been raised in cultural contexts in which “feminist” is equated to man-hating, hippy weirdo lesbian (I will cop 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 his 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. 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’ve learned to make with it. Division 35 revisited this issue itself in the past few years, and renamed itself SPW, 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 colleague 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 cultural, 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 thirty years, it is past time for us to reclaim and deconstruct the term feminist, and then 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 in the room with me today. Almost 30 years ago Barbara gave a provocative address at an AWP 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. Thus I would argue, taking this a few steps further, that a feminist psychologist can freely acknowledge differences in the biologies of people with two and less than two X chromosomes without constructing those as essential, immovable, hardwired, or, if developed through evolutionary pressures, immutable and resistive to cultural and social factors. A feminist psychologist can, and must, think about how those differences 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’re voted off the island- 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’s not about men and women except as women and men are both living locations of the politics of power. It’s not about

hating men. It IS about, if not hating, 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. “

And feminism is about the end of civilization as we have known it. Because the one truth in what the adversaries of feminism say is that we're 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, than my “fair share” of a culture that is dangerous to all life. 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 towards that goal, 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- racist, sexist, heterosexist, colonizing, occupying, violent civilization as we know it- is the problem, for which feminist activism in and outside of the therapy office, the classroom, and the lab, is one of the solutions. It is a strategy for changing our consciousness of ourselves so that our capacity to be healers and teachers is strengthened

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’ve transformed the world,” then 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,” then how can we not go forward into the future calling ourselves by this name? Let me leave you with that thought- that the future of feminist therapy requires feminism, as I’ve defined it here, and that the evidence is that this feminism continues to be subversive of the dominant paradigm, even after all these years.

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