



Feminist Psychotherapy Revisited: We've Come a Long Way (Maybe)

A Review of

Feminist Therapy Over Time
with Laura Brown

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Reviewed by

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Back in the "old days" of the 1960s, female therapists began to challenge traditional psychotherapy. At the time, the predominant forms of psychotherapy, psychoanalysis and behavior therapy, were viewed by many as rigid and hierarchical. Miller (1987) and Gilligan (1993) are two pioneering therapists who offered alternative approaches to psychotherapy with women.

In the past decades, we have become aware of the experience of marginalized groups, yet there is still a need to remain sensitive to personal experience. Laura Brown is a psychologist in this tradition. She has contributed to a detailed DVD that is an excellent demonstration and teaching tool; it enlightens the viewer not only about feminist therapy but also about psychotherapy in general. In conversation with Jon Carlson, Brown gives insight into feminist philosophy and feminist therapy practice.

Brown defines *feminist therapy* as a psychotherapy that is aware of power dynamics, and in particular the power dynamics between therapist and client. As Carlson points out, this is a fair description of most current forms of multicultural therapy. In fact, gender development is a part of cultural conditioning.

As Brown discusses, feminist therapy draws theoretically on a range of approaches, such as those espousing that technique is less important than establishing a strong therapeutic relationship and those emphasizing an egalitarian form of treatment. (For a valuable, detailed discussion of the development of feminist psychotherapy and feminist ethics over the decades since the 1960s, see Silverstein and Goodrich, 2003; and Brabeck, 2000.)

The DVD *Feminist Therapy Over Time* is part of the APA Psychotherapy Video Series VIII. It is structured into three main sections. The first segment is a general discussion on the philosophy of feminist therapy. This is followed by six full-length sessions of therapy, presented in two forms: In addition to a "straight" verbatim video recording of each session, Brown provides the same video recording with superb voice-over commentary.

In the clinical sessions, Brown meets with her client, a middle-aged female polysubstance abuser in the early recovery stage. The client, who was adopted at six months of age, is currently in an estranged marriage and is the mother of three children, one of whom has been diagnosed with mild autism. She is articulate about her situation despite mild cognitive impairment, a result of decades of drug abuse.

We see the client develop from a rather dependent position regarding the use of drugs, men, the “approval of others,” and even ice cream for self-soothing, to an emerging person with a stronger sense of self, self-efficacy, and self-esteem. Brown notes that the client places the power (for soothing) outside herself. As well as attending to clinical concerns, Brown addresses issues such as gender and social class.

Although the current treatment lasts only six sessions, Brown does an excellent job in developing themes that might be addressed in ongoing therapy with a referred psychologist. Even within these few sessions, themes that are identified include perfectionism, self-hated, external referencing for recognition, body image, critical self-talk, parenting, job-related concerns, and positive involvement with Alcoholics Anonymous. In the commentary sections, Brown displays refreshingly honest self-reflection and critique about each therapeutic comment and intervention with her client.

Multiple Applications

A strength of this DVD is that it can easily be used in a variety of settings and academic situations, especially graduate courses in counseling and psychotherapy. Brown draws on psychodynamic attachment theory, relational theory, self-psychology, and cognitive-behavioral therapy. Brown’s work is also rooted in the philosophy of humanistic psychology, with its emphasis on client self-direction, responsibility, and personal growth. In fact, due to its length, it could serve for seven or eight class sessions of a graduate-level class. There are at least three applications that emerge.

First, Brown intends the DVD to provide a sample of contemporary feminist therapy. Certainly it succeeds in this goal, since Brown is quite clear and articulate in pointing out the philosophical and technical aspects of her perspective. For example, Brown discusses with both the client and the listeners what a patient can teach the therapist.

Although Brown certainly uses psychoeducation and skill building, her respectful and egalitarian position counters the hierarchical, “expert” position unwittingly present in many technique-oriented forms of psychotherapy, even when it is disavowed. Brown demonstrates an interest in deeply understanding the client as well as framing action steps, exemplifying that feminist therapy is based on the experience of the client in feeling “heard” rather than “told.” From the “power” perspective, the therapy lies in the client’s experience of “hearing into speech” as Brown states, or finding one’s voice.

Second, the DVD offers a successful example of therapy for early recovery in substance abuse. Brown references many standard approaches to substance abuse therapy, including motivational interviewing techniques, relapse prevention, mindfulness, use of a Twelve-step sponsor, “Fourth step” Twelve-step work, and defining substance abuse as a (problematic) self-care strategy. These approaches draw heavily on cognitive-behavioral approaches and are typical in the “action” phase of recovery (DiClemente, 2006).

Third, and perhaps most important, Brown provides a sample of short-term therapy over time (six sessions). This is a superb case study to demonstrate the psychotherapy *process*. Brown provides thorough discussion on each phase of the brief therapy—from introduction, assessment, and engagement, to termination. For example, in voice-over mode during the final session, Brown comments on how she handled the last meeting and how she would handle that session if it were part of long-term therapy. Further, she traces process issues such as cognitive changes for the client over time (insight, problem solving, critical thinking) and distinguishes between “felt sense” knowing and cognitive knowing.

There are few teaching tools available that give such a close exposure to a therapist’s thought processes,

decisions, and self-critique as this DVD does. The presentation is remarkable for that alone and can serve to provide novice as well as seasoned therapists with an “inside the therapist” view of the treatment process, regardless of theoretical orientation.

Challenges for the Future

Although Brown has identified her work as feminist, the approach is likewise an example of good therapy. It is not necessary to identify her work as “feminist,” although the work has strong value for work with many marginalized populations. As Brown suggests, her model has been and could be applied in a variety of clinical settings.

While Brown’s presentation is an outstanding example of the feminist approach, it would have been helpful if she had compared and contrasted this position with other forms of psychotherapy. While the DVD features a female client and female therapist, there could have been some speculation on applications with male therapists and/or male clients. And it would also be of use for Brown, in her honest and forthright way, to discuss “failures” in feminist therapy or contraindications for certain clients with this form of treatment.

However, Brown’s work can serve as a challenge to dominant trends in contemporary psychotherapy. With the current emphasis on metrics, validation, and targeted techniques, Brown’s work seems to support the opposite position. Could one say that feminist therapy is an empirically validated treatment? Or, more to the point, could it be operationalized into a form for empirical validation?

Rather than a set of procedures, feminist therapy is a philosophical stance that has therapeutic implications. Brown would see her work as relatively nondirected, open ended, and coconstructed between client and therapist. This is in contrast to the more directive, manualized, and medical-model-driven therapy for specific disorders. The distinction is one of politics (power) as much as one of form. In some contemporary models, the disorder is privileged, and the self (other than a utilitarian self who can employ a “tool”) is marginalized; Brown’s feminist model stresses the self and self-generated empowerment in contrast with a model stressing a disorder that can be isolated and in some way detached from a self.

It can be a challenge for educators in counseling and psychotherapy to incorporate Brown’s political stance of deep listening, process, and relationship with a more prescriptive and technique-oriented therapy. From Brown’s work as shown in *Feminist Therapy Over Time*, I imagine she would relish this challenge.

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