
Intersectional Feminist Approach to Therapy

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About Leah (She/They)

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Objectives

- At the end of this training, participants will be able to define Intersectional Feminism and Feminist Therapy.
- By the end of today's training, participants will have learned the history of Feminist Therapy and how it has developed into modern Feminist Therapy.
- After today's training, participants will have tools and resources to apply intersectional feminism to therapeutic interventions

Intersectional Feminism

- Term was coined in 1989 by Kimberlé Crenshaw, an American law professor
- Inequality is not created equal
- Intersectional approach identifies how social identities can overlap and compound experiences of discrimination
- “If you see inequality as a ‘them’ problem or ‘unfortunate other’ problem, that is a problem”
- Important to identify the privileges and the harms in all systems
- The term “feminism” was not (and still isn’t) always safe for BIPOC individuals

History of Feminist Therapy

- Clinical roots in humanistic psychotherapies that were developing near the end of the 1960's
- Coincides with the second-wave feminist movement
- Humanistic theories were deemed insufficient to understanding the framework and consciousness raising (CR) groups were formed
- Conceptual origins from three documents, two written by psychologists active in the women's movement
- Not inclusive of women of color

Origin Document: *Women and Madness* (1972)

- Written by Phyllis Chesler - research psychologist
- Psychotherapists at the time were primarily white men who pathologized (white) women's experiences as "disturbed" if in violation of gender norms
- If women of color sought therapy, they were often prescribed medications and fed racist and sexist conceptualizations
- First author to document sexual boundary violations in therapy and compare them to sexual assault
- Stated that psychotherapy, if conducted "as usual", was harmful to women because it replicated oppressions faced outside of the therapy room

Origin Document -

Kinder, Kuche, Kirche as Scientific Law (1968)

- Written by Naomi Weisstein - comparative and physiological psychologist
- Title is a quote from Nazi writings about women's appropriate social roles
- Highlighted that (white) women were rarely the actual subjects of study on which commentaries about women's behavior were based - often based on studies of female rats or chimpanzees
- Pointed out the complete absence of empirical, research-based support for assertions on which psychotherapy with women was based on
- This article has served as the foundation of the science of feminist psychology

Origin Document - “Sex-Role Stereotypes and Clinical Judgments of Mental Health” (1970)

- Authored by clinical Psychologists Broverman, Broverman, Clarkson, Rosenkrantz, and Vogel
- Reported on findings of a study in which practicing psychotherapists (white men and women) were asked to describe people on a scale of bipolar objectives (e.g. “Functions well in a crisis vs. Does not function well in a crisis)
- Provided early empirical support for Chesler and Weisstein and validated the realities of (white) women psychologists participating in CR groups
- Found that a “mentally health adult woman was not, in fact, an adult; in the eyes of the typical psychotherapist of the time, she was not simply different from a man but was a lesser being whose attributes were less socially desirable”

Origins to Modern Research

- Clinical science of feminist therapy has been slow to develop - often marginalized in academia, fear of “misuse” of information against women
- General stages of conceptual development:
 - No-difference feminism (1960's-early 1980's)
 - Difference/Cultural Feminism (Mid-1980's to Mid-1990's)
 - Difference with equal values feminism (mid 1990's to present)
 - Multicultural, global and postmodern feminisms (early 21st century)
 - Feminism of the globally connected world (2008 - present)

Feminist Therapy

- Has a goal to empower clients and create a feminist consciousness - to be liberatory to transform, not simply reduce, symptoms
- Does not have specific behavior treatment goals
- Client determines what a “good outcome” would be and is meant to challenge the social construction of an outcome defined by the therapist or other predetermined treatment approaches - clients are the authority of what works
- Not measured by any “instrument” - asks clients to say what has changed for them and how those changes matter to them (qualitative, phenomenological and client-driven approach)

Womanist and Mujerista Models

- Term “womanism” was developed because “feminism” was not inclusive or representative
- Mujerista was initially used in the 1970’s when Peruvian women wanted to dissociate themselves from feminist movements
- Womanist and Mujerista psychologies focus on emotional healing from a psychospiritual perspective; holistic in nature understanding the role of psychology, theology, cultural studies, gender studies, sociology and cultural anthropology

Social Media has changed the game

- Information (and misinformation) is more accessible than ever
- #MeToo was a global movement which helped highlight the prevalence of workplace harassment for many people
- Social Media trends have helped feminist issues become more mainstream than in the past
- Allows for rapid and efficient organization
- However, is not immune to white-washing and BIPOC erasure
- The “average” user spends 2 hours and 24 minutes each day on social media (which averages to 72 hours per month)

Social Media and Therapy

- Therapist influencers are becoming more prevalent
- Clients may be engaging with social media content, including therapeutic content
- Important to maintain critical lens and perspective when engaging with social media content, or recommending any social media influencers to clients

@browngirltherapy; @nedratawwab; @inclusivetherapists;
@internalfamilysystems; @therapyjeff; @therapyforblackgirls

Five Key Techniques

1. Egalitarian Relationship - authentic relationship is essential, appropriate self-disclosure and eliciting and encouraging feedback from client
2. Psycho-education - to help increase feeling of personal power
3. Power analysis - explore client's social position including power and privilege
4. Reframing - contextualizing client's experience/behavior within the larger socio-political context to normalize client's experience and move away from pathologizing feelings, thoughts and behaviors
5. Social Action - if client is interested and its appropriate, offering options for social activism for client as an intervention

Feminist Therapy IRL

- You may already be integrating many of these concepts into your work with clients
- Can integrate core principles of feminist therapy into other specific interventions, though approaches must be carefully scrutinized for implicit bias assumptions
- If unsure, ask yourself “what are the power dynamics impacting this client’s situation?”

Who could benefit from intersectional feminist therapy?

- Everyone! Thought not everyone may be ready for this approach.

Because feminist therapy is not a specific type of intervention, it can be woven into many different modalities.

Important to listen to your client and their needs, and determine the best treatment based on each individual. Feminist therapy is not one-size-fits-all

How might this look in session?

- **Consciousness Raising** - helping client explore their experiences within a broader societal context
 - Example: how do societal expectations of gender roles impact their own beliefs
- **Empowerment** - helping clients increase confidence, increase sense of control and autonomy
 - Example: helping a client make a concrete plan to leave an unsafe/unhealthy relationship
- **Re-framing** - helping clients view problems through a different lens
 - Example: reframe negative self talk in response to unrealistic expectations
- **Self-Compassion** - encourage clients to practice self compassion by challenging internalized messages of shame or self-blame

How might this look in session part 2

- Externalization - help clients separate identity from problems or challenges they may be facing
 - Example: Anxiety is a part of a person, not a core part of their identity.
- Self-Disclosure - sharing personal experiences to build trust, normalize shared experiences and model vulnerability
 - Sharing own experiences with sexism or discrimination
- Intersectionality - how social identities intersect and impact experiences of oppression and privilege
 - How a client's experiences of sexism are also influenced by their racial identity

How Feminist therapy can be integrated

- Internal Family Systems (IFS): Clients can interact with parts who may have been impacted by patriarchy, racism, sexism, etc
- Cognitive Behavioral Therapy (CBT): identify and challenge negative thought patterns, specifically around internalized misogyny, racism, sexism, etc
- Acceptance and Commitment Therapy (ACT): helping clients to behave consistently with their own beliefs and accept their thoughts and feelings without judgement

Feminist Therapy Supervision

- Helping therapists frame client's presenting problems through an intersectional, holistic lens
- Reminding therapists we are also impacted by these systems
- Encouraging therapists to take an active role in community

Missed opportunities

- Relationship therapy with a heterosexual couple that ignores the system of heteronormativity
- Intergenerational trauma therapy that doesn't name or address oppressive systems impacting families across generations
- Therapy that supports client to conform to an external situation despite being harmed by the situation
- Any therapy that reinforces helplessness - that we cannot change oppressive systems so we must *only* focus on changing ourself

Recommend Reading

- *Feminist Therapy* - Laura S. Brown
- *Reenvisioning Therapy with Women of Color* - Lani V. Jones
- *Introduction: Womanist and Mujerista Psychologies* - Thema Bryant-Davis and Lilliam Comas-Diaz
- *On Intersectionality: Essential Writings* - Kimberlé Crenshaw