FEMINIST FAMILY THERAPY

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Feminist Family Therapy Defined

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Some of my young women graduate students shy away from the term *feminist* because they think “those issues” are history. Before considering the value of a feminist approach to family therapy, they have to be convinced that the term has a contemporary relevance. I tell them: Feminism is about expanding opportunities, possibilities, options, and the acceptable range of feelings for all women and men. It seeks to rectify the inequities in our society that are based on gender.

Feminism

Feminist family therapy has its roots in feminist theory. According to Walters, Carter, Papp, and Silverstein (1988),

Feminism is a humanistic framework or worldview concerned with roles, rules, and functions that organize our society and male–female interactions. Feminism seeks to include the experiences of women in all formulations of human experience and to eliminate the dominance of male assumptions. (p. 17)

Feminism is more than an impartial stance, more than a gender-fair or nonsexist stance, for these stances ignore women’s history
(Russell, 1984). Feminism requires a redistribution of power and responsibility between the sexes. Feminism aims to bring an end to the allocation of roles and functions on the basis of gender and, instead, to allow interests, abilities, and personal choice to determine people's course in life.

Feminist views, like most broad-based philosophical perspectives, are themselves extraordinarily heterogeneous. "Feminist theory is not one, but many, theories or perspectives and each feminist theory or perspective attempts to describe women's oppression, to explain its causes and consequences, and to prescribe strategies for women's liberation" (Tong, 1989, p. 1). Limitations of space force me to sacrifice depth and breadth in terms of articulating the commonalities and differences among the various perspectives such as liberal, Marxist, radical, or existential feminism. This monograph is mainly an introduction to some major themes in feminist thought and feminist family therapy.

Almost all feminists' positions start from the premise that society now and in the past has been arranged hierarchically by gender and that such arrangements must be challenged. Such a position is the one that is stressed in this monograph. The significance of women's experiences of oppression and their perspective of the world is the focus.

Most variations of feminism do not blame individual men for the patriarchal social system that exists; feminism does seek to understand and change the socialization process that keeps men and women thinking and acting within a sexist, male-dominated framework (Walters et al., 1988). Feminists do assert that gender inequities are built into the very fabric and structure of U.S. society and that this imbalance must be changed. This change requires a reduction in power and privilege for men and an increase in power for women. Increased freedom and an increased sense of partnership for women may well affect reduction in power and privilege for men. It is not about women gaining and men losing; it is about equality.

**Male–Female Socialization**

Many theories and models of healthy functioning are based on male socialization, effectively ignoring the socialization process of women and inappropriately assigning pathology or dysfunction. Male models are considered human models, and women suffer accordingly. Stereotypical male characteristics are valued; female characteristics are devalued (Miller, 1986). These gendered roles affect the ability of the many family units to function effectively and to
meet the needs of all members of the family. Both men and women are harmed; the harm to women is greater (Goodrich, Rampage, Ellman, & Halstead, 1988).

Whereas men are socialized within the framework of individual achievement (autonomy, competition, and isolation), women are socialized in their identification with others, relationship to others, and caring for others (connectedness, relatedness, affiliation, and attachment; Gilligan, 1982). Each of these gender-shaped roles is unidimensional, one restricting connectedness to others, the other limiting the experience of self. These roles are not innate but the result of socialization. “Feminine qualities” in and of themselves are not the problem but rather the low value that patriarchy assigns to these qualities.

What needs to be challenged is the idea that a particular sexual division of labor is inevitable and mutually exclusive. The very concept of gender roles exaggerates the differences between men and women. “It is our construction of gender that emphasizes difference, polarity, and hierarchy rather than similarity, equality, and commonality of human thought and actions” (Hare-Mustin, 1989, p. 73). This dichotomized thinking leads to hierarchical thinking in which one polar opposite becomes more valued than the other does. In our patriarchal society, autonomy and masculinity are valued, and relatedness and femininity are devalued.

Feminists promote androgyny in the sense of encouraging men and women to combine “male” and “female” qualities within themselves. Women are challenged to repossess and develop those aspects of themselves that they have previously rejected or ignored because of their masculine connotations; men are challenged to repossess and develop those aspects of themselves that they have previously rejected or ignored because of their feminine connotations (Russell, 1984). Cooperative and flexible relationships in which roles can be equivalent or complementary, with none of the stresses of hierarchical relationships, are advocated.

**Feminism and the Family**

Throughout history, “family” has been the social institution that has stood at the very center of society. It makes sense that feminists would focus attention on the family. For most people, the family is the most important group to which they belong throughout their lives. It is the primary socializing agent and a continuing force in shaping people’s lives. Families are where, through gendered parenting, people become their gendered selves (Goldner, 1985).
“Gender and gendering of power are not secondary mediating variables affecting family life; they construct family life in the deepest sense” (Goldner, 1989, p. 56). The family is also the patriarchal structure that has silenced, oppressed, and exploited women. Feminists are committed to the task of rebalancing and redefining families.

Critical to the understanding of feminist views of the family is their belief that the “traditional” or “normal” family is a myth. The so-called traditional family sets up the “alternative” family that is then viewed as deviant. Any family that does not consist of father, mother, and children is inferior. Feminists reject this stereotypical, inaccurate description of the family on both historical and moral grounds. Historically, it attributes a sense of false generalization to a family type, which is of relatively recent creation and continuously in transformation. This false historical attribution is then used to give legitimacy to one family type and not others (Nicholson, 1997). In fact, the “normal” family prescribes an oppressive role for women—and men (Goodrich et al., 1988).

**Origins of Feminist Family Therapy**

Feminist therapy and feminist family therapy evolved from the feminist consciousness of those in the field who experienced a discrepancy between their own experiences as women and those described by the theories they were required to learn and apply (Walters et al., 1988). These feminist therapists observed that the oppression of women was as present and as damaging in counseling and therapy as it was in the society at large (Laidlaw & Malmo, 1990). The impact of cultural norms, social expectations, and political structures in the lives of women was virtually ignored. Therapeutic approaches developed by and based on culturally empowered White men were indiscriminately and systemically misapplied to culturally disempowered women (and other disempowered people).

The formation of the Women’s Project in Family Therapy in 1977 by Marianne Walters, Peggy Papp, Betty Carter, and Olga Silverstein is often credited with the birth of feminist family therapy. This project was devoted to raising and studying issues related to women in families and in the family therapy field. In June 1978, the first two articles on feminist approaches to family therapy appeared in the professional literature. Hare-Mustin’s article, “A Feminist Approach to Family Therapy,” was published in *Family Process*; and Hare-Mustin and Hines’s article, “Ethical Concerns in Family Therapy,” appeared in *Professional Psychology*. These feminist perspectives
demonstrated how traditional approaches neglect and distort the experiences of women and contribute to the continual confinement and oppression of women. Traditional, male-based family therapy principles were filtered, feminized, and reinterpreted to fit the experiences of women. Family therapy was enlarged and enriched by defining family systems to include the arena of gender socialization and power and their impact on family life. Main themes that emerged were the integration of reason and emotion, of the personal and the political, and of the relational and the instrumental (Goodrich et al., 1988).

Feminist therapy and feminist family therapy are not additional theories or approaches but rather applications of the feminist perspective to therapeutic work. Feminist therapies offer a point of view about gender hierarchy and other societal constructions and their impact as well as ways to address them in therapy. Feminist family therapy aims at changing the ingrained beliefs that have maintained relationships that are oppressive to women and to men. Feminist family therapists are concerned with division of labor and assignment of roles within the family that are based on stereotypical views of men and women. In general, feminist family therapists recognize and make explicit the destructive and dysfunctional influence of these gendered roles on the expression of women’s competence within and outside the family and on men’s restrictive emotional expressiveness and nurturing abilities (Feldman, 1982).

Feminist family therapists also recognized the overriding importance of the power structure within the family. Power dynamics within families had not been recognized as such because they were perceived as natural or benign. Feminists documented not only how domestic violence and sexual abuse were connected to differentials of power and dependency of women on men but also the subtler modes of power that operate within families. Examples of these modes of power include spouses’ different amount of influence over important family decisions, the unequal division of labor within the family, and the spouses’ unequal anticipated costs of living in the relationship. Women lost and men gained. The importance of attending to gender inequality within families was clearly established.

Feminist therapists differ from their nonfeminist colleagues in a number of ways (Laidlaw & Malmo, 1990, pp. 3–5). They understand that women constitute an oppressed group in society and the psychological effects of this oppression on women. They reject the gendered stereotypes of women and men as limiting, distorting, and unhealthy. They recognize the many ways these stereotypes are learned and maintained. They reject an adjustment model of men-
tal health that encourages men and women to conform to societal expectations and norms. Feminist family therapists demystify the therapeutic process and minimize the professional distance and power imbalances between themselves and their clients.

Failure to attend to gender inequality and the differentials of power maintains oppression and supports the traditional sexist arrangements still operating in most families. Feminist family therapists believe therapists have a social responsibility to create a context in which equality of obligations within families might flourish. Feminist family therapists challenge family members not only to develop insights about their roles in maintaining oppressive familial and societal contexts of which they are a part but also to take responsibility for changing them. There is a powerful link between feminism and the genuine valuing of families. Elements of family life that unduly confine and oppress women (and men) must be reformed. Feminist family therapists are concerned with interventions and techniques that maintain the status quo and, therefore, perpetuate people's oppression.

The way that therapists think of the world is the most powerful factor in family therapy. Despite a therapist's presumed neutrality, family therapy is not value-free, whether it involves a psychodynamic stance or systems approach. Even neutrality itself represents a value. The idea of therapeutic neutrality denies the fact that all therapists hold normative concepts of good and poor functioning, growth and stagnation, male and female. These are so embedded in the therapeutic system, and in fact, in Western thinking as to rarely receive comment. (Hare-Mustin, 1989, p. 62)

**Family Systems Concepts**

Feminist family therapists question family therapy's main concepts and how they disadvantage women. They ask whether concepts are explained in the context of unequal distribution of power in the family itself and in the larger social systems. If not, the concept may be oppressive to women and may perpetuate inequality between men and women. For example, the notion of circular causality dominates family systems thinking. This view of causality is nonlinear; rather, family members are involved in recursive patterns of behavior that are reactively instigated and mutually reinforced. One event does not cause another event; both cause each other. The emphasis on circular causality with the exclusion of the ac-
knowledge of a power differential between men and women has been harmful to women. To adhere to a circular view of causality is, at least in part, to blame the “victim.” Circular causality is particularly offensive in situations of domestic violence or abuse. It implies that both partners are engaging in a mutual causal pattern and are equally responsible. Furthermore, circular causality implies that all behavior originates within the interaction itself, which makes it impossible to search for causes outside the interaction, such as cultural beliefs.

Feminist family therapists find other family systems concepts supporting patriarchy and call for reform. Fusion or enmeshment, distance, hierarchy, boundaries, and differentiation are all gendered concepts, formulations that are permeated by male values. These terms and the like almost always refer to specific behaviors being carried out by men or women because of social mandates; they are not neutral terms describing dysfunctional positions (Goodrich et al., 1988; Walters et al., 1988).

The Role of Feminist Family Therapists

Feminist therapists are partners with the families they counsel. The relationship between the therapist and the family is one of collaboration. An authoritative or expert counseling stance found in many traditional family therapy theories is simply not compatible with the egalitarian feminist perspective. Furthermore, feminist family therapists do not believe in a “neutral” or “objective” therapeutic position. In reality, a therapist who assumes a “neutral” stance is supporting traditional sexist arrangements and the prevailing status quo. A neutral stance also keeps men and women prisoners of their genders, reproduces the social pretense that there is equality between men and women, and inadvertently stabilizes an oppressive system. In short, “neutrality means leaving the prevailing patriarchal assumptions implicit, unchallenged, and in place” (Walters et al., 1988, p. 18). Feminist family therapists challenge the notion of neutrality as an appropriate position for a therapist. Neutrality is considered a sham because a neutral stance assumes equal power for each partner in the relationship. Closely connected to the neutral stance are formulations that purport to be gender-free. These formulations are actually sexist because they reproduce the social pretense that there is equality between men and women (Hare-Mustin, 1998).

Skerrett (1996) proposed that mutuality is the centerpiece of feminist practice and further proposed that mutuality become the
centerpiece of therapy as well. The process of therapy is viewed largely as an effort to explore and enhance the capacity for relational mutuality. This focus assists men in regaining what has been "lost" and helps validate women in their pursuit of authentic connection. Feminist family therapists also stress the ability to function flexibly, modeling both authoritative and instrumental stances.

Feminist family therapists are consciously and deliberately active in presenting the feminist perspective to the families they counsel. They are clear about communicating counseling goals and their underlying values to families. Foremost, feminist family therapists use a gender lens, and through such a lens, they make explicit issues of power. They help couples examine how their gender beliefs and gender roles constrain them from solving their problems (Rampage, 1998). In therapy, "the feminist theme opens up the picture, the story, the dialogue so that more is seen—the political, social, economic, and cultural context in which differences emerge or get construed" (Parker, 1998, p. 21). "It is the responsibility of the therapist to address gender issues and make them explicit to the family precisely because the family cannot see its problems as gender related" (Goodrich et al., 1988, p. 21).

Feminists believe that, for many families and couples who present themselves for therapy, problems can be traced back to inequalities in power and gender socialization. According to Sims (1996), these inequalities in power are the product of the uneven skills of the partners to say what they know and to hear the other with respect. These differences in skills are the product of gendered socialization and patriarchy. Goals of therapy must include an understanding and appreciation of women's ways of knowing and the equalization of voice and empathy capabilities so that the power within the relationship can be shared equitably. Hare-Mustin (1998) reminded us that putting the needs of others first, providing understanding, and suppressing anger are not intrinsically related to gender, but to subordination. . . . What an examination of gender requirements suggests is that the therapist should hold male clients as both wounded and wounding. To hold men as merely wounded, as many in the men's movement have done, is to ignore hierarchies of privilege and oppression. (p. 46)

**Limitations**

Feminist family therapy has its limitations. The dominant discourse of feminist family therapy has been developed and practiced
by White, heterosexual, middle-class to upper-class women. Not all early feminists were inclusive of all women, that is, women of color, women living in poverty, or lesbian women. They originally failed to consider that they were dominant and had privileges as White people and, at the same time, were targeted as women. With few exceptions, these White feminists did not extend their power analysis to race, class, or sexual orientation and their impact on the family until the 1990s.

“Gender is raced and classed, and shifts in meaning with age, sexual orientation, and other ‘selves’” (Laird, 1998, p. 27). “A theory of gender oppression alone is insufficient to explain the multiple levels of oppression that occur in family life. Gender oppression must be viewed in the context of other oppressions with which it is embedded: racism, colonization, classism, heterosexism, and homophobia” (Almeida, Woods, Messineo, & Font, 1998, pp. 416–417). And, according to Hare-Mustin (1998), “Unless we attend to such influences, our therapy will be oppressive, not only for what it includes, but also for what it excludes” (p. 54). Greene and Boyd-Franklin (1996) described the “triple jeopardy” that African American lesbian couples face (p. 49). They are objects of gender, racial, and heterosexist institutional oppression. Consequently, they experience a range of challenges to their optimal psychological development, as do their relationships. Traditional therapeutic approaches are steeped in heterocentric and ethnocentric biases, and feminist approaches traditionally addressed only one of these biases, missing the conflicting loyalties such couples encounter.

The complex interaction of racism and sexism must be recognized within the feminist perspective. Gender power imbalances still exist among people of color, but the gender power balance between men and women of color is quite different from their White counterparts (Arnold, 1997). A feminist therapist must not only challenge obvious sexist behavior in couple relationships but also consider how racism may have contributed to the experience of power imbalance in the home. If a family of color is noticed only through the lens of gender, and racism is not considered within the assessment, an inaccurate picture of the family may emerge.

At the same time, as Raja (1998) reminded us, even though feminist discoveries and demands came from a White, middle-class, heterosexual movement, they are extremely relevant to women and men in very different life and family circumstances. Because feminist family therapy emphasizes social context, encourages advocacy for families, encourages collaborative relationships, and supports open dialogue of the family’s and the therapist’s values, it
can be helpful in understanding the distress of women of color. Feminist family therapists should not overreact to the challenge of differences among women by forgetting about their broadly defined insights about families, their gendered division of labor, and its effect on sex inequality in all realms of life.

The challenge... is to recognize both the power of universalizing women as women in the name of solidarity for social change, as well as to recognize the danger of denying or suppressing acknowledgment of differences among women. It is to learn how politically to manage fragmentation in ways that do not deny either women's differences or their interdependence. (Forcey & Nash, 1998, p. 90)

Conclusion

Feminism impacts dominant cultural values. It teaches us that we are not just products of context and culture; we shape context and culture. Feminist family therapists believe that

a therapist [who] is not aware of gender inequities embedded in our culture and conscious of the need to change this imbalance is contributing to the problems of families and couples attempting to survive in a new and complicated world. A therapist who fails to respond to a family's presentation of their problems within a framework that takes into account the inequities of the culture, and who attempts to maintain a so-called "neutrality" vis-à-vis the family is necessarily doing sexist family therapy. (McGoldrick, Anderson, & Walsh, 1989, p. 12)

Feminist family therapists help couples and families to examine power and gender stereotyping and to move beyond the previously stigmatized meanings that the dominant culture assigns to men and women. They enable couples and families to recognize the social component of their problems and see deficiencies as a result of socialization and restricted opportunities rather than as strictly individual faults. Feminist family therapists articulate perspectives that reframe power struggles and the personalizing of differences and disclose other meanings. Although feminist family therapy focuses on many aspects of relationships within the family, it is the exploration and recognition of the gendered meanings of their behaviors, values, and patterns that produce new
possibilities and options. Therapists assist families in creating a new structuring of gender relationships based on equality and partnerships.

What feminist theory offers those who are trying to develop family therapy theory is an alternative construction of reality provided by a different lens. Feminism is futurist in calling for social change and changes in both men and women. Feminist family therapy is based on a vision of equality that empowers all members of the family: men, women, and children.

References


