

# Feminism and Feminist Therapy: Lessons From the Past and Hopes for the Future

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Feminist therapy incorporates the psychology of women (e.g., J. B. Miller, 1976), developmental research (e.g., C. Gilligan, 1982), cognitive-behavioral techniques (J. Worell & P. Remer, 1992), multicultural awareness (L. Comas-Diaz & B. Greene, 1994), and social activism (L. S. Brown, 1994) in a coherent theoretical and therapeutic package. It is an orientation that is effective in various venues and with diverse populations. In this article, the authors trace the relevant historical aspects of the orientation along with implications for practice, critiques, and trends.

Feminist therapy and counseling emerged nearly 40 years ago to better meet the needs of women experiencing psychological distress (Enns, 1997). Since its inception, feminist therapy has evolved in terms of theory, therapeutic techniques, and scope of application. Although initially feminist therapy and counseling focused exclusively on women and excluded men, both as therapists and clients, contemporary feminist therapy now includes male clients and therapists and seeks nongendered and culturally fair ways to approach and interpret traditional psychotherapeutic theories and techniques (Sharf, 2003).

Feminist philosophers, therapists, and clients have had a profound effect on the fields of counseling and psychology, especially regarding gender bias and gender role stereotyping (Worell & Johnson, 1997). As a result of raising the consciousness of the profession, there have been significant changes in conceptualization, diagnosis, and treatment. The basic premise of feminist therapy—that the political is the personal (Enns, 1992)—remains. In feminist therapy, there is no lasting individual change without social change. Clients are enmeshed in their sociopolitical and cultural contexts, and true and lasting psychological change must address the issues within these contexts as well as individual issues. This theme is primary throughout our discussion of feminist counseling and therapy.

## History of Feminist Therapy

Feminist therapy is an outgrowth of feminism and, as such, is intertwined with gender, race, and other sociopolitical factors. Unlike most other theoretical orientations, feminist therapy grew out of political and social consciousness. To best understand the therapeutic and philosophical stance of feminist therapy, it is

important to gain a grounding in the sociopolitical factors that spurred consciousness and action among oppressed groups.

Feminist-informed counseling practice emerged from the civil rights and social change movements of the 1960s and engendered awareness of women as an oppressed group in U.S. culture. It is important to note that during this time, when feminism was called “the women’s movement,” women of color were estranged from the movement (Brown, 1990). Awareness of women as an oppressed group grew out of the privileged class of women who were, for the most part, White and educated. Contemporary feminist therapies emerged from three aspects of the women’s liberation movement of the 1960s: consciousness-raising groups, battered women’s shelters, and the antirape movement (Worell & Johnson, 2001). The women’s liberation movement, as just noted, sought to change social, political, and cultural beliefs about the role of women in the world. In lieu of the perceived patriarchal, racist society, an egalitarian society founded on mutual respect and collaboration, the equitable distribution of power and resources, and shared responsibility between women and men was conceptualized (Kravetz & Marecek, 2001).

Consciousness-raising (CR) groups were nonhierarchical, leaderless groups in which women met to discuss their experiences as women. CR resulted in the analysis of patriarchal and oppressive societal arrangements. The goal of CR groups was societal transformation rather than individual adjustment (Worell & Remer, 2003). Two basic assumptions of psychological thinking at that time were challenged: (a) women’s distress is personal and (b) distress can only be alleviated by an expert (Greenspan, 1993). Perhaps most important, CR groups challenged the social mores of the times.

Both battered women’s shelters and the antirape movement viewed male violence against women as a major social

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problem (Worell & Johnson, 2001). The etiology of this violence rested with the perpetrator and the societal structures that supported violence against women and was not due to an individual woman's masochism. This was a radical departure from how these issues had been treated by society, generally, and by those in the professions of counseling and psychology, specifically.

### Feminist Foremothers

Unlike many theoretical orientations, no one single person can be identified as the founder of feminist therapy. Indeed, there are many different feminist therapies all grounded in the interconnection of the individual, gender, and culture. Thus, the growth of feminist therapy has involved a collaborative process developing in a grassroots manner with input from scholars, researchers, and practitioners (Brabek & Brown, 1997). We selected a few women to highlight in this article, but many, many more have had an impact on feminist therapy.

There are several authors whose work has been central to feminist therapy. Both Laura S. Brown (1994) and Carol Zerbe Enns (1997) published books that address the impact of feminist theory on practice. Brown (1988, 1991, 1994) also focused on feminist ethics and boundaries, especially as they emerged in small communities, and on antiracism and other forms of antidomination work. In addition, Judith Worell (Worell, 2001; Worell & Johnson, 1997, 2001; Worell & Remer, 1992, 2003) has written extensively about feminist therapy and on assessing both the process and the outcomes of feminist therapy.

The challenge of the 1990s was for feminist therapy to move beyond the issues of women who were representative of the majority culture and to consider issues involving race, ethnicity, and class. Over the past 10 to 15 years, feminist practice has considered the interaction of gender with these factors. Olivia Espin (1993) is a pioneer in the theory and practice of feminist therapy, particularly with women and adolescents from Latina backgrounds. She has done extensive research, teaching, and training on multicultural and lesbian issues in counseling and therapy. Beverly Greene (1994) explored the intersection of diagnostic categories and culture, specifically regarding African American women. Not all feminist theorists are therapists. Hope Landrine (1989, 1995), a social psychologist and feminist psychologist, has been an influential theorist exploring the intersections of race, gender, and class.

Feminist thinking also influenced psychological development and personality theory. Jean Baker Miller's (1976) writing moved beyond traditional psychoanalytical thinking. Her examination of women's formative years and their experiences as an oppressed group resulted in new ways of thinking about female psychological development. Her research emphasized the importance of relationships for both women's and men's emotional growth. Miller and her colleagues at the Stone Center at Wellesley College have conducted research and have put into practice self-in-relation theory in their work

with clients (e.g., *Women's Growth in Connection: Writings from the Stone Center*, Jordan, 1997; and *Women's Growth in Diversity*, Jordan, Kaplan, & Miller, 1991). Carol Gilligan (1982) examined the absence of women's voices in psychological developmental theory. She has done groundbreaking research on female moral development and ways of relating.

Feminist thinking has also influenced diagnostic thinking and usage and subsequent treatment. Paula Caplan's (1995; Caplan & Caplan, 1999) critical thinking about oppression and diagnosis has influenced how feminists think about and use formal diagnoses.

Feminist writers have also made an enormous contribution to the literature on sexual and physical abuse of women. Of note is Lenore E. A. Walker's (1989, 1994) research on the battered woman's syndrome and clinical interventions to reduce the impact of abuse on survivors. In addition, Lynn Bravo Rosewater's (1985a, 1985b, 1988) writings on feminist therapy and issues regarding the misdiagnosis of battered women, the use of the Minnesota Multiphasic Personality Inventory in courtroom testimony for battered women who kill, and her counseling of battered women have all had a profound impact on mainstream psychology and how battered women and victims of abuse are conceptualized and treated.

## Impact on Counseling and Psychological Practice

As previously mentioned, unlike other theoretical approaches, references to feminist therapy must be made in the plural. There are many feminist therapies, but all share a valuing of gender as a central organizing aspect in an individual's life and the tenet that individuals cannot be divorced from their culture. These two factors affect many aspects of counseling practice. In the following sections, we explore five areas relevant to counselors and counselor educators that have been influenced by feminist philosophy, theory, and counseling: family therapy, career counseling, assessment, feminist therapy research, and counselor education and training.

### Family Therapy

Family therapy has existed since the 1940s, but only in the past two decades has it become a driving force in counseling and psychotherapy (Corey, 2001). Whereas humanistic, behavioral, and cognitive-behavioral approaches addressed issues on the individual level, with responsibility for change resting entirely with the individual, family therapists viewed presenting problems as evidence that the family system was malfunctioning. In a family therapy perspective, it is the family system that needs to change and not just a single individual in the family. Each person is perceived in the context of his or her family.

Viewing clients in the context of their lived experience is consistent with the practice of feminist therapy. On the other hand, family systems approaches are strongly criticized by

feminist therapists and theorists. Originators of family therapy paid little attention to issues of gender or differential power within families (Goodrich, Rampage, Ellman, & Halstead, 1988), whereas feminist family therapists openly address the problems of traditional gender roles and the oppressive nature of these roles. In feminist family therapy, power issues detrimental to the family system are confronted. Feminist family therapists help clients examine and challenge rules and roles and reorganize them so that destructive patterns of gender role restrictions are ended.

Feminist family therapists have raised the consciousness of other family therapists regarding gender values and biases and have challenged stereotypical gender role beliefs. They have been especially vocal in addressing gender role stereotypes that blame the mother for their children's problems. As a result, feminist theorists and practitioners have motivated family therapists to look more closely at their own theoretical constructs and practices.

### Career Counseling

One of the most significant messages of the feminist movement is that women should have the same opportunities for career choice as men. As a result of the activities of feminist activists and theorists, women began to exercise their choices about whether or not they would work outside the home and about the kinds of careers they could pursue (Betz & Fitzgerald, 1987). This challenge to the old adage "a woman's place is in the home" changed social mores and led to more women in the workforce. Unfortunately, during the initial influx of large numbers of women into the workforce, career counselors knew very little about the issues affecting careers of women. The theories used to guide counseling were based primarily on the experiences and situations of middle- and upper-class White men (Fitzgerald, Fassinger, & Betz, 1995). Counselors, therefore, worked on women's career issues in a theoretical vacuum and, often, erroneously using information based on studies of the careers of privileged men.

Over the past two decades, women's career development has been researched, and new models have been proposed (Astin, 1984; Betz & Fitzgerald, 1987; Farmer, 1985; Gottfredson, 1981; Hackett & Betz, 1981). Male-oriented theorists have amended their theories to be more inclusive of women's issues. Career counselors have moved from perceiving the "career woman" as an anomaly in the 1960s and 1970s to assuming that all women work—including a redefinition of *homemaker* as one who works in the home. Currently, career counselors work with issues of discrimination, underemployment, traditional and nontraditional career choices, challenges of the "super woman," dual careers, role conflicts, and sexual harassment (Cook, Heppner, & O'Brien, 2002; Herr, Cramer, & Niles, 2004). The integration of work and family responsibilities, however, remains the primary career concern for women (Fitzgerald et al., 1995).

### Assessment

Both assessment and diagnosis of mental health, as traditionally practiced, reflect the dominant culture's definition of mental health and pathology (Brown, 1994; Evans, Seem, & Kincaid, 2001; Worell & Remer, 2003). That is, a White, androcentric, young, middle-class, Protestant, heterosexual, able-bodied person's viewpoint is assumed in these definitions.

Historically, feminist therapists could not formally diagnose oppression as a cause of psychological distress. Therefore, they eschewed diagnosing (Brown, 1994; Evans et al., 2001; Rawlings & Carter, 1977). However, a feminist sensitivity to diagnosis allows for the use of a formal diagnostic system such as the *Diagnostic and Statistical Manual of Mental Disorders* (4th ed., text rev.; American Psychiatric Association, 2000) without replicating patriarchal and ethnocentric assumptions. Brown (1994) proposed that counselors "think diagnostically" (p. 128) and use a feminist analysis that considers social meanings and implications of diagnoses at every turn. In essence, every diagnosis must be questioned regarding its origins and embedded assumptions.

Traditional theoretical orientations tend to pathologize women's symptoms. However, in feminist therapy and counseling, symptoms of distress are understood as that individual's attempt to communicate her life experiences and the strategies she uses for coping with the oppression she experiences (Brown, 1994; Evans et al., 2001; Worell & Remer, 2003). Worell's (Worell & Remer, 2003) feminist assessment reframes women's symptoms as (a) the experience of role conflict, (b) coping strategies for surviving oppression, and (c) the result of socialization and labeling for deviation from traditional gender roles.

Diagnosis, as traditionally practiced, exacerbates the power differential between the counselor and the client. In contrast, feminist assessment and diagnosis embodies the feminist values of collaboration, egalitarianism, and phenomenology (Brown, 1994; Enns, 1997; Evans et al., 2001; Worell & Remer, 2003). Feminist evaluation requires the counselor and client to work collaboratively to develop hypotheses about the nature, origin, and meaning of the client's distress. Assessment must be done through a shared dialogue in which the client is considered to be her or his best expert. This dialogue includes an understanding of the personal, cultural, social, and political aspects of the client's distress. Furthermore, clients' strengths and resiliencies are identified. Moreover, feminist therapists make a concerted effort to share their thinking with their clients, informing them of their hypotheses, how they were derived, and what theories and beliefs influence their thinking. Clients are encouraged to ask questions and to offer alternatives. If, as a result of an assessment, a formal label is proposed, the diagnosis and its possible consequences are typically discussed with the client whenever possible. In this process, the feminist therapist discusses why the use of a formal label is or is not supported. The client shares in decisions about how the results of the assessment are to be used.

## Feminist Therapy Research

Feminist therapy emerged in a climate of distrust of traditional, patriarchal psychological culture (Chesler, 1972). Early feminist therapists viewed empirical studies as biased by patriarchal modes of thought and eschewed traditional, quantitative research. In addition, feminist therapy has not evolved as a monolithic modality. It is an integrative approach with practitioners using various interventions and conceptualizations woven together by feminist therapy principles and philosophy (Brabek & Brown, 1997; Worell & Remer, 2003). Because of the feminist tenet that the personal and the political are tightly interwoven, qualitative research is frequently used when investigating feminist therapy, although all modes of research have been used. Further complications arise for researchers because feminist therapy looks beyond individual change and symptom alleviation. Feminist practitioners work with clients to achieve less quantifiable outcomes such as improved self-esteem, improved quality of life, gender role flexibility, and involvement in social action (Chandler, Worell, & Johnson, 2000), and awareness of oppression and socialization (Moradi, Fischer, Hill, Jome, & Blume, 2000). However, recent research indicates that despite various interpretations of feminist therapy, it is a distinct modality (Worell & Remer, 2003). Feminist therapy skills can be taught and replicated (Cummings, 1999). Feminist therapists use feminist therapy techniques with both female and male clients (Moradi et al., 2000). Furthermore, feminist therapists are distinct from other therapists. For instance, feminist therapists are less likely to diagnose personality disorder and more likely to use the posttraumatic stress disorder diagnosis (Robinson, 1994).

A brief review of feminist therapy research regarding specific issues and interventions indicates that participants with a history of anorexia find feminist therapy that emphasizes a narrative perspective to be helpful (Olson, 2001). Bibliotherapy, an identified feminist therapy technique, appears to lead to greater client satisfaction with therapy (Chrisler & Ulsh, 2001). In general, research on feminist therapy focuses on therapy with an array of gender-related concerns, research on interventions infused with feminist awareness, and the process of feminist therapy.

## Counselor Education and Training

*Feminist pedagogy.* Counselor educators rarely discuss pedagogy. We are more inclined to discuss models of training techniques of counseling, although most individual faculty members are likely to have a teaching philosophy. Feminist counselor educators are likely to follow the foundations of feminist pedagogy that is rooted in a “consciousness of differential power, privilege, and oppression” (Kimmel & Worell, 1997, p. 148). Feminist teachers strive for equity between teacher and student in the classroom, attempt to be culturally sensitive, accommodate to diverse learning styles, and

hear all student voices. They realize the power they have in the classroom and work toward empowering students in the learning process. In this effort, feminist teachers reject the traditional “teacher as expert” model in favor of one that includes multiple sources of knowledge and a mutual learning process for teacher and student.

Feminist pedagogy has a great deal in common with the social constructivist approaches to counselor education. Eriksen and McAullife (2001) and McAuliffe, Eriksen, and Associates (2000) are two excellent resources for constructivist approaches to teaching counselor education. In those volumes, the authors describe strategies similar to feminist pedagogy in that these strategies are experiential and involve high levels of student input, evaluation, and participation. However, feminist teachers make connections among personal, political, and social realities and believe that social change is an important element in learning. Feminist teachers emphasize strategies that involve affirmative attitudes and views of women, consciousness-raising, and social change efforts. The fact that feminist teachers believe that individuals are empowered only if they exert power successfully makes activism a cornerstone of feminist pedagogy (Kimmel & Worell, 1997).

*Feminist content in counseling courses.* Not only the process but also the content of counselor training and teaching has been influenced by feminist principles. Feminist critique of traditional theoretical orientations and treatment raised the counseling profession’s consciousness about gender and oppression. For example, feminist principles have reshaped how the profession intervenes with such issues as depression, woman battering, eating concerns and body awareness, incest, sexual assault and sexual harassment, and substance abuse (Worell & Johnson, 2001). In short, feminism in some form has become a feature of mainstream treatment (Greenspan, 1993).

Gender and gender role socialization, issues of privilege, power, bias, oppression, and discrimination are now considered central to counselor training. *The 2001 Standards of the Council for Accreditation of Counseling and Related Educational Programs* clearly reflect the importance of these issues in the training of counselors.

Finally, feminist therapy’s focus on social change resonates with the counseling profession’s current focus on social justice issues and social change. In fact, feminist therapists provide excellent role models of how to work for social change (see Becker, 2001). Feminist counseling and psychology “now claims a space of its own in the context of scholarship, research, professional practice, educational programs, community activism, leadership, and policy implementation” (Worell & Johnson, 1997, p. 1).

*Trainee reactions to feminist pedagogy and content.* The few studies on feminist pedagogy tend to be clustered around women’s studies rather than counselor education. However, these studies are informative. The feminist approach to teach-

ing is often highly interactive and relational. Students are expected to actively integrate their lived experience and acquired academic knowledge in a classroom that promotes an egalitarian relationship between students and professor. For many students, this is an unfamiliar learning environment. Most students have been socialized in the traditional teaching model with “professor-as-expert” so that when they are confronted with instruction that requires active rather than passive learning, some are not receptive to it. Duncan and Stasio (2001), in their survey of college teachers, found that faculty with a high score on feminist pedagogy reported that students were reluctant to take on responsibility for their own learning. In addition, students tended to ask high-scoring feminist teachers more personal questions and to challenge the authority and grades of these teachers more frequently than they did of teachers scoring lower on the feminist teaching scale. They also found that students gave lower evaluations of feminist teaching strategies, and feminist faculty responded by abandoning these techniques. One faculty member noted that she tended “to get better evaluations when I am dispersing information” (Duncan & Stasio, 2001, p. 227). Interestingly enough, faculty also found that they had higher rates of positive classroom behavior and students were more likely to validate one another’s comments when feminist strategies were used. For now, the remedy seems to be to blend traditional and feminist approaches until students become more familiar with and accepting of nontraditional strategies.

## Multiracial Feminist Theories and the Feminist Consciousness of African American Women

Historically, women of color have not perceived feminism as relevant to their specific concerns. However, during the first wave of feminism at the turn of the 20th century, Sojourner Truth and a few other African American women expressed feminist consciousness for African American women. Truth (1853/1972), a former slave and abolitionist of the 19th century, spoke out in 1853 in support of the rights of African American women, “I’ve been lookin’ round and watchin’ things and I know a little mite ‘bout women rights, too. I come to keep the scales a-movin’” (p. 567).

The fact that White women involved in the women’s movement saw themselves as an oppressed group did not lead to the recruitment of oppressed women of color. One interpretation of this is that the inherent racism of privileged White women prevented them from forming allegiances with women of color. It has been the challenge of the modern feminist movement to integrate issues of race, culture, and class into feminist philosophy and feminist therapy practice. Although the White feminist movement appeared to exclude men, women of color have viewed men of color not only as allies but also as leaders

in combating the oppression of racism. The success of that struggle depended on the support and devotion of women of color (Espin, 1990). White women in the feminist movement also attempted to liken sexism to racism, which caused some resentment among women of color (Boyd, 1990).

Stone (1979) identified five factors or concerns that contributed to the absence of feminist consciousness and involvement for African American women during the mid-20th century. These factors include (a) the belief that a focus on sexism would divide the strength of the African American community, (b) the blatant racism on the part of White women, (c) the importance placed on liberating the Black man, (d) the myth of the Black matriarch, and (e) the influence of the Black Church to focus on racism rather than sexism. It is important to note that traces of these factors were evident in early and mid-20th century feminist philosophy and practice and are still observable in current feminist philosophy and practice.

Some of the factors outlined by Stone (1979) continue to provide compelling reasons why women of color are still skeptical of feminism. In fact, women of color are responsible for the multiracial or multicultural feminist theories that have evolved. Despite diverse concerns and multiple intellectual perspectives, multiracial theories share an emphasis on race as a primary force situating genders differently. It is the centrality of race, of institutionalized racism, and of struggles against racial oppression that links the various feminist perspectives within the framework of multiculturalism. In response to the challenges from women of color, these multiracial and multicultural theories are beginning to be incorporated into the current feminist model (Zinn & Dill, 1996). Although the multiracial approaches are recent additions, Black feminists follow a long-standing alternate approach that more closely fits their ideals.

### Feminist Consciousness of African American Women

Due to the oppressive, brutal, and violent nature of slavery and racism over the last four centuries, sexism is viewed by many African Americans, both male and female, as a factor of minimal importance. The prevailing sentiment was, and still remains, that the survival of the African American family and community is primary. Although Black feminists were part of both the first and second wave of feminism, many found enough differences between their agenda and that of their White counterparts to found their own associations. The first Black feminist association was the National Black Feminist Organization. The women in this organization differentiated themselves from “mainstream” feminists because, for women of color, sexism was not the only demon that needed to be addressed in U.S. society. In fact, the feminist movement received very little support or participation from women of color or the African American community (Springer,

2001). This lack of participation of women of color in the first, second, and third waves of feminism can be attributed to the multiple oppressions of race, gender, and class and the dynamic interplay of these oppressions with politics (Hamer, 1998; Taylor, 1998).

### Womanists

Black feminism today is more readily recognized as the *womanist movement* and perspective. This term tends to be more accepted among African Americans and other women of color, perhaps because the term itself is different or perhaps because the term *womanist* includes man. A *womanist*, a term coined by Alice Walker (1983) in her essay "In Search of Our Mother's Gardens: Womanist Prose," is an African American feminist or feminist of color who celebrates the feminine qualities and strengths of women while promoting the survival and wholeness of all humans, male and female. Womanists participate in combating racial, gender, heterosexual, and class oppression simultaneously so that they honor and confront the multiple oppressions faced by women of color. For womanists, the belief that the "personal is political" is as critical as it is for those who call themselves feminists. The womanist, however, is less focused on uplifting females in isolation or in using gender as its primary focus to combat oppression. Womanists are primarily concerned with uplifting an entire culture and, in doing so, believe that women will be uplifted as well.

## Feminist Counseling in the 21st Century: Where We Are Now and Where We Will Go

### Feminist Therapy and Diversity

Feminism is personal and political; however, the nuances of what this means for an individual woman differ on the basis of the race, culture, and class circumstances of individual women. White women are products of racial privilege. Women of color are not. There has been a push for feminist therapists to be sensitive to and knowledgeable about multiple issues important to women of color. In the past decade, feminist theorists and practitioners have responded to criticism by feminists of color and have begun to be more inclusive of the issues of race, ethnicity, and social class (Brown & Root, 1990). One current trend is the integration in feminist writings of race, gender, culture, and class (Brown & Ballou, 1990; Childs, 1990; Espin, 1993; Green & Sanchez-Hucles, 1997; Matsuyuki, 1998). Feminists of color have enriched feminist discourse by highlighting that although "all women are women, there is no being who is only a woman" (Spelman, 1988, p. 102).

### Theory and Practice of Feminist Therapy

Fifteen years ago, feminist counseling professionals wondered if feminist therapy would become a recognized orientation or

if it would remain at the edges of therapeutic respectability. Some authors (Enns, 1992) questioned whether or not achieving legitimacy might hinder feminist therapy's efficacy. Being on the cutting edge allows freedom and innovation. The more techniques and tenets are encoded, the less innovation occurs. Once something is written, flexibility becomes difficult.

However, theory building continued throughout the past decade, securing a firm place for feminist therapy as an acknowledged orientation. During this time, feminist counselors and psychologists recognized a need for a more unified approach to theory building (Brown, 1994; Kaschak, 1992). There is little evidence that therapists are able to combine feminist therapeutic practice with social activism to effect individual change. The evidence that does exist is anecdotal and difficult to prove. However, models including social action in individual therapy are being developed and results studied (Grant, Finkelstein, & Lyons, 2003). The definition of feminist therapy is being narrowed with various studies examining how self-identified feminist therapists use feminism in their therapeutic practice (Hill & Ballou, 1998; Worell, 2001).

### Feminist Therapy and Men

The "Not for Women Only" sign has been hung, and men are encouraged to practice feminist therapy as clinicians and seek help as clients from feminist therapists who are familiar with the socialization process that tends to pigeonhole individuals into specific roles and behaviors. Feminist therapists have begun to promote the theory for work with men (Ganley, 1988; L. E. A. Walker, 1995). Although feminist therapy grew out of the women's movement of the 1960s and initially focused on the gendered concerns of women in a biased, patriarchal society, current iterations of feminist therapy consider the gendered concerns of men. These forms of feminist therapy recognize that both women and men live in a gendered context and that male gender roles can also be problematic (Levant, 1996). Gender-aware therapy emerged in the early 1990s and looked at societal context, considered gender central to mental health, asked for active involvement in change, and focused on collaboration between counselor and client in therapy (Good, Gilbert, & Scher, 1990). Gender role strain is another concept discussed in regard to men (Pleck, 1995). In this model, psychological distress occurs when gender role expectations and realities differ. In both these models, feminist gender role and power analyses are primary interventions in the course of therapy.

Issues addressed through the use of feminist therapy with male clients include career and lifestyle (Good & Sherrod, 2001), traditional marriage relationships (Brooks, 1998), power (Levant & Pollack, 1995), and violence (Adams, 1988). Recently, the socialization of boys and young men has been the focus of researchers and therapists. In this model, the code of behavior to which boys are expected to adhere is conceptualized as harmful to a young person's sense of self (Pollack, 1998).

Feminist therapy has influenced a number of specific interventions for working with men. For instance, a version of feminist therapy has been used successfully with men who batter (Adams, 1988). In this model, analysis of power and socialization are explored. Group therapy modalities specifically for men have been developed. In these models, particular attention is paid to leadership and men's socialization toward leadership (Brooks, 1998). Although feminist therapy is still commonly thought of as a modality primarily for women (Worell & Remer, 2003), many men and women have been working to adapt the principles and philosophies of feminist therapy to people of all genders.

### The Third Wave of Feminists

Early 20th-century feminists (the first wave) and mid-20th-century feminists (the second wave) have given way to late 20th-century and early 21st-century feminists. These third wave feminists are the beneficiaries of the hard-won gains of the second wave. They have no firsthand knowledge of the oppression the feminist foremothers endured. However, they now must endure the negative backlash of the prior movement while wrestling with the insidious marginalization and social oppression that have survived the feminist revolution. This new wave of feminists is going back to the grass roots, providing space for discussion and focus groups, and trying to solidify the most prudent understanding of what it is to be deemed a feminist. To legitimize their efforts, they need the support and guidance of established feminist therapists who now are more likely to have positions of power and influence (Rubin & Nemeroff, 2001).

### Lessons Learned and Future Outlook

What are the lessons of the past that will shape the future of feminist therapy? At the heart of the discussion should be the limited progress women and people of color have made. Oppression continues to exist, sometimes obvious, sometimes subtle. There is a need for feminists to continue their social activism, even when there is subtle oppression and even if the oppression comes from within its own ranks.

As feminist therapy moves into the 21st century, it is imperative that women of color are not isolated and excluded as clients, theorists, researchers, clinicians, and educators. It is important that we, as feminist counseling professionals, construct theories and therapies that are shared; inclusive; and culturally, racially, politically, and gender sensitive rather than ones based on racist, Eurocentric, and ethnocentric ideologies, epistemologies, and axiology. It is imperative that we maintain an open dialogue.

Extra care should be taken to ensure that women of color are not racially oppressed in counseling but empowered by feminist therapy. Therefore, we, as feminist counselors and psychologists, must provide therapy that is sensitive to and respectful of the combined historical, cultural, racial, and gender factors and characteristics that are unique to women of color.

Over the past decade, feminist therapy has become a recognized orientation. It is included in major texts (Corey, 2001; Sharf, 2003), and there are continuing education workshops regarding this modality. There has been a flood of texts dealing with feminist therapy theory and technique. Feminist therapy technique and questions of gender are now addressed in many theoretical orientations. Two challenges remain for the orientation: the continuing recognition of multiple oppressions and the integration of this awareness with a gendered perspective and research on the efficacy of feminist therapy. However, we believe as Brown (2000) has written that "the core of feminist therapy, with its emphasis on the vision of therapy as an act of political resistance, is likely to persist" (p. 378).

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