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## Feminist Therapy\*

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### Abstract

This article traces the roots of feminist therapy and its independence from traditional and prevalent theories and therapy practices. The authors assert that Freudian theory and humanistic assumptions are sexist and contribute to the powerlessness of women. In contrast feminist therapy, practiced with individuals or in groups, deals directly with client-counsellor relationship, trust, advocacy and empowerment. In addition feminist therapists help clients consider stereotyping, expanding options, self-valuing, and acting on feelings, thoughts, intentions. The authors conclude this article with an excerpt from a client's experience of therapy.

### Résumé

Cet article retrace les débuts de la thérapie féministe et la différenciation des théories traditionnelles, courantes et des thérapies pratiquées. Les auteurs affirment que la théorie freudienne et les hypothèses humanistiques sont sexistes et contribuent aux sentiments d'impuissance chez les femmes. Par contre, la thérapie féministe, pratiquée individuellement ou en groupe, traite directement de la relation client-conseiller, de la confiance, de la défense et du contrôle. De plus, les thérapeutes féministes aident leurs clients à considérer les stéréotypes, à étendre leurs options, à s'auto-évaluer et à agir en fonction de leurs sentiments, de leurs pensées et de leurs intentions. Les auteurs concluent cet article avec un extrait de l'expérience d'une cliente de la thérapie féministe.

Over the past twenty years, for a variety of political and professional reasons, feminist therapy has emerged as a significant alternative to existing therapies. While the roots of feminist therapy go back to the works of Karen Horney, Clara Thompson, and Simone de Beauvoir, it was not until the late 1960's and early 1970's that a vision of a feminist practice of healing began to emerge and crystallize. At this time, a number of women in the mental health field were seriously confronting the disjuncture that existed between the psychological theories they were asked to learn and put into practice, and their own experiences as women. Excited by the critiques offered by contemporary feminists who were challenging the continued oppression of women, they applied their developing analyses and insights to their own field. Three of the most significant works in psychology during this period were Millet, 1970, Weisstein, 1971, and Chesler, 1972.

Initially, attention was focused on exposing the androcentrism and sexism which pervaded the accepted body of psychological literature. As

\* Some of this material is taken from Laidlaw, T., Malmo, C. and Associates. *Healing Voices: Feminist Approaches to Therapy With Women*. San Francisco: Jossey-Bass, 1990.

well as exposing a variety of methodological biases, their findings also challenged many of the assumptions underlying those psychological theories that related specifically to psychotherapy. While these critiques have varied in depth and scope, there are certain points about which all feminist therapists would agree. For example, all would criticize a behavioural or cognitive approach which disregards the personal or emotional meanings we give to our experiences as women, and which ignores the social context in which those experiences occur. We believe that the socialization, inequality, devaluation, and powerlessness women experience as a consequence of patriarchy, is, to a great extent, at the root of their psychological distress.

Humanist psychology is problematic in that it maintains as a basic notion that we are all individually responsible for what happens to us. In the case of many of women's experiences, this position becomes one of blaming the victim. There are some humanist therapists, for example, who believe that women who are raped or are incest survivors really wanted these events to occur, albeit at some deep unconscious level, and thus the focus of therapy becomes one of exposing the reasons for this "need." Put bluntly, humanists have tended to teach women that they are ultimately responsible for their problems. Feminist psychologists reject this view, recognizing instead that women experience many problems, in adulthood as well as in childhood, because of personal and systemic mistreatment by those with more power. We believe that in addition to changing our personal consciousness and circumstances, change must also take place within society so that women will be valued equally and will have an equal chance to develop to their full potential.

The Freudian belief that a major determinant of women's psychological development was their having been born with no penis was questioned as early as the 1930's with the work of Karen Horney. In the 1960's and '70's, feminists further challenged the belief that women who were dissatisfied with their limited rights and position in society were simply manifesting a masculinity complex and a failure to adjust to their biologically determined role. These feminists claimed instead that women are not biologically inferior to men and that their dissatisfaction is based, not on their genitalia, but rather on the reality of male privilege, and the resulting unfair treatment and limited opportunities of female life.

In the late 1970's and '80's, feminists challenged a further crucial Freudian assumption. The most widely held myth about incest is that it is a child's fantasy rather than an adult's behaviour. Originally Freud had believed his female patients when they described having been sexually assaulted by their fathers. In fact, he believed that this abuse or trauma was the basis of women's "hysteria" or "neurosis." However, under the influence of his colleagues and distressed by his own dreams and family problems he rejected his initial position and changed his theory to the

well-known and now much criticized one that incest stories are fabrications or fantasies (Rush, 1980; Masson, 1984; Lerman, 1986). Freud's theories of neurosis in their final form portray the mother as the seducer of the son and the daughter as the potential seducer of the father. As we now know, the perpetuation of this view has been devastating for all victims and survivors of incest and other forms of child sexual abuse.

While feminist psychologists were critiquing mainstream psychological theories, they were also becoming aware that much of the practice of therapy was damaging for women. Psychiatry, the most assessable of existing therapies since it is covered by Medicare, defines women with problems as ill, blames them for their distress, and treats them all too often with drugs alone. Since psychiatry is based on a medical model, attention is focused on "cures" and inordinate emphasis is placed on "correct" diagnoses as defined by the *Diagnostic and Statistical Manual of Mental Disorders*. Throughout treatment, the interactive process of psychotherapy tends to be minimized. Like the previous perspectives, the impact of existing cultural norms, social expectations, and political structures on the lives of these women is either reinforced or ignored.

In addition, many practicing therapists, whatever their orientation, are sexist in their beliefs and values, promoting existing female and male stereotypes as appropriate, and devaluing women in general. Feminists believe that the great majority of women with psychological problems are reacting to unhealthy and destructive circumstances in their lives, both past and present, and because of limited options and their having been devalued, they have been forced to develop unhealthy coping strategies. So, for example, women who engage in self-destructive behaviours such as slashing, drinking and other addictions, passive victim behaviour, or sexually provocative behaviour are not labelled by feminists as sick. Instead, these women are understood to be attempting to cope in the best way they can at that time, with very real problems in their lives—with present unhealthy circumstances or with painful suppressed memories of past abuse. While feminist therapists may differ as to how women's healing and empowerment are ultimately achieved, all reject the adjustment model of mental health for women, and are committed, instead, to change.

Having exposed the sexist biases of traditional theories, and being angered by the sexist assumptions of traditional therapists, feminists (or women's liberationists, as they were called in the early 1970s) began to listen seriously to themselves, their friends, and their clients in order to learn and understand the truth about women's experiences and needs. Many took part in women's consciousness-raising groups and dissected their own and the other group members' experiences as girls and women. They learned to accept, value and speak for themselves, learned to receive as well as give support, and learned to initiate change, both

personally and politically. Their consciousness has developed from the inside out, starting from their own experiences of female oppression and generalizing to other women.

At the same time, women's liberation activists were providing safe places for women to meet and share their experiences. As a result of this sharing, the various kinds of violence toward women—sexual harassment, battering, rape, and incest—and the extent to which they were occurring, were gradually uncovered. Initially, many feminists believed that these problems would be solved, in time, through collective political action. However, as women risked breaking the silence about the violence that they had endured, it became clear that changes had to be accomplished internally as well as externally. The psychological dimension needed to be dealt with in its own right. Disclosure and validation of women's experiences were only the first step toward inner change; all of the psychological damage that women had suffered needed to be healed.

As women began feeling safe disclosing their pain to other women, they looked for alternative therapeutic resources that would not only validate their experiences but also support their struggle to heal. They also looked for help which respected and reflected their growing feminist consciousness. Woman therapists who identified themselves as feminist were sought out with a sense of great urgency. And as we listened to and worked with these women, they helped us to understand what they needed from us in order to become psychologically healthy and strong. It was through this collaborative process that feminist therapy was born.

### *Who are we?*

Like other mental health care workers, feminist therapists come from a variety of cultural, ethnic, and racial backgrounds, are trained in a number of different theoretical orientations, and come from a cross-section of disciplines. Whatever our approach, all of us reject the sexist assumptions and concepts that are implicit within traditional orientations. How we differ are in the ways in which we work toward women's empowerment. Some, from a humanist tradition, may focus extensively on making changes in the here and now. Others, with a cognitive orientation, might concentrate on restructuring negative cognitive patterns in order to facilitate change or growth or to solve problems. Still others, preferring an analytic approach, believe that the adult psyche may be permanently damaged by childhood experiences unless healing is accomplished at the place of the origin of the damage; that is, in the repressed memories of the past. Our own view is that healing work is accomplished in psychotherapy when the client is engaged fully, when communication is established with both her conscious and unconscious mind, when both left brain and right brain functions are engaged, when both cognition and feelings are involved in healing work. Change takes

place on an intrapsychic level, involving an inner shift or a resynthesis after new material (coming either from the client's unconscious memory or from the therapist's reframing of an experience) is introduced and integrated.

Many feminist therapists, ourselves included, are eclectic in the kinds of techniques they use in order to gain new information and promote healing. One of the results of this flexible approach is that we have discovered various approaches to healing that have enriched our therapeutic practices. One significant source for healing practices is found in native traditions which stress health and balance, and which incorporate a spiritual dimension to healing work. Body work, including massage, has become another important therapeutic tool, as has creative visualization, music, art, drama, and photography. We use a variety of different techniques in our own practice including Gestalt dream analysis and chair work, guided and naturally occurring imagery, journal writing, metaphors, phototherapy, drawing, hypnosis, and ego-state therapy. Many of us have been attracted to the approaches to inner healing developed by the hypnotherapist, Milton Erickson (Erickson, 1986; Rossi, 1986) because these methods are extremely effective in bringing about inner change. And change is, after all, what feminist therapy is all about.

Feminist therapy can take place individually or in groups. Though many feminist therapists regard group therapy as a natural manifestation of the feminist approach, we believe that both individual and group therapy are valuable and sometimes even necessary. We frequently refer women we are seeing on an individual basis to various groups and workshops to augment the individual work they are doing with us. It is generally accepted by feminist therapists that feminist therapy groups are a good place for women to learn to counteract the effects of their gender socialization. Six important advantages to group therapy are:

1. Being in a therapy group breaks women's sense of isolation.
2. Feminist therapy groups teach an awareness of the social and political factors contributing to women's problems, so women learn from other women's experience about their common oppression.
3. An absence of male group members and leaders typically has the effect of making the group safe and of lessening the need to respond in stereotyped roles. It shifts the power dynamic and encourages women to value and trust other women, and to value and trust themselves.
4. In a group women develop communication and leadership skills.
5. In a group women can often see, understand and accept in other women what they cannot see, understand or accept in themselves.
6. Group therapy is cheaper than individual therapy and so is therefore accessible to more women.

A number of feminist therapists have developed areas of specialty based on their interests, experience, and education. Much of our continuing education is self-directed and informal because the study of psychological issues pertaining specifically to women, and professional training in feminist therapy are rarely taught, discussed, or even taken seriously in institutions of higher learning. Many therapists have developed a specialty working with survivors of sexual violence including harassment, battering, assault, incest or ritual abuse; or with depression and anxiety; or with stress; or with addictions and compulsions around alcohol, drugs or food. Others specialize in women's sexuality, or women's health issues including pre-menstrual stress, post-natal depression, cancer, and so on. Still others work primarily with families, immigrants, or other groups. All of these therapists, no matter what their psychological orientation or area of expertise, bring to their work a consciousness about women's common oppression, a consciousness about the oppression of particular minority groups within the larger female population, an understanding of the psychological effects on women of their oppression, a knowledge of how to work with the particular problems experienced by women, and a belief in their client's expertise. It is their attitude toward women, their valuing of women, and their awareness and understanding of women's problems that distinguish them from other professionals in the field. This obviously has implications for their therapeutic practice. How feminist therapists differ in practice from their non-feminist colleagues is manifest in a number of significant ways.

*What do we do that is different?*

In the traditional relationship between client and counsellor, the therapist establishes a professional distance and a power imbalance at the outset. This is done in a number of ways, some subtle, some not so subtle, including the expectation that the client refer to the therapist by title. She, of course, is referred to by her first name. In many situations, the client is routinely given a battery of psychological tests designed to diagnose her problem which gives the message that she is unable to speak for herself or to tell us in her own words what the problem is. The tests provide the practitioner with both a diagnosis and a label. This determines, in large measure, the client's prognosis and the "appropriate" treatment. The client's views are largely irrelevant in this process giving the additional message that the practitioner is the expert and therefore knows what is best for the client. As a woman, the client is even more disadvantaged in this process since she has already been taught to defer to others as part of her socialization into femininity. Thus, whatever the client thinks or feels about the decisions being made on her behalf, she is unlikely to challenge the "expert" view. Once the diagnosis is made, the client is often seen, not so much as a person with problems, but rather as

a constellation of symptoms surrounding a label. All of this occurs with a minimum amount of communication between client and therapist. A number of our clients have told us that after only one meeting with a traditional psychiatrist or psychologist, the practitioner felt confident enough to state what could and could not be done for them. In short, these professionals claim authority and expertise, not just about their field, but, more dangerously, about the person herself.

Feminist therapists, on the other hand, introduce themselves by their names and not their titles. We both welcome and encourage inquiries about our values, orientation, and methods. In doing so, we reinforce the client's right to be an educated and conscientious consumer. We also encourage the client to tell us her story, at her own pace and in her own words, and what she feels are the issues that need to be dealt with. We consciously avoid judging her, labelling her, or predicting what will happen to her. Our first goal is to *understand* what it is that our client knows and feels. At appropriate times, when it will assist the client's process, we also share stories with our clients about our own experiences. By encouraging clients to take an active role in determining whom they see for therapy, by being open about our values and orientation, by validating the client's understanding of her life, and by using well-timed self-disclosures, feminist therapists instigate a radical shift in the therapeutic relationship at the outset. We step out from behind the professional mask of neutrality and become real people, while our clients become respected users of a service. The therapeutic process is demystified, and professional distance and the power imbalance between the client and therapist is minimized. Right from the very beginning, feminist therapists encourage their clients to trust themselves. And in doing so we set the stage for our clients' achievement of empowerment.

Feminist therapists assume an equal relationship with their clients and build this into their practice. We explain to our clients that while we, as therapist, have certain expertise in psychology and in therapeutic techniques, she is her own best expert on her experiences and will find her own solutions to her problems. The client is the best judge of whether or not a particular theory or analysis fits her experience, and she is the best judge of what choice, option, or action is right for her. Further, the client is in charge of the therapeutic process in so far as she controls or has final say over the content of a therapeutic session, the choice of method (in so far as the therapist is able), and the pacing of therapeutic work. Feminist therapists act as facilitators or guides, and as companions or witnesses in the client's therapeutic journey. As such, we validate the clients' experiences, encourage them to examine their feelings, beliefs, intentions and behaviour fully, and support their movement toward healthy growth, change, and empowerment.

Feminist therapists reject stereotypes of females and males as limiting, distorting and unhealthy, and recognize the many ways that these stereotypes are learned. As well, we have developed a fine tuning for detecting at a glance when women are being devalued or are devaluing themselves, and we have effective methods for teaching women to trust and value themselves, to develop self-esteem. We also employ consciousness-raising, known in therapeutic circles as reframing, resocialization or reparenting, to put women's personal experience into a larger perspective. For example, Cheryl gently did some consciousness-raising with a very passive and depressed client, mother of four children, married to a career-oriented man who saw all the problems in their failing marriage as her fault and wanted her to be fixed. This woman was struggling without support to work toward a university degree. When she told Cheryl about the school calling her to do some kind of volunteer work typically expected of mothers, Cheryl carefully spoke about the unfairness of the general expectation on mothers to be available to the school during the day, as if they didn't have a life of their own, and were there solely for the benefit of their children and the school system, or the community league, or the church. As Cheryl spoke, she watched the guilt fall from her client's face, to be replaced by a look of relief. Without saying so directly, she had acknowledged her client's right to be resentful of the expectation that she should be continually focused on her children's needs, as determined by various institutions who did not hesitate to make demands on her time and energy.

Another example of reframing would be our interpretation to a client who had been sexually assaulted and did not fight back (and who believed others who judged that she had, therefore, consented to the assault). We might suggest that she may have been quiet and passive because she was afraid that she would be further harmed and that her behaviour was, in fact, a survival strategy. Perhaps her silence saved her from being beaten or even from being killed. We might present the idea that female socialization teaches us as women to be nice and helpful to others and that she may have automatically resorted to her conditioning to not make a fuss; or that she was being other-oriented, as most women are trained to be, and didn't want to upset him or hurt his feelings. Which analysis fit would, of course, be determined by the client—she is the best expert on her own experience. It is this kind of consciousness-raising or reframing that teaches women to stop judging themselves according to the old rules which they have been taught about how to be properly feminine. Instead they are encouraged to listen to their inner voice, and to trust their inner knowledge about what their experience is and what is right for them.

Feminist therapists also bring to therapy an understanding that women need to expand their options, because they typically have been



taught to limit themselves in many ways. At different times in the therapeutic journey we assist our clients to examine emotional options. For example, we understand that anger is a particularly difficult feeling for women because they typically have been taught that it is an inappropriate response for females. Many women learn to suppress anger—first not to express it and eventually not to feel it at all. When women do express anger, often in spite of themselves, they may express it inappropriately and destructively. Gradually, they come to fear their anger, a fear that is reinforced by their observations and experience of men's rage and violence. Thus, women learn to limit their expression of normal feelings and to develop fears that they will lose control of this forbidden aspect of themselves. Clients may need to be taught how to recognize their own anger, how to be comfortable with it, how to express it to others appropriately, and how to act on it constructively. Assertiveness training, a behavioural technique which teaches people how to recognize and acknowledge their feelings, and to make demands or to set limits with others, is recognized by many feminist therapists as a valuable method for teaching women (individually or in a group) how to express their anger and other feelings in a healthy way.

Feminist therapists also understand that self-nurturing is a difficult issue for women because of their socialization to always put others' needs first. Women learn in childhood and in adulthood that they are expected to serve others and to put other people's feelings before their own. The impact of these messages is that as children, many experience what can only be described as emotional neglect. Because a large number of women's personal needs are not met in childhood, they do not expect them to be met in adulthood. Quite simply, they do not know how to ask for what they have never been given. In time, they may even become unable to identify what their own needs are. In this way, they develop a passive stance toward others and continue to feel emotionally deprived. "A woman who cannot act assertively—who cannot refuse an unreasonable request or ask for what she wants—has little control over her life" (Muehlenhard, 1983, p. 153). Typically, then, women need to be encouraged to explore what they want, what they like, and what they need before they will know how to act in order to nurture themselves. Because of their socialization both to take care of, and to live through and be dependent on others, they will also need assistance in defining their own ego-boundaries; that is, a sense of where they start and others stop.

Knowing that their clients may have been taught to devalue women in general, feminist therapists teach their clients to value themselves as women and to value their female friends as well. We encourage our clients to make friends if they have none and to share personal intimacies with their friends, as they are ready. Feminist therapists recognize, too, that women need to consider various kinds of options for themselves

including educational options, career options, relationship options, options about whether or not to have children, whether or not to be pregnant, whether or not to change their job or their marital status, or whether or not to find a new doctor or social worker or friend. In addition, effective communication skills may be a focus of therapy for women so that they can get past the old learning which has kept them silenced for so long. We assist women in discovering their own voice.

In keeping with their commitment to change, feminist therapists support their clients' attempts not only to identify and express their perceptions, feelings, thoughts and intentions but, also, to act on them in whatever ways seem appropriate, comfortable and healthy for them. One of Toni's clients who had been sexually abused as a child and who is a practicing Catholic, was first shocked and then incensed by the views expressed by Bishop Colin Campbell of Antigonish, Nova Scotia, who implied in a written article that the boys in Newfoundland who were abused by priests could have stopped the abuse. The client felt a strong sense of personal betrayal by Bishop Campbell and by the Catholic Church. This client had very low self-esteem which was manifested in her great reluctance to express herself verbally. She previously had been written off by the psychiatric community as an untreatable borderline personality. When she raised the issue of her feelings of anger toward Campbell's remarks, Toni suggested that she might consider putting her feelings to paper in the form of a letter. What was important for her own benefit, was that she express her feelings and concerns openly and directly. She could decide later what to do with the letter. Her written response, which she shared with Toni, was insightful, passionate and eloquent, all qualities that she had believed were unavailable to her. She discovered that the act of writing helped her to focus her anger and outrage. Furthermore, she did not have to focus on her own abuse but was able to speak on behalf of all victims of child sexual abuse. After much reflection, she decided to mail the letter, and when she did, she said that she felt wonderful. For the first time in her memory she experienced her own voice as forceful, wise, and strong. She had also risked allowing her voice to be heard beyond the safety of the client/counsellor relationship. What this client discovered through this action was the beginning of a sense of personal and political empowerment.

Finally, feminist therapists give additional kinds of support apart from emotional support to their clients. We may, for example, refer clients to appropriate community resources, write letters on their behalf, appear in court for them, accompany them to appointments when necessary, attend important events (funerals, concerts, convocation) with them, and so on. In other words, we act as our clients' advocate in the community. In addition, feminist therapists are usually involved in their own commu-

nities on behalf of women, educating the public and people in positions of power about women's needs and experiences and acting as advocates for change. In these many ways, feminist therapists facilitate and support the empowering of women.

*What do the clients say?*

The last word on feminist therapy and how well it works should be left to the clients. In 1982, Chambless and Wenks published the results of a research study outlining what clients had told them about their experiences and reactions to therapy with nonfeminist and with feminist counsellors. They organized the clients' responses about their experiences into the following points:

1. Feminist therapists' awareness of societal influences on women's self-image and behaviour helped the clients to feel comfortable about establishing a meaningful therapeutic relationship, and to be less self-blaming and more trusting of themselves.
2. Feminist therapists took the clients' feelings more seriously and interpreted their feelings more precisely, resulting in the clients feeling safe and understood by the therapists.
3. The egalitarian style of feminist therapists felt warm, friendly and supportive compared to the authoritarian style of nonfeminist therapists which felt distant, uninterested and nonsupportive. The feminist therapists' sharing of their personal problems and solutions allowed the clients to experience the therapists as real persons and the clients looked on the feminist therapists as competent role models.
4. Feminist therapists were aware of and sensitive to women's problems, resulting in real progress in the therapy.
5. Feeling valued by feminist therapists' pro-woman position and feeling perceived to be intelligent and competent, clients gained a sense of their own personal power. The focus of the feminist therapists on taking action also helped them to experience their personal power.

In *Healing Voices: Feminist Approaches to Therapy with Women*, (Laidlaw, Malmo and Associates, 1990), the writings of the clients illuminate how the various aspects of a feminist approach to healing may be experienced. We hear of clients' initial fears of being exposed and judged. We learn of their need to be respected and validated. We hear about the importance of their finding safety and trust in the therapeutic relationship, as well as finding a safe place within themselves from which to begin their healing work.

What the clients valued in the therapeutic relationship confirms Chambless and Wenk's research. They appreciated that the therapists believed in their ability to define their own problems, speak their own feelings, and make their own decisions. They also valued being given the time and safety in which to find their own voice and explore fully their thoughts and feelings. Finally, they indicate that their therapists were an important model to them regarding self-acceptance, self-worth, self-care, strength and positive action.

As to the therapy itself, clients spoke of the relief they felt in having their feelings acknowledged and accepted. They learned they were not to blame for the circumstances that created those feelings whether they arose from not fitting the stereotyped notions of femininity or from physical, psychological, or sexual abuse. Understanding that many of their problems originated in situations beyond their control enabled the clients to refrain from negatively judging themselves and to begin instead to accept themselves. In addition, the clients emphasized the importance of learning to trust their inner knowledge—their body sensations, feelings, images, thoughts, and perceptions. They came to understand how past experiences are carried into the present, often without awareness, and interfere with daily life. Finally, they learned that they could act on behalf of themselves in new and creative ways by implementing new skills and strategies for change. The voices of the clients in the research of Chambless and Wenk and in *Healing Voices* reaffirm our basic beliefs about feminist therapy—that the clients are their own best experts and that knowledge is power. What follows is the voice of another client, Mary Jane Graham, describing her experiences in feminist therapy:

I started looking for a therapist approximately eight years ago. I knew there was something wrong in my life as I was unable to feel any emotions. I was numb inside and that scared me. Also, I was overweight and despite the view of everyone around me that I simply lacked willpower, I was convinced that there was some other reason for my out-of-control eating (although I had no idea at that time what it might be). I grew up in a very authoritative and patriarchal household. I had virtually no self-esteem, and my perception or view of the world was that everyone in it had value except me. Thus when I began to search for a therapist I was very out of touch with myself and afraid of what was happening to my life. I worked with a few counsellors before I found my current therapist. My experiences with all the initial therapists were equally unsuccessful in that I did not move beyond any of my walls or defences to address the key issues within myself. Part of the problem was that I was thoroughly convinced that a therapist had all the answers, and that they were much more powerful than I. Because of this belief I felt I had no choice about who I worked with. Consequently, I initially saw therapists who were not appropriate due to different philosophies or working styles. Because I didn't feel safe in some sessions I found myself retreating into my intellect. I discovered that it wasn't hard to talk about my feelings from a distance; I had been

doing that all my life. My experience in most of these sessions was that the therapist did not challenge me to get in touch with my feelings.

I spent a few years searching before I was fortunate enough to begin working with my present therapist—a feminist. Our first session was a real surprise. It was apparent that she did not think I was “sick”—I had the sense that she saw that I was trying to cope as best I could and respected my efforts. I also felt from the structure of the first session that I had ultimate control over what did or did not happen in our meetings. We did an exercise in the first session where I began to explore different aspects of myself—this had a huge impact on me. For the first time in my life some parts of myself had a voice. I was so amazed! It was a very new experience to work with someone who could help me focus so clearly on my feelings.

My experience in therapy has been like slowly waking up from a very long sleep. I look back to the person I was when I started therapy and I can see how much I have expanded myself on every level. I have accomplished this with the support of my therapist who has assisted me in the painstaking (and painful) process of tearing down the walls and learning easier and more appropriate ways of protecting and relating with myself. My therapist has helped me challenge the beliefs I have held about who I am, both as a person and as a woman.

One of the specific things that I have appreciated in therapy is the congruency between what my therapist does and what she says. For example, when she is encouraging me to trust myself she reinforces this by trusting me to know the right methods for my process (eg. ensuring that I set the topic for each session, having choices, etc.). I have appreciated the experience of being encouraged to discover my own truths and not have someone else’s beliefs imposed on me. Through this I have learned to reject others’ definitions of me and establish a self-concept that is mine alone. My experience in therapy is that for the first time someone is affirming my right to my feelings, and actively encouraging my expression of them, and at the same time is helping me understand some of the distorted messages I have received about my emotions. It is very freeing each time we explore, examine and release some of the feelings which had been previously locked away.

I started therapy a frozen, frightened, terribly insecure young woman. I hated myself, and now I can truly say I love myself. As I am more in touch with my feelings and acting on them, I have greater compassion and gentleness for myself. Therapy, for me has been like building a bridge to link the different aspects of myself. I am learning to connect the facade I created to present to the world and the hidden parts of me that live on the other side. I am creating safe places in my life where I can allow my inner child to surface and express her feelings. I see the process of therapy as my having a design and my therapist having the tools to implement my vision. As we progress I am able to develop and use my own tools, while my therapist remains as a consultant in the process.

My relationship with my therapist has been a model of the kind of relationships I want to create in my life. Growing up in a dysfunctional household I never learned how to be in a healthy relationship. Since the beginning of our work together I have always felt empowered by my therapist through both her actions and her words. She has shared her experiences with me in such a way that I can see her humanity, and have hope for my own growth. She is honest about validating some of my fears around living in a dangerous society but at the same time she ensures that I acknowledge the skills I have to survive in it. Through our relationship I have learned ways to build my self-esteem and I have been encouraged by both the internal and external changes I have made

in my life. My experience working with a feminist therapist has been a process of self-discovery and change: discovering my feelings inside, developing belief in myself, and taking the risks to make positive changes in my life. As a feminist, my counsellor serves as a role model for me, validating my budding ideas about my experience as a woman and supporting my efforts to have my voice heard.

Group therapy has also been an important part of my healing work and I have experienced different types of groups. The kind that I had the greatest difficulty with is the group in which the leader is the so called "expert" and as such wants no input from the participants. My experience in this kind of group was that it wasn't safe because I was being told that someone else knows what is best for me. I also received a clear message in this group that I had to conform and that if I didn't I would be criticized or ostracized. Finally, I have found these groups to be the least dynamic because only one person is allowed to be creative.

The groups that have enriched me the most have been the ones that operate on feminist principles. My experience in a feminist group is that although there is a facilitator, all the participants share in creating the group (both form and content). In the feminist group that I was in we were encouraged to set our own rules and to determine what focus the group should take to best meet our needs. Each individual was given the space and respect to follow her own process and speak up if her needs weren't being met. The experience of feminist therapy has been of great value to me in both individual and group therapy. I have not only healed my personal pain, but I have also gained insights about myself and perspectives about our society that have truly transformed the way I live.

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