Feminist Therapy with Ethnic Minority Women

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Abstract

The central thesis of this paper is that feminist assumptions about the nature, process, and goals of therapy make feminist counselling a particularly effective approach for women from diverse racial and cultural backgrounds. The feminist interpretation of women's problems from social, political, and economic perspectives is considered to be particularly relevant to the experiences and realities of immigrant and ethnic-minority women. Similarly, the emphases in feminist therapy on empowering women, on self-direction and personal autonomy, on flexibility in gender roles and on equalization of power in male/female relationships are considered to be important issues for women belonging to racial-ethnic minorities.

Résumé

Cet article soutient que les hypothèses qu'adoptent les orienteuses féministes sur la nature, les buts et les procédés thérapeutiques à suivre s'avèrent très efficaces pour résoudre les problèmes auxquels font face les femmes de milieux sociaux-culturels divergents. L'interprétation féministe des problèmes féminins d'ordre social, politique et économique se révèle particulièrement pertinente en ce qui a trait à l'expérience de vie des femmes immigrées attachées à un groupe ethnique minoritaire. On estime, de même, que l'accent qu'on met, en thérapie féministe, sur l'égalité et la flexibilité des rôles à jouer entre hommes et femmes, est de première importance pour les femmes appartenant à un groupe ethnique minoritaire.

The increasing pluralism and multi-culturalism in Western countries make it necessary for mental health professionals to re-evaluate their philosophical, theoretical, and clinical approaches to counselling. Various studies (e.g. Canadian Task Force on the Mental Health Issues Affecting Immigrants and Refugees, 1988) have demonstrated that immigrants are vulnerable to mental health problems as a consequence of their migration and resettlement experiences. These experiences include separation from family members, loss of social support networks, inability to communicate in the language of the host country, loss of socio-economic status, and problems of discrimination and racism. Traditional mental health services have been criticized for failing to meet the needs of immigrant and ethnic clients (Naidoo, 1988; Rogler et al., 1987). The insensitivity of mental health practitioners to the cultural issues and migration experiences of racial and ethnic minorities as well as the inappropriateness of conventional counselling approaches to cross-cultural counselling and therapy, are reflected in the high termination rate of this client population. It has been reported that approximately 50% of ethnic minority clients terminate counselling after the initial interview (Westwood, 1983).

Until recently, our understanding of the "immigrant situation" was limited to the accounts and perspectives of male immigrants; however, more research studies are now focusing on female immigrants and their experiences. Together, these studies show that women encounter greater stress and mental health problems as a consequence of migration than do their male counterparts (Canadian Task Force, After the Door has Opened, 1988; Espin, 1987; Ng & Ramirez, 1981). A number of authors propose that the loss of social support network, restrictions of the female role, increased dependency, and intensification of labour are among the major reasons for immigrant women's vulnerability to stress and emotional problems (Naidoo, 1985, 1987, 1988; Ng & Ramirez, 1981; Parson, 1983; Loranger, 1983; Anderson, 1985). It is also acknowledged that problems such as isolation, dependency, and intensification of labour differentiate the lives of immigrant women from those of immigrant men and, to some extent, from those of non-immigrant women (Parson, 1983). In the 1980's women comprised more than half of the immigrant population coming to Canada. As many of these women were from Third World countries, greater heterogeneity among Canadian women has developed along with socio-cultural and economic inequalities (Boyd, 1987).

Most cross-cultural researchers and clinicians agree that an approach to therapy based on white, middle-class values is inappropriate for working with ethnic minority women, particularly when socio-cultural factors are ignored and client problems are interpreted as individual psychopathology (Anderson, 1985; Mays & Comas-Diaz, 1988; Westwood, 1983). In contrast to the traditional theories and models of therapy, which tend to explain psychological distress in terms of intrapsychic causation (Women and Mental Health Committee, 1987), feminist therapy emphasizes the socio-cultural causes of women's mental health problems (Sturdivant, 1980). The major philosophical assumption underlying feminist therapy is that the universal oppression of women forms the basis of their emotional problems (Butler, 1985). It is assumed that the traditional female role creates internal conflicts for women, with accompanying feelings of inferiority and powerlessness (Sturdivant, 1980; Butler, 1985). In addition to the detrimental effects of their socialization into a narrowly defined gender role, women are believed to develop "victim psychologies" as a consequence of their socio-economic status in particular (Greenspan, 1983; Chaplin, 1988).

The focus of feminist therapy is on helping women to understand their personal problems and life circumstances in terms of socio-cultural factors. Based on the assumption that the traditional female role and socialization are among the sources of women's psychological distress, feminist therapy offers what has been referred to by Sturdivant (1980) as a "resocialization" process. Sex-role analysis and differential power

analysis are used in feminist therapy as "cognitive tools" to help women re-evaluate their beliefs about themselves and about women's position in society (Butler, 1985). The re-evaluation process is thought to facilitate therapeutic change because it enables women to differentiate between internal and external sources of their emotional distress (Sturdivant, 1980). More specifically, understanding their problems from a social as well as a personal context is thought to provide women with new solutions and life choices.

Empowerment of Ethnic Minority Women

The feminist goal of empowering women is motivated by the recognition that women's unequal power in male/female relationships and in social and political arenas makes them more vulnerable to mental health problems. This belief has been supported by a recent study entitled Women and Mental Health in Canada: Strategies for Change (1987) which concluded that:

> Being part of a devalued and oppressed group is detrimental to women's mental health. Belonging to a devalued group—in this case, women—leads to the development of poor self-esteem, low levels of aspiration about one's work and achievement, and the belief that one must "make do" and accept whatever one is offered. Membership in that group also means that services and facilities, as well as access to control over decisions that affect one's life, are less available than to members of more powerful groups (p. 37).

In most cultures, women are socialized to accept a subordinate position relative to men, both within their families and their larger communities (Duley & Edwards, 1986). Although rules for women's behaviour may differ across cultures, the expectation that women "love," "honour," and "obey" their husbands seems to be universal (McGoldrick et al., 1989). The acceptance of the traditional female role with its required submissiveness and dependency has been shown to negatively affect women's mental health regardless of their ethnic or cultural background (Comas-Diaz, 1988; Dunk, 1989; Rogler et al., 1987; McGoldrick et al., 1989; Josefowitz-Siegel, 1988; Espin, 1987). It is important to note, however, that women's mental health problems cannot be explained solely by ethnicity or traditional gender role orientation.

There is some indication that women, because their culturally assigned roles preclude direct use of power, frequently come to rely on physical symptoms to express their needs (Comas-Diaz & Duncan, 1985; Dunk, 1989). For instance, it has been found that immigrant Latina women who maintain a traditional gender-role orientation have a high incidence of somatic complaints (Espin, 1987). Similarly, Dunk (1989) found a pervasiveness of "nevra" or "nerves" among the first generation of Greek women in Montreal. Personal restrictions associated with adherence to a traditional female role were frequently reported by these women as causing emotional distress with increased incidence of head-

aches, fatigue, digestive problems, and feelings of anger, sadness, and fear. Dunk links the etiology of "nevra" to the socio-economic circumstances and cultural values of the Greek community. She argues that culturally prescribed gender roles which restrain women's direct expression of anger and emotional distress are responsible for the somatic expression of "nevra" among Greek immigrant women. She also points out that the symptoms characteristic of "nevra" among Greek women closely resemble the experience of emotional distress reported by women of other cultural groups. Other researchers have also found evidence that "nerves" are more prevalent among women belonging to groups of marginal status which tend to experience economic hardships and social powerlessness (Lee-Davis & Guarnaccia, 1989).

This close association between symptoms of personal distress and gender role restrictions suggests that feminist therapy, with its goal of helping women to attain greater personal autonomy and self direction, is potentially appropriate for all women clients. However, it must be acknowledged that, while women as a group encounter personal and social powerlessness, cultural factors influence the way women understand their situations and the types of choices they make. Based on the issues which have been identified in the literature as relevant to immigrant and ethnic minority women, it would appear that empowerment in feminist therapy with these groups requires some additional considerations.

According to Comas-Diaz (1987) the concept of empowerment for ethnic minority women needs to include: (1) recognition of the oppressive effects of sexism and racism, (2) dealing with the negative feelings resulting from experiences associated with their minority group status, (3) coming to terms with their multifaceted identities, (4) coping with cultural change, and (5) understanding the relationship between social, political, and economic factors and personal problems.

Oppressive Effects of Sexism and Racism

While oppression on the basis of sex is experienced by women irrespective of their racial or ethnic membership, the interaction of gender and racial ethnic issues can present additional complications in women's lives. Consequently, an important task of feminist counsellors working with immigrant and ethnic minority women is to explore the role of culture and the effects of migration on their clients' social and material circumstances and psychological well-being.

It has been shown that the "dual minority" status of ethnic racial women results in unique experiences and life conditions. In her study on health issues of East Indian and Greek women, Anderson (1985) found that the concept of "marginality" depicted both the psychological and social experiences of these immigrant groups. Other studies suggest that the feelings of marginality experienced by immigrant women are often

linked to their beliefs about how the host society perceives them. For instance, in a study on South Asian immigrant women (Moghaddam et al., 1987) the participants thought that Canadians (both anglophones and francophones) perceived them as belonging to a low status group because they were immigrants and coloured.

The accuracy of this perception, that women belonging to racial ethnic minorities encounter discrimination both as women and as members of minority groups, is well documented (Gibson, 1983; Ng, 1983; Women and Mental Health Committee, 1987). Membership in two groups which are oppressed makes immigrant women's experience markedly different from the experiences of immigrant men and non-ethnic women (Pinderhughes, 1986). According to Pinderhughes (1986) the reality of a minority woman involves:

> . . . the dynamics of racism and sexism. Not only must she cope with the confusion and contradiction inherent in her position, as a member of a minority cultural group that functions at the boundary of society, but also she must cope with the traditional woman's role of nurturer, supporter, and enhancer of others. This role pushes her to compensate for societal undermining of the minority man in his role of provider and protector by fulfilling the roles from which he has been blocked (p. 52).

There are indications that, even though ethnic minority women may be aware of their own oppression within their families and ethnic communities, they choose to uphold their cultural values, including the traditional gender roles, as a means of coping with discrimination against their racial ethnic group (Ngan-Ling Chow, 1987; Josefowitz-Siegel, 1988; Meintel et al., 1984). Hispanic women, for example, have been found to embrace the culturally assigned restrictive gender roles (machismo and marianismo) in order to insure the survival of their ethnic group within the American society (Comas-Diaz, 1987; Mays & Comas-Diaz, 1988). Similarly, many black women see the family as a sanctuary from the discrimination and racism of the majority culture (Dugger, 1988; Turner, 1987).

An increasing number of researchers and clinicians are recognizing the influence that social, political and economic factors have on the lives of immigrant and ethnic minority women (Ng & Ramirez, 1981; Pinderhughes, 1986). This indicates the importance for counsellors working with ethnic minority women to first and foremost understand their clients' behaviours and values within a socio-cultural perspective.

It is apparent that feminist counsellors need to take the same perspective on "ethnicity" as they do on "femininity," since both concepts are socially constructed and associated with a position of powerlessness and subordination relative to the dominant groups (ie. non-ethnics or men) within our society (Juteau-Lee & Roberts, 1981). When applying the feminist perspective to therapy with racial ethnic women, it is necessary to explore oppression both in terms of the traditional sex-roles and the

client's ethnic minority group membership (Comas-Diaz, 1987). Since immigrant women, particularly those who have poor English language skills, often do not have the access to information and resources which would enable them to see the negative impact that social, political, and economic factors have on their lives (Ng & Ramirez, 1981), the feminist socio-cultural interpretation of women's emotional problems can be useful in working with these women. Similarly, since ethnic minority women often lack a precise understanding of the structural and cultural aspects of sexism, the identification with other women who have a similar position in the sex-gender structure can lead to a better understanding of the sex-power differential in their own families, ethnic communities and the larger society (Ngan-Ling Chow, 1987). If used in a cultural context, feminist sex-role and power-differential analyses can be effective in helping minority women develop greater awareness and understanding of their dual oppression and its detrimental effects on their lives.

Resolving Conflicts between Multifaceted Identities

Another important goal of feminist therapy with ethnic minority women is to explore the existing and potential conflicts between their culturally assigned roles and the expectations of the host society. It is well documented that immigrant women experience conflicts among the gender, racial, and ethnic factors which make up their multifaceted female identities (Ng, 1983; Gibson, 1983). From the existing research it can be suggested that migration has different consequences for women and their roles than it has for men. The change in women's gender roles tends to be more dramatic (Espin, 1987) which can result in role conflicts and emotional distress (Canadian Task Force, 1988). In the case of Puerto Rican women, for example, opposing gender-role expectations, involvement in paid employment, and exposure to the women's movement, has resulted in the questioning of their traditional gender roles (Comas-Diaz, 1988). While immigrant women tend to acculturate faster than immigrant men in adopting less traditional and frequently more functional gender roles, the family and ethnic community expectations concerning the female role are often diametrically opposed to the demands of the new culture (Espin, 1987). Anderson (1985) found that, for the East Indian women in her study, exposure to Canadian society altered the women's expectations about culturally appropriate gender-role behaviours. She suggests that in the process of adopting less traditional attitudes, these women were more likely to encounter conflicts in their family interactions, and risk being ostracised by family members and other co-culturals.

A feminist counsellor working in cross-cultural settings should be aware that women's adoption of less traditional values and behaviours can result in the violation of cultural sex-role expectations. In some

ethnic groups, for example, women's participation in paid employment poses a threat to the male role as provider and to the female role as caregiver (Comas-Diaz, 1987; Meintel et al., 1984; Pinderhughes, 1986). While it is often easier for immigrant women than for immigrant men to obtain low-paid employment without prior work experience or language proficiency, the typical consequences of the resulting sex-role reversal are disruptions in women's gender-role identities and conflicts in their family relationships (Espin, 1987; Sluzki, 1979; Pinderhughes, 1986). It has also been found that women's increased autonomy and decision making power derived from their "new" wage earning role frequently trigger wife-battering in ethnic immigrant families as men try to reassert their control within the home (Ng & Ramirez, 1981; Meintel et al., 1984; McGoldrick et al., 1989; Pinderhughes, 1986).

Feminist therapy with its emphasis on flexibility in gender-roles, on equalization of power between the sexes, and on empowering women, can be especially useful in addressing the issues faced by immigrant women. Sex-role and power-differential analyses, and group therapy can facilitate the exploration and resolution of conflicting roles and provide ethnic minority women with increased awareness of life choices. For instance, feminist therapy groups have been used effectively with Black and Hispanic women to help them explore conflicts between their culturally prescribed gender-roles and their newly adopted behaviours and gender-role attitudes (Comas-Diaz, 1988; Comas-Diaz, 1987; Brody, 1987).

Similarly, assertiveness training is used in feminist therapy to empower women and teach them to express their own needs and rights. While there is sufficient evidence that assertiveness training can help women achieve greater personal power and autonomy (Sturdivant, 1980), most of the studies to date have been carried out with women whose values reflected the norms of the culture in which the new assertive behaviours were to be employed. There is a growing recognition that approaches which empower women are especially useful in therapy with ethnic women because of their dual-minority status (Pinderhughes, 1986). For instance, assertiveness training was used in a therapeutic program with Mexican-American women who were experiencing depression and somatic symptoms, both of which were thought to be the result of their culturally prescribed submissiveness (Boulette, 1976). Since many ethnic immigrant women have been socialized into a different culture, the concept of female assertiveness may be incongruous with their cultural roles and traditions (Comas-Diaz & Duncan, 1985). Assertiveness training with women belonging to racial and ethnic minorities seems to be most effective when it is placed into a cultural context and thus made culturally meaningful to the participants.

Based on their research and clinical experience with Puerto Rican women, Comas-Diaz and Duncan (1985) developed a culturally sensitive assertiveness training program which can be adopted as a model for working with women of other racial ethnic groups. As indicated by the authors, the following factors need to be addressed when incorporating a cultural context into an assertiveness training program: (1) the mitigating factors of sexism and racism on women's assertiveness, (2) the cultural factors that could potentially hinder the development of assertiveness (ie. traditional gender roles), and (3) the identification of assertive responses that would be culturally appropriate. In addition to incorporating these factors, the feminist counsellor needs to help clients resolve interpersonal conflicts that may arise as a consequence of new assertive behaviours and to identify culturally effective ways of dealing with such conflicts in the future.

In order to help clients reshape their traditional roles and relationships the counsellor must understand which aspects of the woman's culture are integral to her sense of self as well as the extent to which culture influences her family arrangements. It is therefore imperative for feminist counsellors working with women from diverse ethnic and racial backgrounds to have knowledge of cross-cultural issues and to acquire cross-cultural counselling skills and techniques.

Coping with Cultural Change

Since the degree of acculturation varies both across racial ethnic groups and among individual members of a group, it also needs to be taken into consideration when working with immigrant women (Mays & Comas-Diaz, 1988). Some studies suggest that certain cultural values, attitudes and behaviours are an integral part of immigrant women's racial ethnic identity and thus are more resistant to the influences and pressures of the mainstream society. Recent Canadian studies on acculturation and adaptation of South Asian women reveal what Naidoo (1987, 1985) refers to as the "duality of life orientation." These women reported that, while their attitudes toward self-development and personal achievement were becoming less traditional, their cultural values regarding loyalty to the family, respect for elders, religious beliefs, and marriage customs remained relatively unchanged. Puerto Rican women have similarly been found to adopt American values regarding better education and paid employment for women while retaining traditional values concerning marriage and family relationships (Comas-Diaz, 1987).

According to Gibson (1983) it is important for counsellors to acknowledge the positive aspects of women's ethnic membership and to encourage "transculturation" rather than "assimilation" which necessitates the rejection of cultural values. Naidoo (1985) and McGoldrick et al., (1989) also agree that the retention of those values and attitudes perceived as

critical for cultural identity should be fostered. Naidoo (1985) further stresses that components from both cultural contexts are necessary for the development of a healthy "new" identity. In her article on Black women's psychosocial development, Turner (1987) uses the Stone Center "self-in-relation" approach to help minority women integrate the different parts of themselves and to "differentiate" themselves in a "relational" way within two opposing cultures. She argues that "it is not only good to try to understand women in a relational and systemic context relative to their ethnicity, it is vital" (p. 6).

SOCIO-ECONOMIC FACTORS AND PERSONAL PROBLEMS

Even a brief examination of the issues and realities which confront immigrant and ethnic minority women reveals not only that they have additional stress in their lives as a result of their dependency, double work load and isolation but also that they often lack the resources to change their circumstances and life conditions. It is recognized that the subjective experiences and life situations of immigrant women are determined more by the immigration process and the organization of Canadian society than by their personal problems in adjusting to a new culture (Ng & Ramirez, 1981; Ng, 1981; Ng & Ramirez, 1981).

Dependency Status

Although the immigration policies and regulations concerning entry to Canada are not sex-specific, more women than men enter Canada under the "family" class and as dependents of their spouses who are the principal applicants (Boyd, 1987; Seward & McDade, 1988). The explanations which have been provided for the differential entry status of women and men are "sex role differentiation" and "androcentric family headship," both of which are common to most societies and cultures (Boyd, 1987). Women's official dependency status limits their access to government programs (e.g. language and employment training) and social services and subsequently makes them more dependent on their husbands and families than they were in their countries of origin (Meintel et al., 1984; Boyd, 1987; Seward & McDade, 1988). This dependence can have serious repercussions for women who experience family violence and marriage breakdown. Since they are not eligible for services such as legal aid, welfare, and subsidized daycare, they are more likely to become trapped in abusive situations than are Canadian-born women (Boyd, 1987; Lacroix, 1989; Seward & McDade, 1988).

Intensification of Labour

Immigrant women in Canada have a higher labour force participation rate than Canadian-born women (Boyd, 1987). Those who have a language barrier typically work in low-skilled jobs that are poorly paid and

non-unionized (Ng & Ramirez, 1981). This means that, without equal access to language and work training programs, these women become locked in ethnic work ghettos with few opportunities to improve their job situations. While many immigrant women are obliged to work to supplement their husband's earnings and meet the family's financial needs, they nevertheless frequently experience the "mother-work" conflict (Ng & Ramirez, 1981; Parson, 1983; Naidoo, 1987, 1988). They still consider their primary roles to be those of wife and mother and thus continue to assume full responsibility for housework and childrearing (Naidoo, 1987, 1988). In addition to their double work load, immigrant women have the burden of maintaining cultural traditions and keeping the family unit together (Canadian Task Force, After the Door has been Opened, 1988; Parson, 1983).

While all immigrant women have to adjust to the requirements of the new society, those who come from less industrialized countries find the adjustment more difficult. In order to function competently as wives and mothers these women have to relearn everything from grocery shopping, cooking, and cleaning, to childrearing (Ng, 1981). Consequently, an immigrant woman may appear and feel incompetent which can result in greater dependency and loss of respect for her role as homemaker (Parson, 1983). Ng (1981) suggests that the sense of personal inadequacy which many immigrant women experience cannot be explained solely in terms of cultural differences. She comments that:

> By attributing immigrant women's situation to their ethnic background, the assumption that there is a causal link between their ethnicity and what happens to them in Canada is made. This argument ignores that their experience is part and parcel of the social organization of Canadian society (p. 105).

Furthermore, immigrant women frequently report that instead of having less work as a result of modern conveniences, their work load actually increases (Ng & Ramirez, 1981). Ng and Ramirez (1981) found that in many cultures childrearing and household tasks are shared by women in the extended family and the community. The shift from an extended to a nuclear family system not only intensifies women's work but also serves to isolate them (Meintell et al., 1984; Dunk, 1989).

Isolation

Changes in family structure and separation from family members and friends seems to affect immigrant women more negatively than immigrant men (Canadian Task Force, After the Door has been Opened, 1988). As a consequence of migration, women lose their informal support networks which permitted them some autonomy and personal power. The social and material organization of Canadian society makes it difficult for immigrant women to develop new support systems. In contrast to other cultures, Canadian social and family structure isolates

women from one another and thus intensifies the physical and emotional dependence of immigrant women on their husbands and children (Dunk, 1989; Parson, 1983; Ng & Ramirez, 1981; Loranger, 1983).

Feminist therapy, with its socio-economic interpretation of women's issues and its emphases on equalization of power and flexibility in gender relationships, can be effective in addressing the concerns of ethnic and minority women (Mays & Comas-Diaz, 1988; Comas-Diaz, 1987). All-female groups in feminist therapy provide an environment that facilitates the sharing of experiences and feelings of camaraderie. The experience of interacting within a uniquely female context empowers women by neutralizing their feelings of isolation, dependency, and inadequacy (Butler, 1985). It should be noted, however, that in order to develop a climate of openness and trust in a mixed racial or ethnic group the counsellor must acknowledge the cultural differences between the participants in respect to their family systems, gender roles, male/female relationships, and various customs (Brody, 1987). The recognition of differences along with commonalities in mixed groups insures that the experience of white middle class women is not falsely presented as the experience of all women (Dugger, 1988).

CONCLUSION

Not unlike other theories and philosophies, feminism has been criticized for passing off middle class white women's experience as a norm for all womankind. More specifically, the criticism is directed at the feminist emphasis on the "commonality of women's experience" and its consequent failure to account for the diversity among women based on class, race, and ethnicity (Geiger, 1986; Jamieson, 1981; Ngan-Ling Chow, 1987). The applicability of the feminist philosophy for therapy with ethnic minority women has been similarly questioned on the basis of the feminist assumption that "men's oppression of women is the most fundamental oppression" (Comas-Diaz, 1987) which is thought to ignore the fact that some women experience oppression both as women and as members of racial ethnic minorities. While the effectiveness of feminist therapy with ethnic minority women still needs to be determined it does appear to be a viable alternative to the conventional counselling approaches.

The commitment of feminist therapy to recognizing the connection between women's "internal" psychological experiences and their "external" social and material conditions, makes it uniquely fitted to working with immigrant and ethnic minority women, provided that it is grounded in a cultural context. For this grounding to occur, feminist counsellors must be familiar with the general cross-cultural literature on immigrant and minority women as well as with any specific, culturally appropriate counselling skills and techniques.

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