Lisa Goodman, Professor of Psychology, Boston College

LG: I think mental health is one of those specialized services that is so problematically separated from other services so that women have to divide themselves into little pieces, and then come to define themselves by those fragmented pieces. And especially poor women who have to check off the boxes right: I’m homeless, I’m substance abusing, domestic violence, you know check them off as if they’re this array of problems. That’s at an intake, that’s how they have to greet the people who are supposed to help them. Then they get told to go here, here, and here.

(What Role Does Culture Play in Women’s Mental Health?)

Melanie Katzman, Co-Editor of Feminist Perspectives on Eating Disorders

MK: I read an article that was written by a group of very well respected epidemiologists and psychiatrists – it got a tremendous amount of attention – they basically concluded that if you have anorexia on the island of Curacao - Curacao is predominantly black - then anorexia must not be culturally determined. (map of Curacao) To their credit, they [essentially] said, ‘ok big mouth, why don’t you come to Curacao on our next visit and you can do the interviews and you can poke around and we will open everything up to you and you can see what you find … Lo and behold, what did I find? Well actually as soon as the women walked in the door, they literally all came in – it was a small island, the study had gotten lots of attention … none of the women that walked in through that door looked like a typical woman on Curacao. I mean these women were for the most part, not black, even though blacks were the dominant race. (cover of Feminist Perspectives on Eating Disorders) They had mostly left the island, had been exposed to alternative possibilities and came back and then had to reacclimatize to a very different set of cultural expectations. They were better educated. They had very different views about themselves for the future. Each one of them had a story about how they used their food as a way of coping or in an effort to escape. There was nothing typical about them and everything cultural about them!!
(Joan Chrisler, Professor of Psychology, Connecticut College, Editor of *From Menarche to Menopause*)

JC: Everyone knew about cramps, but nobody knew about PMS. It just wasn’t something people complained about, it was just unknown. Then, in 1980, there were two trials in Great Britain where women used the defense that they had premenstrual syndrome at the time of their crimes. This was an international sensation. In fact one of my early studies was called, “The Media Construct a Menstrual Monster.” (screenshot of “The Media Construct a Menstrual Monster”) I’m not trying to say that there are no changes in your body that you can experience and notice across the menstrual cycle, every woman knows that there are. But the question is, how bothersome do they have to be before you say I have a medical problem? If it’s normal, it’s not a medical problem. It’s just premenstrual changes, or biorhythms, whatever you want to call it. It’s not premenstrual syndrome.

(Ingrid Johnston-Robledo, Professor of Psychology, SUNY Fredonia)

IJR: I think starting from a really young age, getting kids to have some body literacy goes a really long way. We’re finding that body shame and genital shame affects sexual decision making, affects sexual satisfaction so I think if there are any opportunities through the schools, through community groups, through parents to start in developmentally appropriate ways, to start talking about embracing all facets of your body and getting more comfortable touching your body and understanding how it works, how it feels (screenshot of “To Bleed or Not to Bleed”) I feel that can go a really long way … so I think it’s about consciousness-raising and education from a really young age and getting psychologists and physicians to start talk to women about their sexuality and their bodies.

(What Makes Feminist Therapy “Feminist“?)

(Beverly Greene, Clinical Psychologist & Professor, St. John’s University)

BG: What goes on out there is not irrelevant to what is taking place in the therapy room, that everything that goes on out there affects who the patient is. If they’re a member of a marginalized group, how that group is treated and how that affects this person and their understanding of it and what is going on in society that marginalizes them is an important piece to bring in to the work.

(Laura Brown, Author of *Feminist Therapy*)

LB: I think that everything a feminist therapist does is a small act of social change. From where we situate our practice, to how we set our fee, (cover of *Feminist Therapy*) to how we relate to giving clients diagnoses, to how we inform our clients about what it is that therapy will be, because by taking the stance that you the client are also the expert, by disrupting the discourse of authoritative knower and non-authoritative help-seeker, we do an act of social change.

(Marion Frank, Clinical Psychologist)

MF: I think that for me, working with one person at a time is how change happens; one person at a time is how change happens. Which is why I like to do some organizational work too because change also happens in a bigger way, but yet I prefer the one-on-one. I
think for people to understand how much, when you’re working one-on-one, sometimes the awareness of how much the environment is impacting on you [may not be realized]. It’s your personal history in terms of your family, in terms of your larger network and in terms of your social cultural environment.

(Melanie Katzman, Clinical Psychologist)
MK: I’m very explicit with my patients that I am not necessarily the expert - that together we are working on exploring alternative questions so that they can come up with a new solution. They are the ones that are doing the hard work during the week, they are correcting me. (screenshot of “Getting the Difference Right”) I do whatever I can in terms of our interactions on the one hand to be supportive and engaging, but on the other hand, extremely respectful of the fact that they are going to be the agents in their life.

(Nancy Baker, Clinical Psychologist & Professor of Psychology, Fielding Graduate University)
NB: I had frankly always looked down at therapy as being passing out band aids when society needs major surgery. Because so many of the changes that I think really need to be made are at the systemic level and therapy isn’t a systemic activity, it’s at the individual level. But I also came to realize that it was important for people to not bleed to death while we’re trying to do major surgery on society.

(What Has Feminism Contributed to Therapy?)

(Laura Brown, Clinical Psychologist)
LB: Feminist therapy is a theory; it’s an integrative model of therapy that’s about therapy with human beings in which gender and power and people’s other social locations are interrogated as we make sense of people’s distress. So we’ve succeeded in getting all of our core concepts into the good stuff. You know, students learn, do informed consent, think about gender, think about power, but they don’t learn that this was started by feminist therapists.

(Beverly Greene, Co-Editor of Psychotherapy with African American Women)
BG: Certainly in Afrocentric therapies the importance of understanding racism was brought into therapy, but what was missing was how race is gender-coded; that racism is experienced differently for men than it is for women; how sexism, as an active component within African Americans as a group, also undermines the status of women.

(Judy Worell, Co-Author of Feminist Perspectives in Therapy)
JW: And of course feminist therapy was evolving. As I understood it at the time, it was acknowledging women, and the personal was political. So it was those early consciousness-raising groups that were evolving as they went, and developing “What does feminism mean? What is feminist therapy?” And of course it is still evolving and changing, and by now there’s not just one feminist therapy, there’s many.
(Janis Sanchez-Hucles, Professor of Psychology, Old Dominion University)

JS: I would say the majority of my clients are people of colour. I think that what that reflects is that people of colour a) are more willing to seek services beyond their family, the ministers, the community, and b) I have a lot of individuals who call me and say ‘I want a woman of colour as a therapist’. (screenshot of “Breaking the Silence Around Race in Training, Practice, and Research”) And so I think that there is a great deal of sophistication and a greater sense that I can ask for what I need and get that. So I think that we have made some progress. I also think that even in the black press, in the media, we’re talking about mental health issues.

(Laura Brown, Author of Subversive Dialogues)

LB: I think the challenges are to keep renewing our understanding of what feminism is, to keep expanding it so that as we understand oppression and empowerment in new ways, (cover of Subversive Dialogues) that we don’t keep on having the same definition of feminism as we did thirty years ago. I’m not the same feminist I was in 1972, and that’s a good thing. I don’t think feminist psychologists are only women. I don’t think feminist therapy is done for or with women only. And I did. I don’t think multiculturalism is other than central to feminist practice. That was not something I knew or understood in the 1970s. I don’t think that gender is binary and I certainly don’t think it’s essential.

(Discussion Questions) (piano music)

(This video offers some examples of how natural female physiology and women’s bodies have been problematized. Can you think of any other examples?)

(Are women today more educated about their bodies than women of past generations? How has such education changed over time and how can we improve it going forward?)

(If you were a feminist therapist, what aspects of your clients’ experiences outside the therapy room would be important to consider as you work with them?)

(What are some of the defining characteristics of feminist therapy? Is there such a thing as a universal definition of feminist therapy?)

(Is feminist therapy just for women? If not, how might feminist therapy benefit men?)

(Selected Readings)


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This project was made possible by funding from the Social Sciences and Humanities Research Council of Canada.) (piano music fades out)